



Medical Services Pacific

# Annual Report 2017

Healthy Choices Transform Lives

[msp.org.fj](http://msp.org.fj)

# Providing reproductive, maternal and child health services in Fiji



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# Message from the Executive Director...



*I am honoured to present MSP's 2017 annual report. It is a privilege to lead such a strong team, and together we make a real difference in the lives of women, children and other vulnerable groups in Fiji.*

*Overall our 2017 results show that we have found a rhythm - we are continuing to add new services, and our existing services are maturing. Whereas 2016 was an extraordinary year where our services and results were heavily influenced by the work required to react to cyclone Winston, 2017 shows steadily growing results, some impressive increases and the start of much needed new services.*

*Our services and events received good media coverage and attendance from official national*

*and international dignitaries. Being able to "showcase" our services and achievements created much needed awareness, which is reflected in our 2017 results as well as helping us to attract much needed funding.*

*Our results show that we are making a real difference in the lives of women, children and other vulnerable groups in Fiji! We could not do it without the funding and generous support from our sponsors and donors. I would like to take this opportunity to expressly thank the Fijian Government, the Australian Government and UN Women and all our other sponsors for their continued support.*

*Our hands-on approach and solid data collection and analysis means that 2017 has provided us*

*with valuable experience and insights. As we head into 2018 I am confident that we again -with the funding support from our sponsors - will be able to identify emerging needs and design and implement responses and services that help to tackle the remaining deep health and social services needs that remain.*

*Yours Sincerely*

Jennifer Poole  
Founder and Executive Director  
Medical Services Pacific

## A word from our Patron

*It is with pleasure and some pride that I present you with the 2017 Annual Report for Medical Services in the Pacific. The team has effectively developed a comprehensive programme of integrated services that make a real difference in the lives of women, girls and other vulnerable groups in Fiji. The 2017 efforts are showing real results in helping where it is needed. MSP provides an important health service for the people of Fiji.*

**Which includes one of the most dedicated post rape care programs for survivors of gender and sexual violence in the Pacific.**

Ratu Epeli Nalatikau,  
Former Head of State Fiji



## 2017 Highlights

- In August we opened our new clinic in Labasa on Vanua Levu to service the Northern Division, Fiji
- December saw the official launch of the One Stop Shop Clinic (OSS) in Labasa. The event was attended by national and international dignitaries.

### We started two new projects:

- The 'POWER' project was launched to respond to gender-based violence (GBV) in populations affected by disaster and aims to improve SRHR services and strengthen protection systems for vulnerable groups and survivors of sexual violence.
- VIA project provides clinical and social services for women and girls in Vanua Levu, Northern Fiji.

### We concluded three projects:

- "Providing Awareness to Children Helping End Discrimination" (PATCHED) which provided awareness and education in schools across Fiji concluded in June 2017.
- "Eradicating Cervical Cancer among young rural women in Fiji" ended in February 2017.
- "Early Warning Alert and the Response against Zika and other disease" (EWARS) ended in February 2017.

### 2017 saw the highest numbers yet for:

- Services Delivered, Distributed and Performed (64,284)
- Family Planning Services / Products Delivered (36,360)
- Cervical Screenings Performed (1,187)
- Sexual Assault Response (SAR) Clinical Clients Treated (146)
- General Counselling Services / Group / SAR Counselling (1,642)
- MSP signed a MOU with the Fiji National Council for Disabled Persons (FNCDP).
- Calls received by our Child Helpline since its start in 2015 now exceeds 35,000 calls, and the percentage of genuine calls has increased from 17% out of all calls in 2015 to 44% in 2017.
- Almost 95,000 clients have been reached since MSP started in 2010.



# Summary

**In Fiji, MSP provides a broad range of health care, counselling and social services, including public awareness and educational programs with a specialized focus on sexual and reproductive health. MSP has developed a comprehensive and integrated service for survivors /victims of sexual assault and domestic violence which includes emergency care, and ongoing medical, nursing, counselling/psychosocial and legal support.**

MSP promotes human rights as part of Sexual Reproductive Health (SRH) to strengthen protection systems for women and girls and to ensure all participants understand their rights to live in a peaceful and safe environment. All of MSP's activities operate from a human rights approach, which challenges discrimination and inequality and seeks to empower individuals and communities to promote change and strengthen protections for vulnerable groups. Fiji has high rates of violence against women and children and services are designed to be survivor centred and flexible to needs.

The key success of 2017 are results that show steady and good growth in our reach, services and uptake. Total services delivered increase by 19% to 64,284 in 2017. Family planning services and product distribution increased by 9% to 36,360. The highest increases were for cervical screenings performed, which increased by 124% to 1,187, and counselling by 72% to 1,642. Sadly, the number of SAR clients treated also increased by 26% to 146. Our results paint a picture of a steady increase in awareness of SRH rights and options. Fijian women, children and other vulnerable groups are using our service which reduces illnesses, helps with treatment and saves lives.

We opened our new clinic in Labasa to service the Northern Division in August 2017 and officially launched the One Stop Shop clinic. In the first five months of operations 971 clients were directly reached through our Northern program, and 3,906 services were performed.

The **'POWER'** project was launched to respond to gender-based violence (GBV) in populations affected by disaster and aims to improve SRHR services and strengthen protection systems for vulnerable groups and survivors of sexual violence.

With funding finishing we completed three projects. The UN Women and the Pacific Women's Ending Violence against Women (EVAW) Facility Fund funded PATCHED project provide awareness and education in schools across Fiji and concluded in June 2017. The Canada Fund Local Initiatives funded VIA Project ended in February 2017. The WHO funded EWARS project ended in February 2017.

Our outreach education and awareness program visited 37 primary schools, one kindergarten, 49 secondary schools, and 15 tertiary institutions. We carried out 306 community visits, and are the only NGO with a stated priority to have a presence at municipal markets and attended 32 markets.

Our team now comprises one doctor, three nurses, seven counsellors, and two lawyers as well as 10 support and administrative personnel. We also host a continuous stream of international, medical interns. As a team we design, implement and deliver services that are client centric and flexible, so we can easily change as needs emerge and become clearer. We look forward to new challenges and new solutions in 2018.



Medical Interns from  
Kings College, UK



Zika Kit



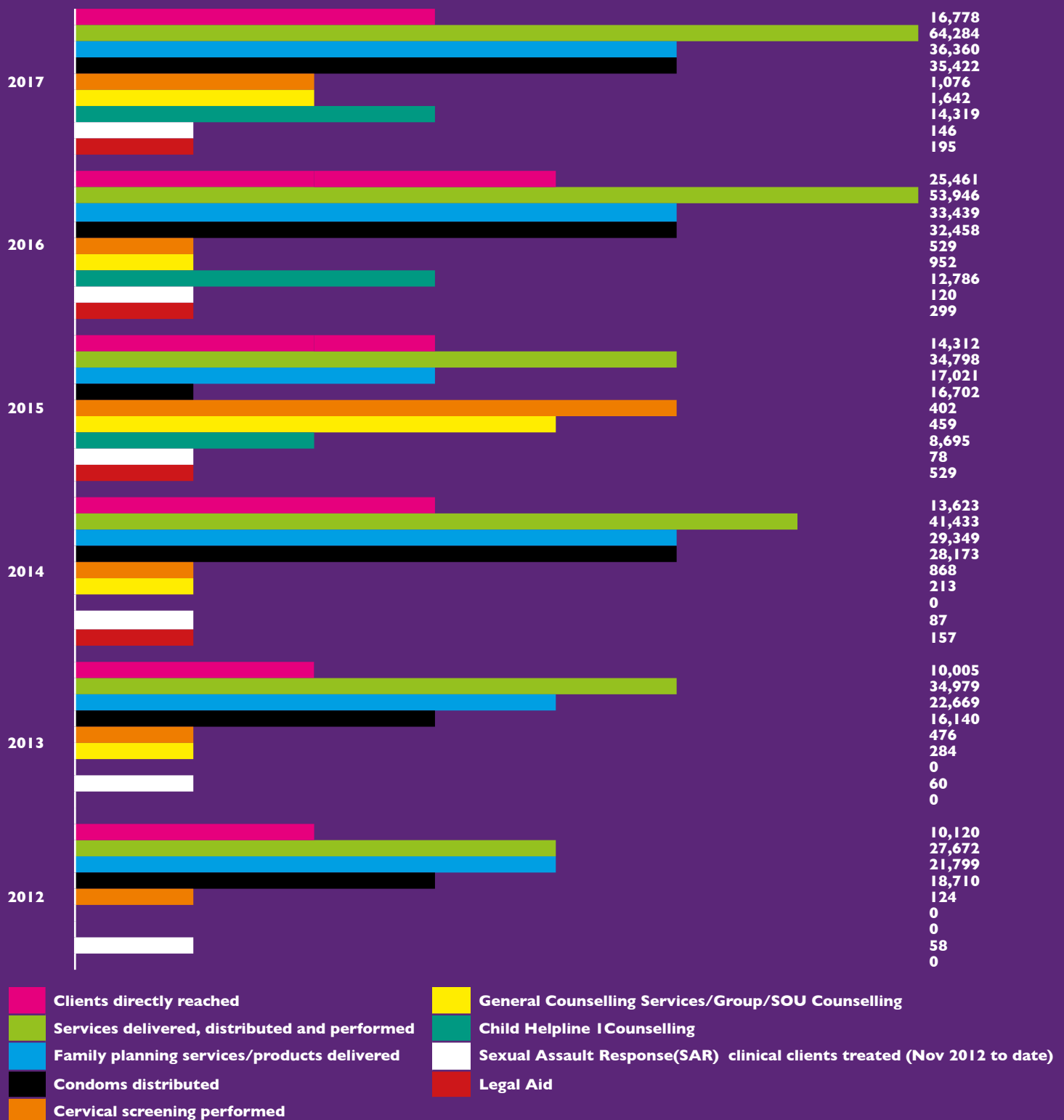
Mobile Outreach

# STATISTICS: OUR NUMBERS AT A GALNCE

Cumulative To-date	Activity:	2017	2016	2015	2014	2013	2012	2011	2010
94,755	Clients directly reached	16,778	25,461	14,312	13,623	10,005	10,120	4,297	159
271,173	Services delivered, distributed and performed	64,284	53,946	34,798	41,433	34,979	27,672	14,111	3,048
174,995	Family planning services/products delivered	36,360	33,439	17,021	29,349	22,669	21,799	8,513	5,845
161,909	Condoms distributed	35,422	32,458	16,702	28,173	16,140	18,710	8,486	5,818
3,475	Cervical screening performed	1,076	529	402	868	476	124	0	0
3,550	General Counselling Services/Group/SOU Counselling	1,642	952	459	213	284	0	0	0
35,800	Child Helpline I Counselling	14,319	12,786	8,695	0	0	0	0	0
549	Sexual Assault Response(SAR) clinical clients treated (Nov 2012 to date)	146	120	78	87	60	58	0	0
1,180	Legal Aid	195	299	529	157	0	0	0	0

MSP has increased health and social service provision steadily over a 8 year period.

## Comparative Analysis of Cumulative MSP Services 2012-2017





## CORPORATE PROFILE

# Who we are

**Medical Services Pacific (MSP)** is a **Fijian registered non-government organisation (NGO)** established in **August 2010** to **enable Pacific women and adolescents to have greater access to quality health care services, and to build resilience among vulnerable groups who are coping with emerging environmental, economic and human security challenges.**

MSP is a rights based **family planning agency** that believes that Human Rights awareness and the empowerment of women go together and that both are critical in ensuring individuals and communities achieve optimal Sexual and Reproductive Health services. A woman with access to high quality reproductive health care services has greater choices and opportunities and is more able to cope with stress and change and disaster (e.g. climate change). In addition, access to quality SRH services will decrease maternal and infant mortality rates and improve health outcomes for women. Therefore, the provision of quality SRH services is key to obtaining gender equality, reducing Violence Against Women and Girls (VAWG) and strengthening women's capacity as providers and agents of change in the Pacific.

In Fiji, MSP provides a broad range of health care, counselling and social services, including public awareness and educational programs with a specialized focus on sexual and reproductive health. MSP has developed a comprehensive and integrated service for survivors /victims of sexual assault and domestic violence which includes emergency care, and ongoing medical, nursing, counselling and legal support.

MSP has specialised health teams that work with high risk and vulnerable groups (e.g. girls, youth, sex workers, vulnerable women, children at risk, sexual assault survivors, LGBTI's (Lesbian, Gay, Bisexual, Transgender and Inter-gender) and minorities) to promote awareness and increase access to key clinical and social services. MSP mobile outreach teams provide professional and confidential clinical services to remote and isolated groups, working in close partnership ...with local government, the Ministry of Health and Medical Services (MHMS) zone nurses and community police under formal agreements. Designed with particular attention to the needs of women, children and youth, MSP's services are offered to both individuals and groups in urban and rural settings across Fiji and in outer islands of the Pacific.

MSP works in partnership with public, private and NGO stakeholders and with policymakers at national, divisional and local community levels, coordinating our efforts with others, with the deliberate intent both to maximize scarce resources and to strengthen local capacity.

## Our Mission

*To provide quality and accessible sexual and reproductive health care and social services for women, youth and children; and to build resilience, knowledge and skills among vulnerable groups who are coping with environmental, economic and human security challenges in the Pacific region.*

## Our Vision

**MSP believes that women and girls everywhere should be able to access resources to create a world free of poverty and disease, a world free of violence and threat;**

*Where women have equal rights, economic and political equity and access to justice; a world where women can choose the number and spacing of their children; and a world where women and girls are able to achieve their aspirations and contribute to sustainable development outcomes.*





# Our Values

**MSP has adopted a set of values that provide a foundation for the organization. Our values guide the work of our board of governors, managers, staff, and volunteers and they are integrated into each of the programs we develop and all of the services we provide. Adherence to these values is an important measure of our success as an organization. Our values are:**

1. We are a rights-based SRH organization, committed to human rights, gender equality, child rights and reproductive rights. We recognize the importance of human rights in achieving gender equality and improving reproductive health. Rights awareness and empowerment of women is critical in ensuring communities achieve optimal sexual and reproductive health.
2. MSP is a pro-choice family planning, sexual and reproductive health and social service provider which upholds the rights of women and girls to decide when and how to plan their family including the number and spacing of their children. MSP provides a full circle medical program from fertility support, family planning, maternal health (pre and post natal care), post miscarriage care and safe abortion referrals within the law.
3. Confidentiality for our clients (and their records), is guaranteed by policy and regulated through our code of conduct. We guarantee confidentiality for all clinical, legal aid and counseled clients.
4. We Empower & Engage women and youth, who are supported in programs as potential agents for change and development, at the family, community and governance levels. We believe that empowered women and youth who have choices and access to information, health care and social services are more resilient and better able to respond to personal risks, economic threats and natural disasters (including the impacts of climate change).
5. Reduce and respond to Violence Against Women and Girls (VAWG) by increasing awareness of legal rights and available services, improving access to justice and providing specialized confidential medical care and social services support for survivors.
6. Ensure Child Protection. Protection of children at risk, including programs to protect girl children from sexual assault, abuse, defilement and neglect and to reduce vulnerability of all children and youth.
7. Enabling Equality, ensuring activities and services are non discriminatory and inclusive for those with disabilities, non standard heterosexual orientations, (e.g. MSM and LGBTI), ethnic minority groups and vulnerable groups.
8. A 'People First' approach that values and embraces the collaborative nature of traditional communities and values and engages people as part of the solution. We prioritize the rights and needs of beneficiaries and clinical clients/patients and ensure confidential services and friendly referrals.
9. Committed to Environmental Protection, responding to the needs of traditional communities impacted by climate change, natural disasters or unsustainable development. Environmental Health/WASH: Promoting healthy villages, ensuring communities have knowledge and resources to prevent water borne diseases and improve sanitary conditions. Supporting sustainable livelihoods and sharing innovations to reduce both communicable and non communicable diseases (NCDs).
10. Transparency and Quality Assurance: Committed to the monitoring and evaluation of all project activities and outcomes. With planning and development of services based on evidence, research and experience. Transparent financial systems with annual audits and monthly reports reviewed by board.
11. Commitment to Capacity Building and developing centers of learning for purposes of education, teaching and sharing best practices. MSP has a commitment to sharing knowledge and strengthening the capacity of all with whom we work - staff, interns, patients, clients, other stakeholder organizations and professionals, local communities, and governments. Collaborative across sectors, working with key stakeholder groups and government partners.
12. Responsive: Structured around flexible multi skilled teams that can move quickly across the Pacific and are cost effective to deploy. Ability to deploy rapid response teams inclusive of multi sector experts, for swift assessment and service delivery in times of disaster across the Asia Pacific region.



# Our Donors and Sponsors

**MSP relies on donor funding and sponsorship to deliver our much needed services to women, girls and youth in Fiji.**  
**Table of key donors and the projects they funded/contribute to:**

Donor	Project Supported	Funding Duration
Ministry of Women, Children & Poverty Alleviation, Fiji	Child Helpline	2015 ongoing
Department of Foreign Affairs and Trade, Government of Australia	One Stop Shop (OSS) – Post Rape Care	Ending in 2018 – urgently seeking funding
	Mobile Outreach OSS	Ending in 2018 – urgently seeking funding
Women, Peace and Humanitarian Fund (WPHF – UN Women)	POWER	2017 to 2019
UN Women	PATCHED	2014 to 2017
World Health Organisation (WHO)	EWARS	2017
Canada Fund Local Initiatives (CFLI)	Project II: Empowering Women and Girls to improve SRHR Services and Reproductive Tract Cancers in Vanua Levu	2017 to 2018
	Project I: VIA Project - Eradicating Cervical Cancer among young rural Women in Fiji	2016 to 2017
Lyndhurst Limited and Katalyst Fiji Group	Community Outreach in Bua province	2017
CENTRE MUNICIPAL D'ANIMATION ET D'INFORMATION (CEMAID), Lifou, New Caledonia	Disaster response activities in support of the people of Fiji impacted by the Cyclone in 2016.	One off in 2017
Access to Quality Education Programme (AQEP) - DFAT	Child protection training and monitoring for commercial contractors.	2017

**Besides our major Fijian and international donor agencies we are also gratefully receiving Gift in Kind (GIK) donations. In 2017 we received the following:**

Donor	Project Supported	Funding Duration
Corona Club	In kind donation of equipment for disabled persons.	One off in 2017
Lyndhurst Limited and Katalyst Fiji Group	In kind donation of reusable bags and menstruation kits for use in our Corporate SRHR outreach.	Ongoing
Asaleo Care Fiji	Cover the printing costs of our Girl Empowered booklets	Ongoing
Lincoln Air Conditioning	Discounted air-conditioning services.	Ongoing
Uplift Australia and New Zealand	In kind donation of intimate apparel or Bras, prosthetics and medical equipment	Ongoing

MSP volunteer Nutritionist having a session with the Lyndhurst staff



# A Partnership Approach

Partnerships with key stakeholders are an important strategy to provide effective health services to those in need.

The ongoing working relationship, consultation and constant communication with key organisations and groups such as the Ministry of Health and Medical Services (MHMS), Provincial Councils, Local Government Administrators, Advisory Councillors, Ministry of Women, Children & Poverty Alleviation, Ministry of Education's Divisional Education Officers and school administrators, MHMS Zone/sub-divisional medical officers and nurses, village Turaga ni Koros (TNK), and other MOUs with government and other/new Civil Society Organisations (CSOs) has helped MSP coordinate outreach in markets, schools and village/settlement communities, as well as the One Stop Shop.

MSP has formalised these partnerships through a memorandum of understanding (MOU). These formal protocols assist MSP to maximize health resources and enhance multi stakeholder coordination mechanisms and strengthen local capacity.

## Our long-standing MOU partners are:

- Ministry of Health and Medical Services (since 2010)
- Fiji Police Force (since 2012, for review in 2018)
- Aspire Youth Network (since 2013)
- Empower Pacific (since 2013)
- Homes of Hope (since 2013)
- The Salvation Army (since 2014, for review in 2018)
- Sea Mercy USA (since 2015)
- Partners in Community Development (since 2015)
- Ministry of Social Welfare, Women and Poverty Alleviation (since 2015)
- Ministry of Education, Heritage and Arts (since 2015)
- MWCPA, Digicel, Telcom, Vodafone (since 2015)
- Guadalcanal National Council of Women, Solomon Islands (since 2016)
- Plan International (since 2016)
- FNU Dental Students Association (since 2015)

## We signed three new MOUs in 2017 with:

- Survivor Advocacy Network Fiji (since January 2017)
- Vishnu Hindu Parishad (since April 2017)
- Fiji National Council for Disabled Persons (since December 2017)

## We are currently working on three further MOUs which we are hoping to sign in 2018 with:

- Haus of Khomeleon
- Frank Hilton Organization
- Ra Naari Parishad

MSP is part of the Emergency Relief Responders Pool. MSP is one of the 11 CSOs that can apply for the facility's relief fund should a disaster hit tomorrow. The total relief fund is FJ\$ 1 million and MSP staff have been trained to complete the proposal form within 48 hours of a disaster occurring.

## Fiji Council for Disabled Persons MOU Signing

**MSP was humbled and excited at the same time to sign an MOU on 15 December 2017 with the Fiji National Council for Disabled Persons (FNCDP). People living with disability (PLWD) can now access better service.** The FNCDP serve as a coordinating mechanism on disability matters, formulate national disability policies, develop plans, procure funds to support disability services, conduct relevant seminars/workshops, raise better community awareness on disability issues, feed mainstream disability concerns into government activities, and promote disability prevention measures. MSP welcomed the partnership as this will enable MSP to provide free health care, clinical services, counselling and legal aid services to women, youth and children living with disability. MSP health programs will consider the needs of those with different needs and identities and disabilities.

This partnership will allow MSP to provide medical materials, supplies and contraceptives for the provision of free family planning and reproductive health service including training programs on SRHR topics and deliver information and health services to address gender inequity, human rights and Gender Based Violence and Sexual Violence, including violence against girls, boys and children with staff and students of FNCDP. The MOU was also as opportune time to officially hand over assistive devices to the FNCDP executives. MSP was very pleased to witness a wheelie-frame walking device being handed to a 37 year old student. This was his first assistive device, and he was very emotional. It was a moving moment for both MSP and FNCDP staff. We are so happy to have made a difference in this individual's life, who had waited a long time to receive a device to assist him with movement. The MOU celebrations concluded with cake cutting. It was indeed



Dr. Sitiveni Yanuvanutawa (seated) - CEO FNCDP and his staff witness the signing of the MOU



Some of the assistive devices that were handed to fncdp





## Police Commissioner's visit to MSP HQ

*Police Commissioner with Sexual Offence Unit senior staff and MSP Staff*



*MSP Staff with the Commissioner of Police*

**The Fiji Police Commissioner, Brigadier General Sitiveni Qiliho, visited Medical Services Pacific on 22nd February to review the progress of the Police MOU with MSP.**

MSP proudly presented our Annual Report and discussed results and the way forward with the Police Commission and the senior Child Abuse & Sexual Offence Unit (CASOU) officers. In partnership with the Police, to date MSP has provided support to 549 Sexual Offences Unit clients since commencing the post-rape care facility in 2012. MSP has achieved outstanding results with the support of the Fijian Police Force, in terms of increasing the numbers of sexual assault cases

being prosecuted effectively. This is due to the integrated services that MSP provides to medical clients. MSP has seen some progress with convictions and meaningful resolutions for our clients. Working together, MSP has increased access to justice for survivors. MSP has worked in Child Protection for many years, providing a range of counselling services including the 24-hour Child Helpline on behalf of the Ministry of Women, Children and Poverty Alleviation.

Medical Services Pacific is committed to continuing our work in supporting survivors and increasing services for Women and Children with the continued support of the Fijian Government and sponsors.

## High Level MSP participation during the 13th Triennial Conference of Pacific Women

**The 13th Triennial Conference of Pacific Women, hosted by the Pacific Community (SPC), was held from 2nd to 5th October 2017 in Lami, Fiji. The theme of the Ministers' 13th Triennial Conference was 'economic empowerment of Pacific women'.**

The high-level regional conference brought together senior government officials and civil society representatives from across the 20 Pacific Island countries and territories to discuss progress made on commitments on gender equality, and identify measures for accelerating progress and implementation of gender equality commitments in the region.

Medical Services Pacific, partnered with the Haus of Khameleon (HOK), participated in this high level platform to provide a voice for women's rights. HOK is a social justice organization devoted to ending discrimination and violence against transgender people through education and advocacy on national, regional and global issues of importance to transgender people. By empowering transgender people and our allies to educate and influence policymakers and others, Haus of Khameleon facilitates a strong and clear voice for transgender equality in Fiji and the Pacific.

Successive Triennial Conferences have provided an important space for the participation of civil society organisations. At this year's conference we are also keen to see greater engagement by civil society, particularly young women and women with disability. The conference encouraged greater partnership between governments and development partners to support the participation of civil society representatives on official delegations, so that there is a stronger, more amplified Pacific voice at global discussions.

Meeting participants included representatives from 20 Secretariat of the Pacific Community (SPC) member countries and territories (American Samoa, Australia, Cook Islands, Federated States of Micronesia, Fiji, French Polynesia, Guam, Kiribati, New Caledonia, New Zealand, Marshall Islands, Nauru, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tuvalu, United States of America, Vanuatu and Wallis and Futuna) and civil society and academic institutions, Council of Regional Organisation in the Pacific (CROP) agencies, and international and regional non-governmental and development partner organisations.



*Jennifer Poole and Jiokapeci Baledrokadroka with the permanent Secretary Ministry Of Women, Children & Poverty Alleviation at the Triennial*



*HOK & MSP ready for penal presentation and discussions at the conference*

# MSP Access to Justice Impact

## Launch of the Fiji Women's Rights Movement (FWRM) Report on 'Balancing the Scales: Improving Fijian Women's Access to Justice' which utilized MSP case data to monitor court progress and outcomes.

MSP was approached by FWRM to provide data to enable researchers to assess the impact of the legislative changes in the Family Law Act and to ascertain if there had been improvements in access to justice for women and girl survivors. The researchers considered data from 2015 and 2016 cases in track the outcomes in court. The cases were part of the One Stop Shop Sexual Assault Response (SAR) caseload. The research also reviewed our annual reports from 2011 to 2016 get a picture of the progression of cases and performance of the sector in general. The MSP OSS clinic team includes MSP Medical Officers, MSP Counsellors and the MSP lawyer who provide support to survivors of SGBV. Arrangements were undertaken to ensure the confidentiality of client records (to protect names) and the process was overseen by our in-house legal officer. Protocols were put in place to protect confidential data.

On 21 November 2017, MSP attended and participated on the panel for the launch on the report 'Balancing the Scales: improving Fijian Women's Access to Justice'. This research project was implemented by the Fiji Women's Rights Movement, primarily funded by the European Union and supported by UN Women Fiji Multi-Country Office (MCO).

The research identifies barriers women face in accessing services relating to security, protection and justice. According to the research, a detailed analysis of a randomised sample of 25 per cent of those Family Court cases (67 of the 260 cases) found that no instance of gender stereotypes, customary forms of reconciliation or other contentious factors were raised by the judicial officer. The report further stated that 49 per cent of men and 42 per cent of women paid for private legal representation, while 10 per cent of cases brought by either men or women were represented by the Legal Aid Commission and out of the 260 Family Court Appeal and First Instance cases decided in the High Court of Fiji between 2015 to 2016, approximately 43 per cent of women had 'no' legal representation compared to 35 per cent of men.

MSP Executive Director, Ms Jennifer Poole, joined the Director of Public Prosecution, Mr Christopher Pryde and the Chief Justice of Fiji, Honourable Anthony Gates were the panellist for the Q&A session. The research revealed some alarming trends in terms of the age of clients and also shed light on some gaps in the systems and highlighted the valuable services of MSP. MSP was featured in the report as the main service provider for post rape care in Fiji.

# Communications and Media

A regular presence at events, in the media as well as our own communications help us to raise awareness for MSP services and to attract much needed funding.

## Press Coverage:

MSP and our services featured 25 times in the media in 2017. This covered community outreach messages through Fiji Broadcasting Corporation (FBC), and press/post releases or articles in the Fiji Sun or Fiji Times newspapers and online.

## Web analytics:

The Medical Services Pacific website received a total of **6,187** visits this year with an average of **18-21 visits per day**.

## MSP's Facebook:

Our Facebook page received **324 likes** in 2017, which now gives a total of **3,857** since the page was started in November 22 2010. Our most popular post was a video made in October for Pinktober which was viewed by **1,700 people**.

## Child Helpline Facebook Page:

The Child Helpline Facebook page received **917 likes** in 2017, bringing the total to **1,443 likes** since it was launched in April 2015. The most viewed post was a video about the Child Helpline which reached **33,485 people reached**.

## Medical Services Pacific launches "One-Stop-Shop" clinic in Labasa

By Lena Reece

Friday 9th/12/2017



Opening of the Medical Services Pacific One-Stop-Shop in Labasa

Medical Services Pacific has launched their "One-Stop-Shop" clinic today in Labasa that will provide free clinical, counselling and legal support services, including mobile outreach to the most remote villages of Vanua Levu.

Medical Services Pacific is one of four organizations in the Pacific region supported by UN Women through the Women's Peace and Humanitarian Fund.

Founder and Executive Director of Medical Services Pacific Jennifer Poole says that they have partnered with UN Women, and the Canada Fund to expand their services to Vanua Levu.



# 2017 - Making a difference

**Our numbers and results clearly show that MSP's holistic and integrated approach of providing our services to women, girls and other vulnerable groups in Fiji is making a difference.**

## **Maternal and child mortality**

It is widely recognized that family planning contributes to reducing maternal mortality by reducing the number of births that expose women to mortality risk. There is also evidence that increases in contraceptive use may reduce the risk per birth by eliminating the highest risk. Our MSP clinical outreach model and programs deliver quality integrated SRHR health care service for women, girls, youth and children. In 2017 we delivered/administered 36,360 family planning services/product, including handing out 35,422 (males AND female) condoms. Using standard "Couple-Years-of-Protection (CYP) conversion, this can be calculated as averting 249 pregnancies, 167 births, two child deaths, 2 under five-year olds deaths, 67 abortions and 12 unsafe abortions.

## **Early Detection**

Fijian 2012 cancer statistics show ([www.cancerindex.org/fiji](http://www.cancerindex.org/fiji)) that of a population of 880,000, 1100 people are newly diagnosed with cancer each year and that 700 people die from cancer per year. MSP carried out 1,076 cervical screens, eight prostate exams, and

588 breast examinations. This resulted in 47 abnormal results being diagnosed. These were referred to advanced medical and surgical care.

## **Access to Justice**

MSP's SAR work is a significant contributor not only to victim care, but supporting victims, the legal system and the Fijian Police to bring perpetrators to justice. In 2017 we supported 146 sexual assault victims. Our legal aid support extends beyond sexual assault. MSP provided legal aid support for 195 cases, of which sexual assault makes up 11 cases.

## **Suicide Prevention**

Suicide is a serious issue in Fiji with the suicide rate being one of the highest in the world. In April 2017 Deputy Commissioner of Police Isikeli Ligairi's, speaking at the National Symposium on Suicide Prevention, expressed concern about suicide cases in Fiji and called for the urgent need to create public awareness about the rise in child suicides. He said that suicide victims are getting younger with the average age of suicide and attempted suicide cases now being 16 and statistics showing

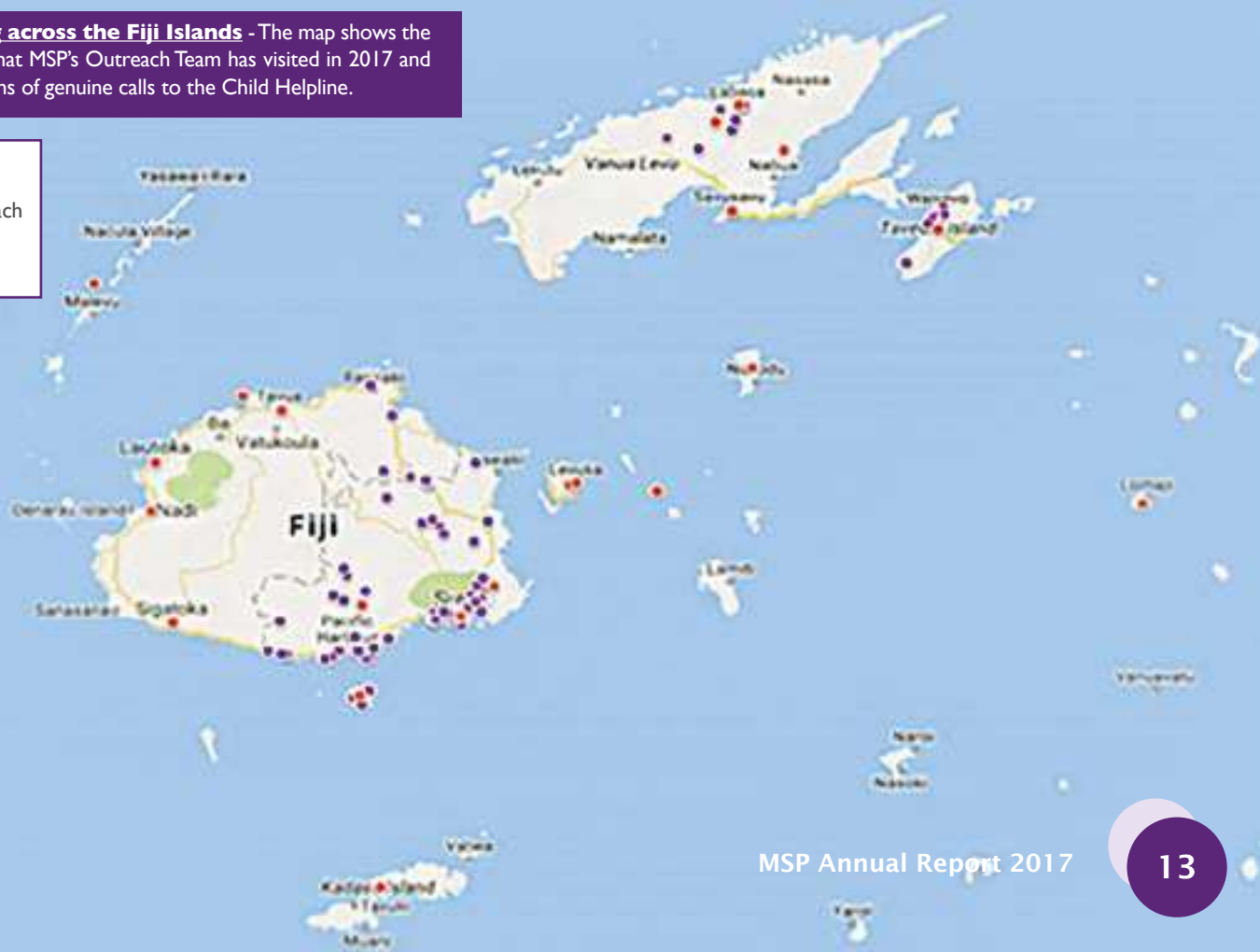
that in 2011, three children under the age of 16 attempted to take their own lives, and in 2016, 10 children took their own lives and 14 attempted while at that point in 2017 there had been already one suicide case and one attempted suicide.

MSP services such as the Child Helpline and counselling contribute to reducing suicide numbers. In 2017 the Child Helpline received 14,319 calls of which nearly 1,800 were genuine calls. Of these, most (45% or 792) callers cited fear and anxiety issues as the reason for calling, followed by lack of confidence in life with 10% (172). 4% of the callers suffered from depression. With a recognized strong link between depression and suicide these calls are treated with utmost seriousness. Counsellors are very aware of the links between substance abuse and suicide or domestic violence. 3% callers contacted us because they felt that they had no purpose in life. In addition, 13 calls were made for attempted suicide followed by nine calls for self-harm.

**Reaching across the Fiji Islands** - The map shows the locations that MSP's Outreach Team has visited in 2017 and the locations of genuine calls to the Child Helpline.

### **KEY**

- Outreach
- CHL



# Our 2017 Projects at a Glance

Project	Description	Funded by	Commenced	Concluded	Amount
Child Helpline Fiji	A Government initiative under the Child protection Multi Year Work Plan agreed with UNICEF to provide improved services for the prevention of and response to the abuse of children.	Ministry of Women, Children and Poverty Alleviation	April 2015	Ongoing	FJD\$200,000 (pa)
Sexual Reproductive Health Program for Women and Youth	This covers One Stop Shop at MSP's two locations as well as Mobile Outreach (OSS) to deliver national Sexual Reproductive Health and Rights (SRHR) program for women and youth, inclusive of activities to prevent Gender Based Violence (GBV) and promote gender equality.	Department of Trade and Foreign Affairs, Government of Australia	June 2017	To complete in February 2018 Note: We are urgently seeking replacement funding for continuation of these projects.	AUD\$280,000 in total
Protecting our Women, engaging Rights (POWER)	Responding to gender based violence in populations affected by disaster.	UN Women - Women, Peace and Humanitarian Fund (WPHF)	2017	Anticipated to complete June 2019	FJD\$553,500 in total
Empowering Women and Girls to improve SRHR Services and Reproductive Tract Cancers in Vanua Levu	CFLI – Project II: extending VIA to the North.	Canada Fund Local Initiatives (CFLI) under the Canadian Government	Aug 2017	Anticipated to complete in March 2018	CAD\$27,500 in total
Eradicating Cervical Cancer among young rural Women in Fiji	CFLI – Project I: Introducing VIA screening in the Suva region.	CFLI	Nov 2016	Feb 2017	CAD\$25,586 in total
Providing Awareness to Children helping End Discrimination (PATCHED)	Empowering women through access to information, so they are able to recognize gender discrimination and child abuse and can respond appropriately.	UN Women - Pacific Women Ending Violence against Women (EVAW) Facility Fund	2014	June 2017	US\$ 52,297.85 in total
Early Warning Alert and the Response against Zika and other disease (EWARS)	Providing health education and community outreach health services for Zika and other communicable diseases and to reduce the risk of consequent microcephaly in the hard-to-reach vulnerable communities of Fiji.	World Health Organisation (WHO)	Nov 2016	Feb 2017	US\$15,000 in total
Child Protection Training for AQEP Building Contractors.	Child protecting training and monitoring with commercial contractors.	Access to Quality Education Program (AQEP)	2017	2017	FJD\$80,889.60 in total
Disaster Response	Disaster response activities for people in Fiji impacted by Cyclone Winston in 2016.	CEMAID, New Caledonia - CENTRE MUNICIPAL D'ANIMATION ET D'INFORMATION "NE DREHU"	2017	2017	FJD\$9,448.24 in total



# One Stop Shop – Suva and now Labasa

“One Stop Shop” (OSS) is the MSP concept of providing holistic healthcare, social services and legal service for women and youth under one roof.

## Labasa Clinic

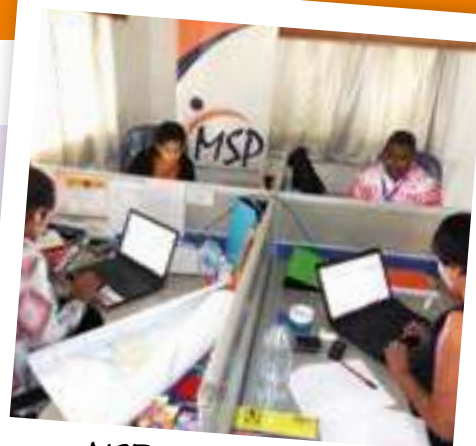
**The highlight of 2017 was the opening of the new clinic in Labasa in August 2017 and officially launching the OSS program there on 8 December 2017.**

Visitors at the official launch included the UN Women deputy representative Nicolas Burniat and representatives of the Canada Fund for local initiatives – Mr Lorenz Wright and Mr. Fakailoatonga, MSP stakeholders, the Commissioner Northern Division, civil society, faith based organizations and a number of private sector organizations.

The One Stop Shop team for the North Division consists of a Counsellor who caters for the mental health needs of survivors of violence, abuse, neglect and depression. The Medical team includes a Nurse and a Doctor with expertise in family planning and reproductive health. The nurse was recruited first and underwent initial training in Suva with the MSP Medical Team. MSP also identified and contracted an Obstetrics and Gynecology specialist for the Labasa clinic who will provide specialize services to sexual assault survivors (commencing in April 2018). The final member of the OSS team is the Lawyer who is known as the Protection Officer and provides awareness on human rights, gender, child protection, family law and criminal law and provides advice to clients and the public in outreach. The OSS team is supported by a finance officer and the Outreach driver.

### The Labasa One Stop Shop now delivers the following:

- **OSS Clinic–Medical Services:** Medical Consultation and Examination/Medical Forensic, Emergency contraception (ECP) to prevent unwanted pregnancies, HIV PEP and STI treatments and vaccinations to prevent Hepatitis B and Tetanus (as deemed necessary).
- **Counselling and Social Services:** Professional counsellors provide pre and post procedure counselling for survivors and general ongoing therapeutic counselling for those in need as well as referrals for ongoing support services including welfare and shelter.
- **Legal Advice:** Legal advice, referrals and assistance to obtain justice including escort to court and ongoing monitoring and updates on the progress of the case.
- **Emergency Shelter:** Safe accommodation onsite or by referral, which includes access to shower facility, fresh underwear and clean clothes, breakfast/lunch/dinner depending on the time of arrival and stay.
- **Security:** Enclosed fenced or safe compound (with security or alarm) and safe transport to and from referrals (using MSP warm referrals protocols).



MSP Labasa team with Program manager



Labasa Team

## Dedicated Post Rape Care Services for women, youth and children

**MSP delivers the only integrated and dedicated post rape care service in Fiji and the MSP team are specialized in managing child abuse and child sexual assault cases.**

The Ministry of Health and Medical Services national reproductive health services are strengthened by the coordinated support and skills of non-government organizations. Apart from the CWM Hospital in Suva and the Labasa Hospital in the Northern Division, MSP is the only other agency currently providing confidential clinical services to SA/GVB clients (e.g. rape kit/medicals) and confidential information on emergency contraception, safe abortion and referrals (as designated under the Fiji Crimes Decree).

The Protection (gender/human rights/legal aid) officer focus on human rights awareness and legal advice and support as well as strengthen and support the child protection program. This is a key position in the One Stop Shop.

The legal services under the One Stop Shop enables MSP to assist clients in a number of areas such as child adoption, restraining order (DVRO), SOU legal support/advise, child and spouse maintenance, child custody, child protection (advise on child rights) and witnessing legal documents. The MSP program fills essential and needed gaps in SRHR service provision for survivors and their families; and in terms of information services for vulnerable women and girls.

Since 2012, MSP has been working closely with the Fiji Police Force under a formal Memorandum of Understanding (MOU). The MOU and Standing Operational Procedures with the FPF Sexual Offenses Unit ensure survivors of sexual abuse have access to justice. MSP has seen over 549 sexual assault survivors in our dedicated Post Rape Care Suva clinic.

# Donate

Save lives! Donate:  
[www.msp.org.fi](http://www.msp.org.fi)

# Community Outreach

MSP's One Stop Shop concept is extended into the community in rural, urban and peri-urban areas through the Mobile Outreach.

**With DFAT funding ending in February 2018, this Mobile Outreach urgently requires a new donor.**

In 2017, MSP's Outreach Team conducted outreach in 143 sites, including 85 community visits (57 villages and 28 settlements), 30 schools (including 20 secondary schools, 1 special school, 1 tertiary institution, and 8 primary schools), 10 public events, 10 corporate visits, 7 MSP clinic events, and 1 market providing sexual and reproductive services to women in the workplace. The clinical service provided by MSP in outreach to rural communities are a key non-government provider that strengthens the Ministry of Health and Medical Services national reproductive health services.



Corporate Outreach to Lyndhurst



Corporate outreach to Mind Pearl

The MSP Outreach Team visited schools to create awareness on Child Protection and the Child Helpline Services. The Team visited 102 schools (37 primary schools, 49 secondary schools, 1 kindergarten, 15 tertiary) since we started the outreach program in 2010. In 2017 the Team visited 30 schools in the Central and Northern divisions. Students were provided with information on child protection, child abuse, good and bad touches, gender-based violence, girl empowered and psycho social information. Creating awareness about these issues can empower students, parents and caregivers.

## Child Helpline

**The Child Helpline is a Government initiative under the Child protection Multi Year Work Plan agreed with UNICEF to provide improved services for the prevention of and response to the abuse of children.** The Child Helpline responds to the increasing incidences of child abuse and exploitation which were being reported by authorities and civil society. MSP has delivered this services on behalf of Ministry of Women, Children and Poverty Alleviation and the Information, Technology and Computing Services of the Ministry of Justice since 2015, and was awarded the tender to continue to implement the national Child Help Line 2017. Child Helpline offers help and support services for children. A variety of methods are used to ensure that children can always access help and find someone to talk to. These methods include telephone services, mobile phone, and text messaging, online via email, Facebook chat, radio and mobile community/school outreach.

Child helpline counsellors actively listen to children, who wish to express their concerns, and link children to resources and emergency assistance when needed. Child helpline also assist those who may not be able to access essential services, including street children, children living with disabilities and



children in marginalised areas or communities. The Child helpline provides children with their fundamental right to amplify their voices and to be heard, as outlined in the United Nations Convention on the Rights of the Child (UNCRC), and also play a key role in shaping, strengthening and filling in the gaps of existing national child protection systems.

The table below shows the type of calls the Child Helpline receives. MSP records all calls, including silent and prank calls, as even these are also indicate of the number awareness for "1325" in the community.

Achievements for the Child helpline to date	Total	2017	2016	2015
Genuine calls	3,924	1,743	1,502	679
Prank calls	7,113	2,600	2,440	2,073
Silent calls	8,788	3,484	2,720	2,584
Test calls	13,363	6,492	5,532	1,339
Voice mail	2,612	0	592	2,020
Total Calls	35,800	14,319	12,786	8,695
Total Male callers (Genuine only)	1,379	638	493	248
Total Female callers (Genuine only)	2,545	1,105	1,009	431



Growth is measured on the number on genuine calls recorded. The graph shows the genuine call trend from 2015-2017. It is encouraging to see

that the percentage of genuine calls has increased from 17% of all calls in 2015 to 44% in 2017. This indicates increased awareness and a need for the service. The MSP Outreach Team visit schools to create more awareness about the Child Helpline Services. This has been an ongoing awareness campaign to allow the children of Fiji to take advantage of the free service that has been provided by the government. Students are invited to test the Child Helpline, encouraging them to feel safe and supported when speaking to a counsellor if they suspect OR experience abuse or bullying. The MSP Counsellors also focus on providing psychosocial support during group and individual face-to-face counselling/information and make necessary referrals and to allow necessary case management.



# Projects started in 2017



## CFLI Project II

### “Empowering Women and Girls to improve SRHR Services and Reproductive Tract Cancers in Vanua Levu”

This is a six-month project funded under Canada Fund Local Initiatives (CFLI). It commenced in August 2017 and will conclude in February 2018. It is targeted at the Northern Division and aims to:

- Prevent reproductive tract cancers (cervical and breast cancers) through VIA testing
- Provide Sexual Reproductive Health (SRH) clinical services through MSP's Mobile Outreach program
- Provide rights based health awareness and education to end violence against women and providing improved post rape care services.

By year end in 2017, the project has made significant achievements:

- **1,558** (1,008 female and 550 male) direct clients were provided with rights based health awareness and education to end violence against women and girls and awareness on sexual and reproductive health and rights through the Northern One Stop Shop program and Outreach program;
- **497** (369 female and 128 male) clients accessed clinical services;
- **121** women and girls accessed cervical screening including Thin Prep and VIA tests;
- **99** women and girls accessed, thin prep only screening (17 women were first timers, 34 women accessed repeat test after three + years since their last screening and 48 women were between routine screening of 1-2 years);
- **15** women and girls had access to Thin Prep and VIA screening (of which 4 were first timers, 8 were overdue tests of more than 3years, 1 repeat test, and 2 were routine screening);
- **7** women and girls accessed VIA (3 were first timers, 2 were overdue of more than 3 years, 2 were routine screening);
- A total of **18** abnormal/suspicious cervical screening results were detected and including two high grade results. All results were referred to the Obstetrics and Gynaecology Unit of the Labasa Hospital for repeat tests and further case management;
- **80** women and girls accessed breast examination and women were adequately provided information on how, when and what to check for when carrying out self-breast examination at home.
- **51** women and girls were empowered to access protection systems and access to justice for survivors of Sexual and Gender Based Violence (SGBV), through the delivery of essential sexual reproductive health care and rights information and services;
- **75** (51 female and 24 male) clients accessed legal services, enabling them access to information and justice.

## POWER “Protecting Our Women, Engaging Rights”

Funding secured from the Women's Peace & Humanitarian Fund (WPHF), a global financing mechanism designed to enhance women's participation in peacebuilding and humanitarian action, for which UN Women serves as secretariat, has enabled the start of the POWER project in 2017.

The Women's Peace and Humanitarian Fund project was set up respond to GBV in populations affected by disaster. The MSP POWER project team is a disaster response team in readiness skilled in address gender concerns in emergencies.

The goals of the project are to increase:

- Safety by strengthening protection systems and empowering women and girls to access information, health care and social services; and strengthening humanitarian response capacity through mobile outreach and capacity building of partners.
- Access to justice for survivors, through coordination, dialogue, rights awareness, service integration and capacity building to strengthening services and systems.
- Access to specialized, confidential clinical SRH and Rights services for survivors of sexual assault and gender based violence.

The earliest achievement of the POWER project was the identification of the Northern office, which was procured in a primary location near the Labasa Hospital for ease of patient referrals and walk-ins. The next stage included the recruitment and training of the project team and the procurement of key equipment.

The official launching of the MSP Labasa OSS clinic was a pivotal achievement for the program in terms of raising awareness about the program and commencing partnerships with key officials from government, Police and NGO's. The event was intended to cement links and friendships for improved collaboration in service provision. It also marked the formal commencement of medical services in partnership with the Ministry of Health and Medical Services (MHMS) in Labasa. Since the opening of the clinic, the Labasa-based OSS team assisted 1,558 clients (1,008 female and 550 male) and a total 33 SGBV survivors accessed the integrated services.

The POWER project has enabled MSP to set a firm foundation in the Northern Division and build the pathway to enhance further partnership between key stakeholders working to improve services to women and girls.





# Projects completed in 2017

2017 saw the completion of three projects.



House to house Zika awareness at  
Burotu Settlement, Taveuni



Zika Awareness at  
Drekeniwai Village, Taveuni

## EWARS “Early Warning Alert and the Response against Zika and other Diseases”

The World Health Organisation (WHO) funded MSP to deploy a team to the island of Taveuni in the Northern Division of Fiji to conduct awareness and medical outreach and to deliver health promotion and education about Zika prevention in January 2017. Our team distributed Pregnancy Packs (also known as Zika Kits) across Taveuni to communities that have been badly impacted by Tropical Cyclone Winston in February 2016. The Zika virus is linked to microcephaly, a neurological disorder in babies being born with abnormally small heads. Fiji has recorded incidence of the Zika virus among patients in the Northern Division.

### Our team carried out the following activities:

- 188 pre-and post-intervention questionnaires were handed out and returned in the village visited to monitor change in knowledge about the Zika virus and other important outbreak diseases. 188 Pre and Post-intervention questionnaires were administered
- Health education of the community members in collaboration with village health workers for a clean-up campaign for Zika/arbovirus prevention, including discussing mosquito breeding sites inside and around the home and community.
- Distribution of 146 pregnancy packs (so called Zika kits) in the island of Taveuni.
- Supporting Divisional and Sub-divisional EWARS activities for arbovirus and other diseases, reporting suspected cases of Zika-like illness, dengue-like illness and acute fever and rash, and taking clinical specimens for testing as needed.
- Medical services provided provide to communities with integrated outreach services immunization services, integrated management of childhood illnesses, screening for malnutrition, reproductive health care, maternal, antenatal and postnatal clinics and paediatric care, and services to address communicable and non-communicable diseases.

The target beneficiaries were pregnant women, women of reproductive age and village health workers. Health education and support to community clean-up activities for were carried out with village health workers and the villagers. The project reached 449 clients (383 females and 66 males) directly reached through awareness and clinical services in the communities and ANC clinics. 38 children (15 males and 23 females) were seen by the IMCI nurse. 30 women (8 between 20-35yrs and 22 between 36-55yrs) accessed thin prep. 29 women (8 between 20-35yrs and 21 between 36-55yrs) accessed VIA, and 3,026 condoms (2848 male and 178 female) were distributed.





Girl Empowered together with Dignity Packs distribution



School Outreach

## PATCHED “Providing Awareness to Children helping End Discrimination”

**The UN Women’s Pacific Women’s Ending Violence against Women (EVAW) Facility Fund funded PATCHED project provided awareness and education in schools across Fiji.** It started in 2014 and concluded in June 2017. The project’s goal was to empower women, youth and children through access to information, so they are able to recognize gender discrimination and child abuse and can respond appropriately. The project was aimed at increasing access to services for women and girls and survivors in 6 schools and 6 communities, support activities and initiatives that advance primary prevention, and influence government policy and legislation to explicitly address primary prevention, budgets, expand services and the coordination of responses.

The PATCHED project linked into MSP’s Outreach and Clinic Programs and visited six schools and created improved awareness around Gender and Human Rights. MSP reached 17,518 beneficiaries since the program commenced. Funding enabled clients to have improved access to SRH information, clinical and social services, and provided Women survivors with quality medical care and support services. It increased awareness and protection for women and girls in 61 schools and 42 communities in Fiji, and strengthened collaboration and networking increase opportunities for justice, health care, social services and coordinated action to reduce Violence against Women and Girls (VAWG).

The PATCHED project complemented the Family Life Education in schools adding the Girl Empowered Package of participatory materials. Schools do not have specific FLE teachers and the responsibility falls on teachers who then take on a dual role. School administrations around the country expressed that the MSP outreach program helps out FLE teachers in many ways. Especially, the child-friendly awareness sessions on topics such as SRHR, forms child abuse, child protection, gender-based violence, suicide, bullying, counselling and awareness on CHL and how children can seek help should the need arise. The Ministry of Education Heritage and Arts endorsed the use of the Girl Empowered family life education package in schools.

A Facilitators training manual has been developed to help facilitators and educators deliver the Girl Empowered book content to children and young people between the ages of 12-18 years.



Participants at the cervical screening and cryotherapy including VIA training

## CFLI – Project I “Eradicating Cervical Cancer among young rural Women in Fiji”

**The VIA project is a three-month project funded under Canada Fund Local Initiatives (CFLI). It commenced in November 2016 and concluded in February 2017. It was targeted at the Suva region and aimed to introduce VIA capability.**

Cryotherapy is a simple, safe and effective ablative treatment for precancerous lesions of the cervix. Freezing and thawing of cervical skin promotes destruction of the abnormal cells.

MSP’s partnership with the Ministry of Health and Medical Services (MHMS) in Fiji continue to implement VIA consultations, services and referrals. Three medical staff (Doctor and two nurses) received training on how to identify normal and abnormal changes on the cervix and perform cervical screening and cryotherapy. They were also trained to read Cytology results which describe the grade of abnormality. A certified trainer from the Ministry of Health and Medical Services, Fiji (MHMS) provided training to three MSP staff including seven MHMS health centre nurses from the Central Division.

This VIA project made it possible for MSP to equip three cryoguns for the static clinic and outreach clinic in Suva and northern clinics. The equipment will allow clinicians to screen and treat precursor lesions immediately. It also can be performed on women attending clinic for a postnatal, post-abortion or after miscarriage can be offered VIA screening.

The MSP Medical team were trained by the MHMS Cervical Screening Trainer, Sr. Karolina Tamani, who is the most senior certified Trainer in the country. The project also benefitted seven (7) MHMS nurses from various health centres in the Central Division. The two day training held on the 27-28 February 2017 equipped nine (9) nurses in total and one Doctor, being the MSP’s Obstetrics and Gynaecologist. The team learned to provide the VIA screening method, and to effectively identify normal and abnormal changes on the cervix (obtain second opinion) and then perform cryotherapy.

While the nurses and medical officer must be supervised for the first eight (8) cryotherapies, MSP staff have undertaken VIA tests and observed cryotherapy techniques and will soon be free to work independently. We anticipate them completing supervision in cryotherapy by mid-year 2018, if not earlier. In the interim, the MHMS Sister Karolina has agreed to attend MSP clients in MSP clinics to facilitate the supervision.



MSP’s Obstetrics and Gynaecologist doctor practicing using the cryo gun

# Counselling

**MSP has been delivering counselling services delivered by qualified counsellors and intersex (LGBTI). MSP counsellors have provided counselling services to 2,297 individuals, couples, groups, children, and inclusive of people living with disability (PLWD) and Lesbian Gay Bisexual Transgender and Intersex (LGBTI).**

MSP has a Counselling Policy in place that seeks to safeguard MSP counsellors, clients and the organization from any harm during or after the course of intervention. The Counselling Policy serves as a guideline for counsellors to work within their professional boundaries and follow

standard protocols and procedures in counselling and referral processes. MSP counsellors ensure that the client is well informed with the counselling service protocol and procedures and its confidentiality and limitations during contact. Types of counselling that were accessed by clients in 2017 include face-to-face counselling, telephone counselling, Child Helpline telephone counselling, mental-health and Suicide counselling, sexual assault response (SAR) counselling, sexual assault response family counselling, HIV counselling, community counselling, child counselling, positive cervical cancer screening result counselling, GBV Counselling and general Counselling.

## Counselling services provided during this reporting period January to December 2017

Total Counselling 2017	Counselling Services	Quarter 4, 2017	Quarter 3, 2017	Quarter 2, 2017	Quarter 1, 2017
121	General Counselling	47	30	17	27
32	HIV Counselling	19	0	12	1
92	Sexual Assault Response Counselling	26	30	32	4
59	Sexual Assault Response (SAR) Family Member Counselling	0		21	27
25	GBV Counselling	6	11	7	5
8	Positive Cervical Screening Result	0	7	0	2
17	Mental health / Suicide Counselling	5	4		3
39	Child Counselling	8	4	14	2
1,743	Child Helpline (Genuine Calls)	520	470	367	386
137	Community Counselling	77	0	38	22
24	Telephone Counselling	10	8	4	2
2,297	<b>Total</b>	<b>718</b>	<b>624</b>	<b>474</b>	<b>481</b>

# Consulting

**Through its work MSP has gained valuable knowledge and experience and is able to use consulting work to generate revenues.** The MSP Technical Services Unit provides high level consulting services utilizing the expertise of MSP staff and resources. It was established to engage and harness the skills of our staff and networks and to further enable a career path which is inspiring and which can provide additional income for talented and motivated development workers. The management fee is used to cover some of the strategic and operational costs of the charity to enable sustainable free health service delivery.

Access to Quality Education Program (AQEP) contracted MSP's Child Protection Consultancy Team for the third time in 2017 to provide child protection policy training with its contractors, subcontractors and stakeholders. Training was held in three locations - Ra Koro and Suva. The commercial contractors include Friendly Building Contractors Limited, Ba Provincial Holdings Company Limited and Fortech Construction Company.

MSP also provided child protection training to the AQEP administration staff.

# Legal Aid

**MSP has been providing legal aid service since 2014 to help women, girls and youth gain access to justice.** MSP provided legal aid services supplement the official government Legal Aid Services which is means tested. MSP provides services to all women that access our services. A strong co-operative working relationship is maintained between Legal Aid and MSP's legal aid services to ensure maximum support while avoiding duplication of effort. MSP also works closely with the Department of Public Prosecutions as part of the One Stop Shop post rape care program. In 2017 we provided legal aid services for a wide range of topic as the table below shows. The majority of our clients (78) accessed advice of child rights but that there is a high demand for general legal aid (41).

Legal Services 2017	Legal Services
30	Adoption
3	Certifying of documents
25	Child Maintenance
78	Child Protection - Advice of Child Rights
2	Dissolution of Marriage
11	Domestic Violence - Advice on Rights
41	General legal Aid
1	Registration of Child
3	Social welfare Assistance
1	Child Custody
195	<b>Total</b>





## Expansion and Replication

**The One Stop Shop integrated post rape care program has functioned effectively to ensure women and girls in Fiji receive access to health care, counselling, legal aid and are able to achieve justice.** The MSP One Stop Shop contributes towards the increased number of successful prosecutions for sexual assault and child abuse in Fiji. The 2017 program has directly assisted over 117 sexual assault survivors. In view of this, the Fiji Police Force Sexual Offences Unit and MWCPA have asked whether MSP can provide wider services including opening these services in Nadi and Labasa which are also hotspots for Sexual and Gender Based Violence. MSP opened a clinic in Labasa. The One Stop Shop service would make such a significant difference in these locations.

In 2017, MSP implemented the project “Protecting Our Women, Engaging Rights” (POWER) in the Northern Division, funded under Women, Peace and Security and Humanitarian Action in partnership with UN Women.

MSP will be seeking resources to expand the One Stop Shop Model to the Western Division and regional locations, namely Solomon Islands and Papua New Guinea.

In the Solomon Islands, MSP has established partnership with the Guadalcanal Provincial Council of Women and the Ministry of Health to improve protection and increase services for women. With an aim to increase protections for women and girls, action human rights provision, enable women’s participation and agency, improve health and social services and security context and better enable the prosecution of sexual offenders.

MSP envisages to provide an integrated ‘wrap around’ service model for survivors, providing medical care, counselling, legal aid, safe referrals for emergency shelter and other services and expand his branch locations in 2018-2019.



*Family Planning awareness*



*Child Helpline*





# Capacity Building

**One of MSP's key activities is to build capacity in healthcare awareness and services in the community, government and other key stakeholders. In recognising the importance of capacity building to effect positive change and to provide stronger services, MSP itself actively pursues capacity building for its health staff.**

- In March 2017, Ms Sandrine Tonoukouin, VAW Response & Service Specialist from UN Women conducted GBV training with MSP staff and volunteers. She outlined key learning objectives of the training and ensured that staff had the choice to step outside if themes touched on personal experiences of GBV or mental health related issues. The facilitator established the importance of respect and support from peers throughout the training to create a safe learning environment for participants.
- Also in March MSP conducted a review and compliance check of its Child Protection Policy (CPP) to ensure compliance with the amended DFAT Child Protection Policy, 2017. CPP training was conducted on the updated MSP CPP to align with the organisation's responsibility to undergo refresher courses for staff once a year. The training aimed to reinforce the zero tolerance stance on child abuse within MSP across all MSP programs. The training identified who constitutes as a child, the different forms of abuse and their causes, and outlined the importance of child protection and the legal obligation to which staff must adhere to under the CPP. The correct reporting procedure for staff on child abuse was delivered step by step to ensuring that if such cases arise, staff are familiar with the correct points of contact when reporting cases of abuse.
- The Australian Volunteer for International Development (AVID), Ayesha Lutschini developed the teaching notes for the Girl Empowered outreach program. After various rounds of editing and validating these teaching notes internally, the content was ready for a training of trainers to be conducted with MSP outreach staff. Thus, the focus of this training was specifically on the teaching notes that have been developed for MSP's Girl Empowered outreach program. The training delivered in February aimed to specifically develop the thematic knowledge, skills and attitudes of MSP outreach staff across all topics covered in the Girl Empowered teaching notes and to provide them practical facilitation experience on new content.
- In July MSP was consulted on the drafting and amendment of the Juvenile Act, Care & Protection Bill and Child Justice Bill Child Care & Protection Bill and Child Justice Bill Consultation at the Pearl Resort, Pacific Harbour, organised by UNICEF.
- In August, the Ministry of Health and Medical Services in partnership with UNICEF Pacific invited the WASH Cluster to brainstorm on the development of the first PacificWASH in Emergencies Toolkit. The toolkit formulation brought together WASH experiences from around the Pacific with the aim of developing a document that can be used by WASH in Emergency practitioners for preparedness and response to disasters. Building on the numerous capacity building activities by WASH partners and the vast knowledge and experiences within the sector, a workshop was held at the UNICEF Pacific Office.
- In October, MSP staff and management attended several important stakeholder and grantee trainings. MSP was part of the Gender-Based Violence in Emergencies (GBViE)

workshop organized by the Fiji Women's Crisis Centre (FWCC) and the UN Women. The week-long workshop had delegates and key representatives from government ministries and civil society organizations across Fiji, Vanuatu, Solomon Islands, Tonga and Samoa. The focus of the workshop was to share knowledge and identify solutions to prevent and respond to gender-based violence in emergencies (GBViE). The workshop enabled stakeholders to highlight gaps and needs of women and girls during disasters; adapting available services; clarifying roles and responsibilities, reducing the overall risk of GBViE and enhancing coordination and information sharing.

- In November, the Protection Officer attended the 'Training of Trainees Combating Sexual Harassment in the Workplace'. The training was held at Victoria Palms Hotel in Suva. The Fiji Women's Rights Movement in partnership with the International Centre for Advocates Against Discrimination (ICAAD) organised the training of trainers' (TOT) workshop to raise awareness on combatting sexual harassment in the workplace. The TOT toolkit was developed by ICAAD with input from FWRM.
- Also in November, the Fiji Pacific Women Country Reflection Workshop was held in Suva. The workshop was an opportunity to reflect on progress towards gender equality and the empowerment of women in Fiji, the contribution of the Pacific Women Program to the work you do and aims to create a space for building connections between program partners, sharing lessons and opportunities for structured reflection on the program. As a valued partner and/or key stakeholder, MSP was invited to participate in this workshop. Ms. Jiokapeci Baledrokadroka attended the three-day workshop at Holiday Inn.





**Get the Girl Empowered  
Mobile Application for  
Android and iPhone at  
[www.msp.org.fj/  
girlempowered](http://www.msp.org.fj/girlempowered)**



*Girl Empowered Awareness*



*Family Planning Awareness  
in the community*





## Making a Difference - as our clients see us

I am from the Western side of Viti Levu but am married here and have been with my husband for the past 8 years. I have 3 children and am 28 years old. I have learnt a lot from this community and have tried my hardest to blend in to the living standard. This is a very remote community and is far from civilization. It is a norm in this community that women take full responsibility of their children's welfare. When my child is sick or has to go for clinic, I would

have to carry my baby on my back and cross the river 20 times by foot to reach the nearest health center. Transportation is hard in this parts as it travels down to town early in the morning and returns in the late afternoon. Cost of going to town is \$30 return and \$150 for hiring the vehicle. Life is hard up in this mountains. Women also carry out more work compared to the male counterpart. We have to go to the farm together and when

we return I would have to cook, wash and do other household chores while my husband's rests. Having three children and going through is struggles is enough for me. I am really happy that MSP came to our village to provide these services. I decided to have Jadelle insertion because it was a long term method and I know it will certainly protect me from getting pregnant. Thank you MSP for bringing the services closer to us.

## Intimate partner violence



**MSP was present at remote outreach in the Namosi Highlands. The Team coordinated the outreach working closing with the Serua Namosi Provincial Council, Ministry of Education, Ministry of Health Sub-Divisional Medical Officer - Namosi, and the Namosi Community Police Post.**

While working with the Zone nurses at the Nursing Station, the Team met with a woman in her mid-20s, who appeared wet, exhausted with visible bruises on her face and arms. The MSP Team Medical Officer and nurse with the assistance from the Zone nurse attended to her wounds. She was frightened and could barely speak. The MSP counsellor sat with her and assured her that they were there to help her. She confided that that early morning in the midst of bad weather condition, she managed to escape from her de-facto partner, who on the previous night punched and kicked her several times. Sera (not her real name) told her story that she has experienced intimate partner violence for as long as she can remember. She feared for her life and said that she 'could not take it anymore and no one cared in the community. She escaped crossing the river and came to the Nursing Station.

Sera was treated and advised by MSP and follow up action was taken to ensure her safety. She was given dry clothes. Another counsellor spoke with her partner later that day. The matter was also reported to the Police for follow up.





# Financials

## Independent auditor's report for the year ended 31 December 2017

**We have audited the accompanying financial statements of Medical Services in the Pacific, which comprise the statement of financial position as at 31 December 2017, the statement of income and expenditure, the statement of Accumulated Funds and the statement of cash flow for the year then ended, a summary of significant accounting policies and other explanatory notes, as set out on next page.**

### Trustees' Responsibility for the Financial Statements

The Trustees are responsible for the preparation and fair presentation of these Financial Statements in accordance with the Fiji Accounting Standards. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of Financial Statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

### Auditors' Responsibility

Our audit has been conducted in accordance with Fiji Standards on Auditing to provide reasonable assurance as to whether the financial statements are free of material misstatement. Our procedures included examination of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether in all material respects, the financial statements are presented fairly in accordance with Fiji Accounting Standards and statutory requirements so as to present a view which is consistent with our understanding of the Organization's financial position and the results of their operations, changes in accumulated funds and its cash flows.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Qualification

*It is not practicable for Medical Services in the Pacific to establish accounting control over all sources of Income prior to its receipt and accordingly it is not possible for our examination to include audit procedures to extend beyond the amounts recorded in the books of Medical Services in the Pacific.*

### Qualified Opinion

*In our opinion, subject to the possible effect of the matters described in the basis for qualification paragraphs, the financial statements have been properly drawn up so as to present fairly the state of affairs of the Medical Services in the Pacific and the results of its activities for the year then ended.*

*We have obtained all the information and explanations which, to the best of our knowledge and belief, were necessary for the purpose of our audit.*

**DATED: 6th June 2018**

**Suva, Fiji**

aliz pacific  
Chartered Accountants  
Suva, Fiji  
6 June 2018

# Financials

In the opinion of the Board of Trustees:

(a) the accompanying Statement of Income and Expenditure and Statement of Changes in Accumulated Fund are drawn up to give a true and fair view of the operations of the organization for the year ended 31 December 2017.

(b) The accompanying Statement of Financial Position is drawn up so as to give a true and fair view of the state of the organization's affairs as at 31 December 2017

(c) The statement of cash flow is drawn up so as to give a true and fair view of the cash flow of the entity as at 31 December 2017

(d) At the date of this statement there are reasonable grounds to believe that the entity will be able to pay its debts as and when they fall due;

Dated at Suva this 17th day of May 2018

Signed for and on behalf of the Board of Trustees and in accordance with a resolution of the Board of Trustees.

TRUSTEE

EXECUTIVE DIRECTOR

# Financial Statements

## Statement of Income and Expenditure for the year ended 31 December 2017

	31 Dec 2017 \$FJ	31 Dec 2016 \$FJ
<b>INCOME</b>		
Grant Income	1,045,372	893,196
Other Income	11,326	11,788
<b>Total Income</b>	<b>1,056,698</b>	<b>904,984</b>
<b>EXPENDITURES</b>		
Administrative & Professional Cost	1,993	1,213
Audit Fees		6,260
Advertisement, Marketing & Fundraising	19,258	27,159
Consultancy	28,250	
Depreciation	33,797	37,095
Insurance	13,513	13,134
Medical Services	24,996	13,666
Motor Vehicle Expense	12,095	16,492
Office Expenses	25,813	22,440
Repair & Maintenance	5,541	15,693
Rent Expense	66,302	45,515
Staff Cost	752,683	595,482
Superannuation	54,377	44,147
Travelling, Telecommunication & Utilities	69,908	50,278
Training & Workshops	38,475	19,748
<b>Total Expenditure</b>	<b>1,147,001</b>	<b>908,321</b>
Interest	255	365
<b>NET Operating deficit for the year</b>	<b>90,558</b>	<b>3,702</b>



## Statement of Changes in Accumulated Funds for the year ended 31 December 2017

	Accumulated Funds \$FJ	Total \$FJ
Balance as at 31 December 2015	292,372	292,372
Total comprehensive income for the year, net of tax	0	0
Net (deficit) as at 31 December 2016	3,702	3,702
Other comprehensive income for the year, net of tax	0	0
Balance as at 31 December 2016	288,670	288,670
	Accumulated Fund \$FJ	Total \$FJ
Total comprehensive income for the year	0	0
Net deficit as at 31 December 2017	90,558	90,558
Other comprehensive income for the year, net of tax	0	0
Total comprehensive income for the year	90,558	90,558
Balance as at 31 December 2017	198,112	198,112

## Statement of Financial Position as at 31 December 20157

	31 Dec 2017 \$FJ	31 Dec 2016 \$FJ
<b>CURRENT ASSETS</b>		
Cash and Cash Equivalent	307,050	186,684
Inventory	6,482	8,336
Other Receivables	19,064	18,947
	<b>332,597</b>	<b>213,968</b>

## NON CURRENT ASSETS

Property, Plant & Equipment	202,909	154,882
<b>Total Assets</b>	<b>535,506</b>	<b>368,849</b>

## CURRENT LIABILITIES

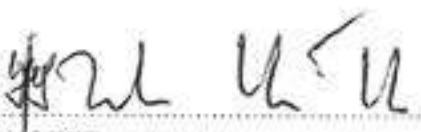
Trade & Other Payables		2,000
Deferred Revenue	337,393	78,179
<b>Total Liabilities</b>	<b>337,393</b>	<b>80,179</b>
<b>Net Assets</b>	<b>198,112</b>	<b>288,670</b>

## ACCUMULATED FUND

Opening Balance	288,670	292,372
Accumulated Surplus	90,558	3,702
<b>Total Accumulated Funds</b>	<b>198,112</b>	<b>288,670</b>

These Financial Statements have been audited.

Signed for and on behalf of the Board of Trustees and in accordance with a resolution of the Board of Trustees.

  
TRUSTEE

  
EXECUTIVE DIRECTOR

## Statement of Cash Flow for the year ended 31 December 2017

	31 Dec 2017 \$FJ	31 Dec 2016 \$FJ
<b>Cash Flow from Operating Activities</b>		
Cash receipts from grants and donation	1,056,698	904,984
Payments to suppliers and employees	(856,337)	(803,342)
Interest paid	(255)	(365)
Interest received	2,084	1,961
Net Cash provided by Operating Activities	202,190	102,403
	31 Dec 2017 \$FJ	31 Dec 2016 \$FJ
<b>Cash Flow from Investing Activities</b>		
Acquisition of property, plant and equipment	81,825	144,995
Net Cash (used) in Investing Activities	81,825	144,995
Net (decrease)/increase in cash	120,365	42,593
Cash balance at the beginning of the year	186,684	144,995
Cash Balance at the end of the year	307,050	186,684

With thanks and support of the MSP Patron, His Excellency,  
the Former Head of State of Fiji, Ratu Epeli Nailatikau



Private Mail Bag  
355 Waimanu Road, Suva, Fiji

Labasa: (+679) 8280308, 881 1308

Office: (+679) 363 0108

Counselling (speed dial): 5640

Counselling (after hours):

(+679) 991 0894

Email: [info@msp.org.fj](mailto:info@msp.org.fj)

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With thanks from the MSP GOVERNING BOARD

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Ms. Joshila Lal - Past Board Chairperson 2016 (resigned 2017)

Mr. Suluo Daunivalu - Founding Board Chairman 2010/Secretary

Ms. Jennifer Poole - Founder & Executive Director

Ms. Veronica Thoms - Treasurer

Ms. Loren Eastgate - Management Collective Member

Ms. Kelly Robertson - Management Collective Member

Dr. Bernadette Pushpaangaeli - Past Secretary

And the Trustees, Ms Alicia Sahib, Mr. Tevita Ravumaidama  
and Dr. Tamara Kwarteng