



QUARTERLY REPORT

April-June 2021

Covid-19 second wave have brought changes in the working pattern of our organisation however with **five qualified counsellors** we continued to provide full time free “Counselling and Social Work Support” services effectively. **All counsellors** are mostly working from home to avoid the risk of spreading the disease. **Two new qualified counsellors** who joined team have completed their internship program which was being mentored by the experience counsellors to meet the needs of our clients and the organisation standards. Moreover, **three more volunteers** have joined the team and plans are in place to train and utilize their skills in the future.

Activities

(A.) Counselling

278 counselling sessions conducted. (94 new clients and 184 plus ongoing clients).

1. **94** new clients as follows:
 - **22** stress case (Mental Health and Anxiety cases)
 - **10** domestic violence cases
 - **60** (abuse, relationship issues, socio economic issues etc.)
 - **2** child abuse/protection cases

All the above cases have been provided with ongoing counselling and social work/advocacy support.

2. **2** couple therapy sessions.
3. **4** Family therapy sessions.
4. **29** Home visits for family therapy and psycho education sessions.

(B.) Covid-19 response activity

Socio-economic support through voucher distribution:

- **260** families were assisted by donation of food vouchers from Family and friends.
- **5 food packs** were donated by **Satya Sai Organisation** and staff put in for another three food packs – **8** food packs were distributed to families in Lomolomo lockdown area.
- **33** vouchers made from donation of \$2,000.00 received from FWRM.
- **47** families were referred for assistance to FRIENDS (26 assisted).
- **17** lactating mothers and babies were referred for assistance from FRIENDS.

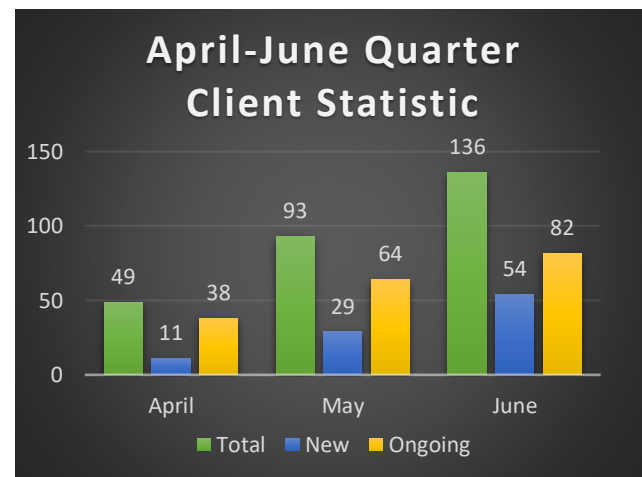


Figure 1: Overview of clients' statistic for April- June quarter



- Individuals and families attended to for counselling support were provided with assistance during this for babies, job search, food assistance, medical support for baby needs and emergency client health needs.
- **5** clients were provided with wheelchair assistance along with psychological support.
- Some bed ridden Individuals were given adult Diapers and some clients were referred to MSP, WCC and FRIENDS for specialist/further assistance.

(D.) Community Awareness Sessions

- Two awareness session conducted on coping during Covid-19, Domestic violence and Child protection & safety in small group sessions, with the women in Narewa settlement by Makitalena.
- Two workshops conducted on Anger and stress management with Christian Mission Fellowship (CMF) College students and teachers of Year 12 & 13 via zoom by Nisha and Alumita.

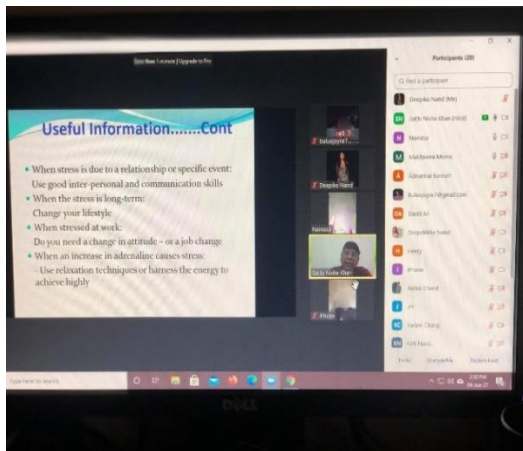


Figure 2: Nisha presenting on Stress Management

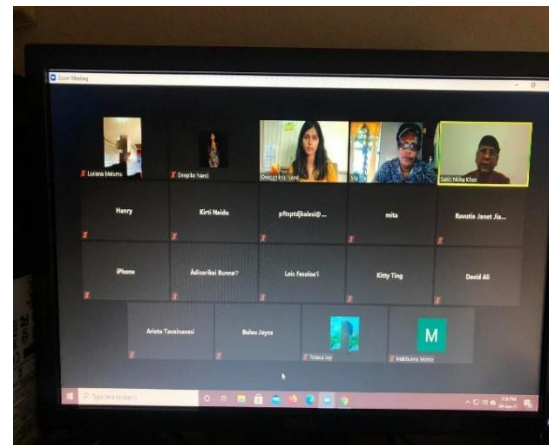


Figure 3: Question and answer session with students of CMF

(E) Staff Capacity Building

- 14** case consultation meetings.
- 11** in-house group supervisions by Alumita.
- 1** clinical supervision with Dr. Jenny Manson of Australia through Zoom.
- 1** clinical supervision session on EMDR with Dr. Tom Flewett of New Zealand
- Weekly staff meeting via zoom, viber or google meets.

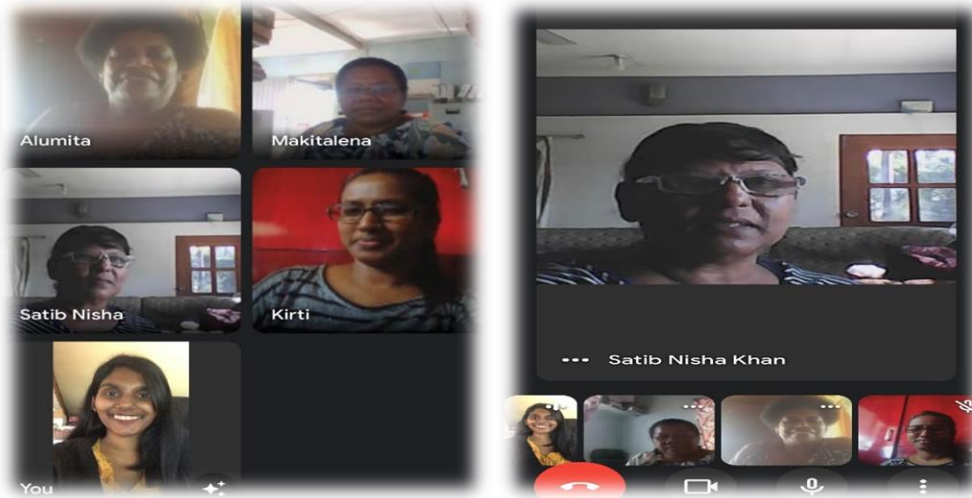


Figure 4 & 5: Counsellor Alumita, Makitalena, Nisha, Kirti and Deepika having weekly meeting

- vi. In-house refresher training on Micro skills, different types of questioning skills and GBV.
- vii. Staff participating in online Self-care training conducted by Mental Health Academy.
- viii. Staff started review on treatment plans for various presenting issues.

(F) Networking

- i. Continued working with Koroipita Home, Viseisei Sai Health Centre and Golden Age Home.
- ii. Referrals to FRIENDS for emergency food assistance for clients whom we couldn't provide.
- iii. In the process of working with Cancer society in providing counselling to cancer patients.
- iv. Clients referred to MSP for medical check-up.
- v. Shop N Save not only assisted with food voucher distribution as per list provided by checking the photo ID's but also assisted with distributing the IEC material on DV and Contacts to the recipients. The information was also distributed to the staff of Shop and Save.
- vi. Zoom meetings with Fiji Women's Fund meeting (Virtual Grantee Partner Check-In) and Fiji Women's Rights Movement.
- vii. Distribution of FWRM IEC material and support service contact to promote women's access to justice.
- viii. Ministry of agriculture provided seedlings for women of Floriculture group.
- ix. Koroipita assisted us delivered a wheel chair.
- x. Two women referred to and were supported by Fiji Cancer Society for ongoing assistance.
- xi. Two women referred for emergency intervention to FWCC with assistance in DV helpline for police reporting.



- xii. Local Youth group - Barara Youth and Sports Club joined hands to deliver food packs, adult diapers, milk and baby needs to affected families in and outside the area.
- xiii. Satya Sai Organisation Fiji as promised took up a project to provide monthly food packs to 10 of our most needy families for the next 6 months.
- xiv. Fiji Sun newspaper featured article about BIRTH Fiji work.



Figure6: Article published in Fiji Sun

(g) Achievements So Far:

- i. BIRTH Fiji has been registered as a **Charitable Trust**.
- ii. Since May of 2021, **five counsellors** are being paid wages bimonthly. A big Vinaka Vakalevu to **Fiji Women’s Fund for funding our Organization Strengthening Project.**
- iii. BIRTH Fiji finally has an operational **bank account** with Bred Bank, Lautoka.
- iv. **Fiji Women’s Rights Movement** – granted \$2,000 towards emergency response food voucher distribution.
- v. **Fiji Women’s Rights Movement**-approved a grant of \$5,000 to conduct workshops on “Improving Women’s Access to Justice Project”.
- vi. **Fiji Women’s Fund** through its **Covid Response Fund** of \$5,000 enabled BIRTH Fiji counsellors to use BIRTH Fiji phones for tele counselling rather than their private ones. This also enabled BIRTH Fiji to provide support to women, babies and families emergency assistance for medical needs.



Figure 7 Phones for official use.



- vii. Despite challenges Counsellors are able to work safely and effectively from home and attend to the office during lockdown.
- viii. Two families were supported to find safe homes during this time.
- ix. Some families were motivated to do backyard gardening to supplement livelihood and were supported by provision of seeds or referring them to access seeds and assistance.
- x. Five clients were assisted with wheel chairs. One-wheel chair when returned was given to someone else who needed it, thus enabling the use of one wheel Chair to assist four clients during the period. Currently one-wheel chair is with a client and another has been returned to VSHC for emergency need.
- xi. While we waited for our Emergency Response Funds to come in; we managed to assist some clients to access medical services through the support of MSP Lautoka and Fiji Cancer Society.
- xii. 340 people were assisted during the last three months (Covid19 situation) either through food vouchers or referrals to other agencies for food vouchers.
- xiii. Two bed ridden clients were provided with adult diapers. The need was there and we didn't have stock so we sought assistance from family friends overseas.
- xiv. Successful distribution of food vouchers and food packs to clients in need keeping our team safe. We were able to assist approximately **1500 individuals** including women and children.

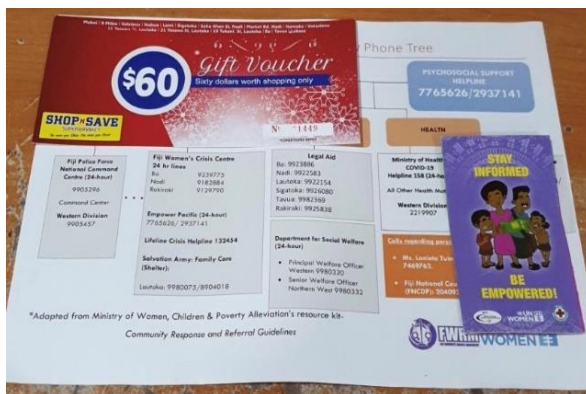


Figure 8: Food voucher from Shop N Save under the program of humanitarian support conducted by BIRTH Fiji



Figure 9: A Client bought groceries from the food voucher.



- xv. A family friend from NZ donated **20 cartons of Adult Diapers** towards our emergency response work.



Figure 10: Collecting Cartoons from customs



Figure 11: Counsellor Makitalena sorting diapers for clients

(h) Challenges

- i. Finances - to provide basic needs to clients during this lockdown. Not able to assist all clients as we had limited funds and resources thus, we had to sus out clients who were in urgent need. It was a challenge to work out how many people would reach out to us for assistance.
- ii. Time consumed for Covid Response work impacted on the counsellors struggling to provide safe space/time to the clients for counselling sessions.
- iii. Less home visits due to Covid-19 protocols to protect our counsellors and clients (only most urgent cases were attended/visited).
- iv. Wearing mask to some of the home visits we did which was a bearer for face to face counselling.
- v. Office space too small to provide for social distancing. No appointments were made for face to face counselling during this time.
- vi. Medical services shifting from one place to another was a challenge to our clients who were in need of mental health medication/injections, delivery/clinic for babies and other medical needs. Those who were struggling financially, had lost their jobs, /were in DV situations found it hard to access/travel for assistance/services.
- vii. Getting wheel chairs, food support, counselling services to those in need was a challenge.
- viii. Lot of requests for awareness on domestic violence came in, however due to pandemic it is not safe to go in to the community.
- ix. Telehealth was challenging as clients:
 - were not able to express emotions because of family around them. They had to find safe space and time. Sometimes sessions had to be postponed/disrupted to continue later.



- Difficulty building rapport with new clients because they were not aware of/see whom they are talking to.
- not able to know/see clients' non-verbal expressions/messages.
- x. Struggle with providing safety gears to staff (i.e. face mask, hand sanitizer and gloves).
- xi. For safety, Staff used private transport which was expensive, travelling to and from work.

(i) How did we cope:

- i. worked from home mostly providing telehealth support.
- ii. visited only the most urgent face to face, couple therapy and family therapy cases.
- iii. no appointments were made for clients to be seen at the office.
- iv. face to face sessions/home visits were done using safety measures (i.e. sitting under the trees outside homes).
- v. Regular weekly zoom meetings for counsellors and when necessary, during the week.
- vi. Case debriefing/consultations and staff trainings over zoom, viber groups and google meets.
- vii. Staff rotation to allow only one or two counsellors working from office daily.
- viii. Using community resources to support women, children and families.

(J.) How did Man and our Community contribute in providing support to our clients and enhanced the safety of women and children:

- i. Family and friends donated 260 food vouchers distributed in April.
- ii. Barara Youth and Sports Group members helped with distribution of supplies to many of our clients/contacts who needed food, wheelchair and diapers. They also distributed IEC material on Domestic Violence and Access to Justice.
- iii. Two women who were in domestic violent relationships, reached out for counselling. Even though they wanted the violence/abuse to stop they did not wish to have a family breakup. They chose to stay in the relationship and wanted assistance with keeping themselves and their children's safety. Psycho-education on Gender, Domestic Violence, Circle of Violence, Impact of violence on children and working on their self-esteem assisted them to actively work towards their safety. They developed zero tolerance to violence and encouraged their husbands to seek counselling for their abusive behaviors.

Both the man recognised the need for change and were willing to do so. They worked on how to deal with anger and abusive behavior. One shared he had grown up seeing this behavior and did not wish his children to have the same attitude or type of life. He wished to protect his family from abuse and psychological harm. The other shared his behavior change had led to less stress



and better relationship with his family. Both the couples are aware of legal implications of domestic violence and help available.

- iv. A group of man from Tavakubu, Vaivai and Lomolomo got together to build a driveway for a single elderly woman who had a leg amputation and had to cross a creek/drain to go to the main road to go to hospital. She had to wait till someone would assist by carrying her across the uneven, boggy slippery and slopy area going down to the drain and climbing up to the road.

These men built a culvert over the creek and filled in gravel to even out the ground level and built the driveway. Now the woman can be wheeled out of her home to a car/transport. Her mobility and quality of life has improved. A local trucking company owner “Dans Gravel Suppliers” donated gravel, someone donated drums used as culverts and some man did manual work to make this happen.

(j) Good Stories

- i. A family of four, inclusive of two small children were in desperate need of assistance. The 45yr old lady (A) reached out to us. On home visitation we found her husband is in pain and partially bedridden due to a slip disc while at work. This couple had no immediate family members. Husband had been given a one bed room lean-to-home by the employer. Since his injury and his inability to work he had been told to move out. Husband had prepared himself to live on the streets.

The couple had used up all their years of savings on hospital trips, medication and food. They did not know where to go. They had to send their children to relatives for caretake. They had no cash left to continue to get husband to hospital even. This couple was assisted with finance to continue his treatment, food voucher and secure accommodation.

They have also been referred to other organisations for support with legal information on employee compensation and for medical needs.

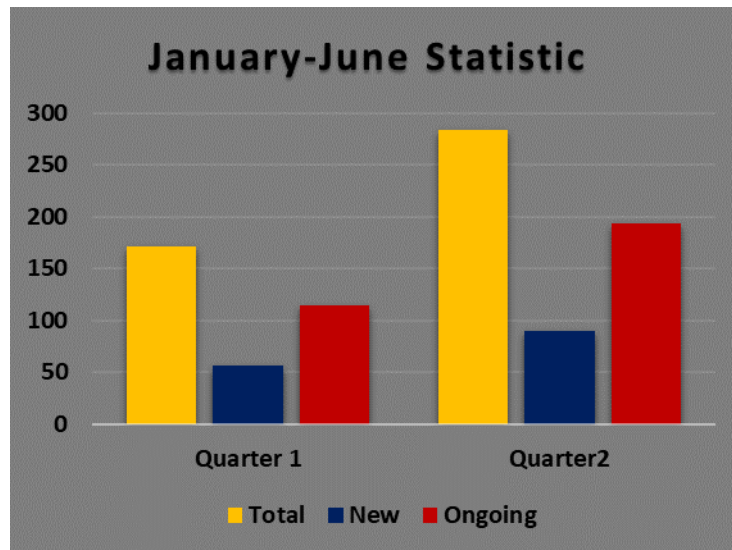
- ii. Successfully distributed clothes to families especially for children of our clients during home visits.



Figure 12 & 13: counsellors sorting clothes for home visit support



- iii. Child sexual abuse victim's family (mother and 3 siblings) were assisted with safe housing and empowered to start afresh along with psychoeducation, counselling and legal information. She is being supported to be independent and safe.
- iv. Distribution of information on DV, Access to Justice for Women and contacts of service providers shared with women and families, in the hope that this will reduce vulnerability of women and children.
- v. *Figure 14:* This graph illustrates the increase in the number of sessions conducted this quarter compared to last quarter, despite the challenges we had during the Covid-19 situation. Especially in April when all staff were trying to adjust to working from home, having discussions on how to maintain client confidentiality, clients and counsellor safety, keeping records, data collection, setting up work stations, time management and staff rotation.



The ongoing counselling sessions are from clients who had already accessed our services previously and reached out for assistance during this time either due to escalating stress levels or domestic violence issues.

To conclude, we are adamant to provide best services that we could to our clients despite the challenges we are facing.

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