



ANNUAL REPORT 2021-2022

Diabetes Fiji Inc

Email: diabetesfiji@gmail.com

Website: www.diabetesfiji.org

Tel: +679 3300800

Address: Diabetes Hub,
Suva, Fiji



TABLE OF CONTENTS

Diabetes Organisation _____	4
About Us _____	4
Organizational Structure _____	7
Key Result Area 1: Diabetic _____	9
2.1 Diabetic Registration and Profiling initiative _____	9
2.2 Targeted and focused Engagement Program _____	10
2.3 Diabetes Education _____	27
2.4 Correcting Misconception in Society _____	35
2.5 Awareness and outreach _____	35
2.6 Early detection drive _____	37
Key Result Area 2: Diabetes Fiji Incorporated Corporate, Governance and Direction _____	38
3.1 Diabetes Informative drive, campaign, crusades, events _____	38
3.2 Effective Sharing and basic Diabetes _____	40
Key Result Area 3: National Leadership in Diabetes Management _____	45
4.1 Memoradum of Understanding with Ministry of Health and Medical Services _____	45
4.2 Memorandum of Understanding with Working Partners _____	45
4.3 Agreement and Contract on Diabetes related project _____	45
4.4 Mobilizing diabetics-specialized staffs and services at the SD level _____	45
4.5 Appropriate equipment of subdivisional with minimum function biomedical _____	45
4.6 Specialised Diabetic Caregiving knowledge and skills _____	45
5.0 Key Result Area 4: Global Diabetes Partnership in Fiji _____	46
6.0 World Diabetes Day Celebration _____	48
7.0 Acknowledgement _____	51

ABBREVIATION:

CEO- Chief Executive Officer

CFL- Communication Fiji Limited

CSOs- Civil Society Organizations

CWM- Colonial War Memorial

DFI- Diabetes Fiji Incorporated

FBC- Fiji Broadcasting Commission

FCS- Fiji Cancer Society

HbA1c- Hemoglobin A1c, Glycated Hemoglobin, glycohemoglobin

HOW- Head of Wellness

IRI- International Republican Institute

IEC- Information Education and Communication

LGBTN- Lesbian, Gay, Bisexual, Transgender, Non Binary

MHMS- Ministry of Health and Medical Services

MSP- Medical Service Pacific

NCD- Non Communicable Diseases

NCD PO- Non Communicable Disease Project Officer

PEI- Pacific Eye Institute

PS- Permanent Secretary

PEN- Package of Essential Noncommunicable diseases

SOPD- Special Outpatients Department

S/N- Staff Nurse

USAID- United State Agency for International Development

YDF- Young Diabetes of Fiji

1.0 DIABETES FIJI ORGANISATION

1.1 About Us

Diabetes Fiji Inc. was formed and registered as a Charitable Trust in July 2012. It was founded to fill the vacuum, which had existed after the demise of its predecessor, the National Diabetes Foundation of Fiji, which was established in 1981.

Diabetes Fiji Inc. is a member of International Diabetes Federation (IDF), whose mission is to promote diabetes care, prevention and cure worldwide. The Federation is engaged in action to tackle diabetes from local to global levels, from programs at community level to worldwide awareness and advocacy initiatives.

Diabetes Fiji Inc. is also affiliated with the World Diabetes Foundation, which assisted us with the Footcare Project from 2013 to 2019, whereby we were able to provide training to Doctors, Nurses, Physiotherapists and Dietitians to focus their efforts on the Diabetic Foot. This training has also been expanded to include the other Pacific Islands who also suffer from the escalation of Diabetes. The project also included capacity building on health care services and many health facilities were equipped with footcare toolkits and equipment, fifteen health facilities opened their dedicated foot-clinic including Nausori Health Centre which converted a 20foot container into a foot-clinic due to limited space. The projected to community screening, awareness and establishment of Diabetes Peer Support Group in communities with high cases of Diabetes.

DFI focuses mainly on:

- encouraging policy makers at the highest level to help create conducive environments for controlling diabetes,
- empowering people with diabetes or at risk of diabetes with knowledge and other resources to manage/control their conditions,
- creating awareness amongst caregivers, relatives, friends, and community to provide the needed support for people with diabetes,
- strengthening health care systems to provide appropriate, affordable and sustainable services to people with diabetes,
- educating communities on risk factors,
- advocating for healthier lifestyles to reduce the prevalence for diabetes and
- Acting as an advocate for the general diabetes community.

The Diabetes Fiji Inc. Strategic Plan (DFSP) 2020-2030 is the all- encompassing document that will provide overall strategic direction for managing Diabetes in Fiji over the next ten year- period. This DFSP presents a reviewed Vision, Mission, and Values of Diabetes Fiji Inc. which cascade from the values of the Ministry of Health and Medical Services.

Vision: Diabetes in better hands

Mission: To steer Fiji's national solidarity in combating Diabetes.

Values

1. Equity
2. Integrity
3. Respect for Human Dignity
4. Responsiveness
5. Customer Focus

The DFSP framework has been developed after extensive situation analysis to gauge where Fiji is in terms of meeting Global health indicators. This evaluation of “Beginning with the end in mind” has facilitated the development of a document outlining “where we want to be” in 2030 and the strategies showing “how we will get there”. Identifying DFI’s major stakeholders such as patient, caregiver, working partners that also affect health status were considered in developing this document.

This DFSP has been guided by the Ministry of Health & Medical Services (MOHMS) Strategic Plan, Fiji’s National Development Plan (FNDP) and International Diabetes Federation (IDF) guidelines, with due consideration of the Post 2015 Sustainable Development Goals of the Agenda 2030, and its five underlying principles of *people, prosperity, planet, peace and partnership* with the overall theme of *Leaving No One Behind*. Efforts have been made to align to Fiji Government priorities such as extension of opening hours and improving accessibility to services.

The DFSP is systematized according to 4 **Key Results Areas** (KRA):

1. Focusing on the Diabetics themselves.
2. Centering on Diabetes Fiji Inc. (DFI) Corporate Governance and Direction,
3. National Leadership in the Management of Diabetes
4. Global Partnership in Fiji’s Management of Diabetes.

Under each of the KRAs there are a series of Intended Impact, as summarized below.

Key Result Area 1: Diabetics

1. Effective Management, Resilience Endurance & Survival
2. Healthy Communities, Workplace & Environment

Key Result Area 2: DFI Corporate Governance and Direction

1. National Attentiveness, Public Consciousness and Lifestyle Changes
2. Raised DFI Profile
3. National synergy and solidarity in combating Diabetes

Key Result Area 3: National Leadership in the Management of Diabetes

1. Effective National Control over Diabetes
2. Achievement of SDG 3 Healthy lives and wellbeing for all at all ages
3. Improved Organization Decision- Making and Behavioral Change
4. Impartial and Reachable Diabetic Services to All
5. A qualified, motivated workforce that is caring, customer- focused and responsive to population diabetic needs.

Key Result Area 4: Global Partnership in Fiji's Management of Diabetes

1. Sustaining Membership of IDF through FIJI's conformity to International Standards of Diabetes Management
2. Achievement of SDG 17 Global Partnerships for the 2030 Agenda Goals
Board of Directors

1.1 Organizational Structure

Board of Directors



Mr. Taabish Akbar

Chairman

Mrs. Shivanjani

Treasurer- Board
of Trustee

**Mrs. Semaima
Bainivalu**

Trustee

**Dr. Donald
Wilson**

Trustee

Dr. Wahid Khan

Trustee

Board of Management



**Mr. Emmanuel
Kumar**

Legal Adviser



Dr. Devina Nand

Head of Wellness



**Mrs. Seema
Shandhil**

CEO- Consumer
Council



Mr. Tauz Khan

Board Member-
Minister's nominee



**Mr. Reenal
Ravneel Chand**

Board Member-
Minister's nominee



**Mr. Ashney
Singh**

Board Member



**Dr. Mereoni
Voce**

Board
Member- DF
North Chair



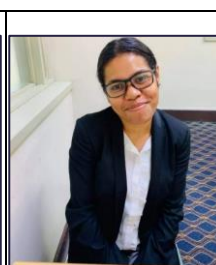
**Dr. Unaisi
Veilawa**

Board Member
DF-West Chair



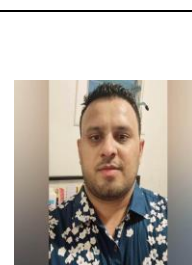
**Mrs. Devina
Chaudary**

Board Member-
YDF President






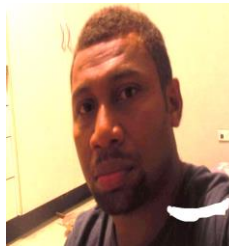
**Ms. Sovaia
Taka**

Board Member-
YDF V.President









**Mr. Kishan
Kumar**

Board Member

			
Mrs. Winifred Gauna Board Member	Mrs. Sunaina Kumar Board Member	Dr. Momtaz Ahmed Technical Support/;	Mr. Viliame Qio Secretary

We wish to acknowledge the following that served in our board

						
Prof. Eddie McCaig Trustee	Dr. Isimeli Tukana (late) Trustee	Hon. Litia Mawi (late) Trustee	Dr. Robin Mitchell Trustee	Mrs. Bole Digitaki Board Member	Ms. Shivani Devi Board Member	Mr. Rohit Rambisessar Board Member

2.0 KEY RESULT AREA: 1- DIABETICS

Under the Key Result Area, one focuses on people who are living with Diabetes and those at risk of Diabetes. The intended impact for those living with Diabetes are effectively managing their health, be resilient and mostly endure for survival, whereas those undiagnosed establish a healthy communities, workplace and environment to dwell and interact. Our key strategies are to empower diabetics through awareness, meaningful engagement in treatment and cure. Eliminate all forms of discrimination and marginalization of Diabetics, and ensure diabetics are accessible to affordable and effective medications. Secondly the prevention of Diabetes through proactive awareness, screening and Diagnosis.

2.1 Diabetics Registration and Profiling Initiatives.

In 2018, Diabetes Fiji in collaboration with the Ministry of Health rolled out a registration for all Diabetics into Patient Information System, unfortunately the initiative was withheld as there was a need to increase the capacity of Patient Information System (PATIS). Therefore, the organization has now re-strategized to focus its registration on type one diabetics so that they are able to ensure they access many socio and emotional support made available from the organization. Currently the organization have registered more than 60 type 1 under the age 35. 36 in the central division 20 in the western division and 4 in the northern division. After been assessed by our Project Officer on their social background are accessing free glucometers, and consumables. While all are provided with insulin syringes supported by Insulin for Life Australia and US.

The pilot program between Diabetes Fiji, Smart Matters, Fiji National Council People living with Disability in Nausori has enabled those living with Diabetes amputation to be registered under FNCPD to access social support provided for people with disability.

2.2 Targeted and Focused Engagement Programs.

2.2.1 Capacity Building for Young People Living with Diabetes.

Project Name:	Primary level Diabetes Care Capacity Building. Young Diabetics Community Peer Group
Governing Body:	Ministry of Health and Medical Services
Executive Sponsor:	Fiji Program Support Facility
Partners	Young Diabetes of Fiji

The project funded focus on young people with and at risk of Diabetes. The IDF atlas 2021 highlighted that one in three is at risk of Diabetes and are unaware. Therefore, the need for proactive measures for the prevention of Diabetes must be focused on the young generation and which is more than half of the national population.

Despite less percentage living with type 1 Diabetes compared to type two Diabetes, the organization has noted a rise in cases of type 1 with four new cases in 2020 alone, at an average of one to two are usually diagnosed. Also, the same year the youngest type 1 was diagnosed at the age of 2years. We have also registered more than 80 cases of type two diabetes below the age of 35. Therefore, this project aims to empower young ones to take ownership of their diabetes through the creation of young diabetes community peer groups (YDCPG) with the development of a sense of camaraderie and enhancement in sharing of knowledge amongst the peers” and provision of glucometer meters to monitor their blood glucose daily. The project also aims to promote awareness of the prevention of type two diabetes among young people in the central division. An ensure that vulnerable group access better health care, our young people, those living with disabilities, and those living in informal settlements. While the overall objective of the organization is to achieve SDG goal 3 Good health and well-being, we are also reducing inequality SDG 10, and the support system existing provided to unfortunate children we can reduce poverty by ensuring that the burden of health is taken care of SDG 1 and the assistance for back-to-school support quality education SDG 5, this through a partnership program with other CSOs SDG17. The project aligns with the Ministry of Health's strategic Priority 1 Outcome 1.2 improve the physical and mental well-being of all citizens, with particular emphasis on women, children, and young people through prevention measures and strategic Priority 2 Outcome 2.1 improve patient health outcomes, with a particular focus on services for women, children, young people, and vulnerable groups.

Project Objectives:

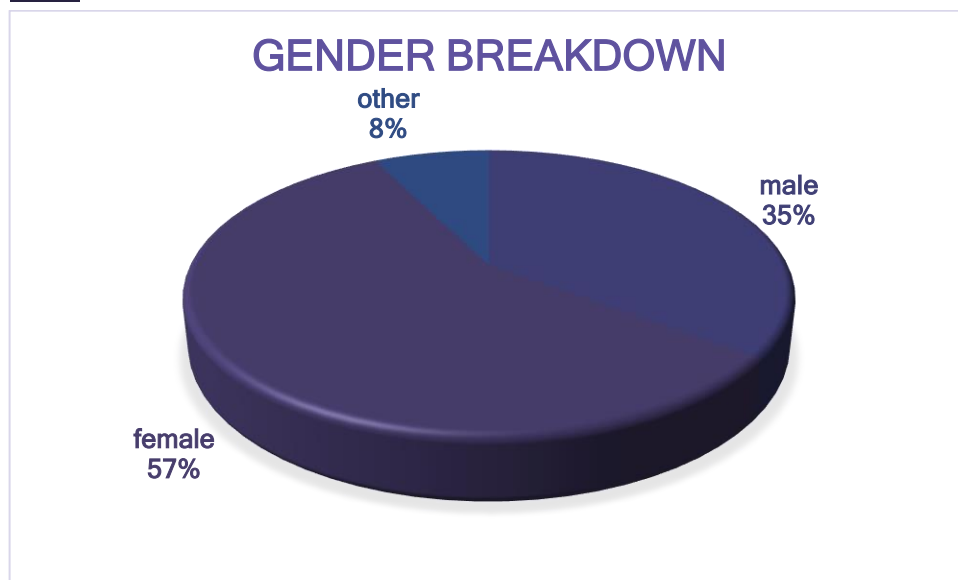
- To be able to attain controlled Diabetes through proper management.
- To be able to promote wellness amongst young diabetics and become empowered in healthy living.
- To be able to prevent complications of Diabetes. (Foot problems, blindness, heart disease, gum disease and hospitalization)
- To be able to promote partnership with communities and schools for the prevention and control of Diabetes.
- To be able to monitor Diabetes control throughout the year and have a high quality of life.

Project Report:

1. Objective 1: To be able to attain controlled Diabetes through proper management.

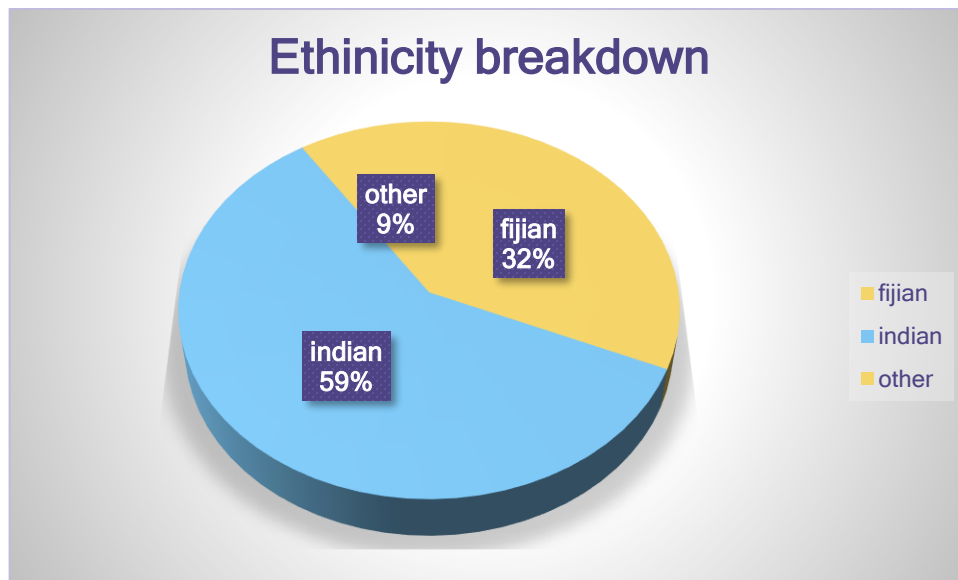
From August 2020 to July 2021 the project team registered 35 Young diabetics to be part of the program. From August 2021 till date, we have 19 new young diabetics is registered and be part of the group. Fig.1 is the gender breakdown, Fig.2 is the ethnicity breakdown Fig 3. Is the age group breakdown and fig.4 being the total income breakdown.

Fig 1.



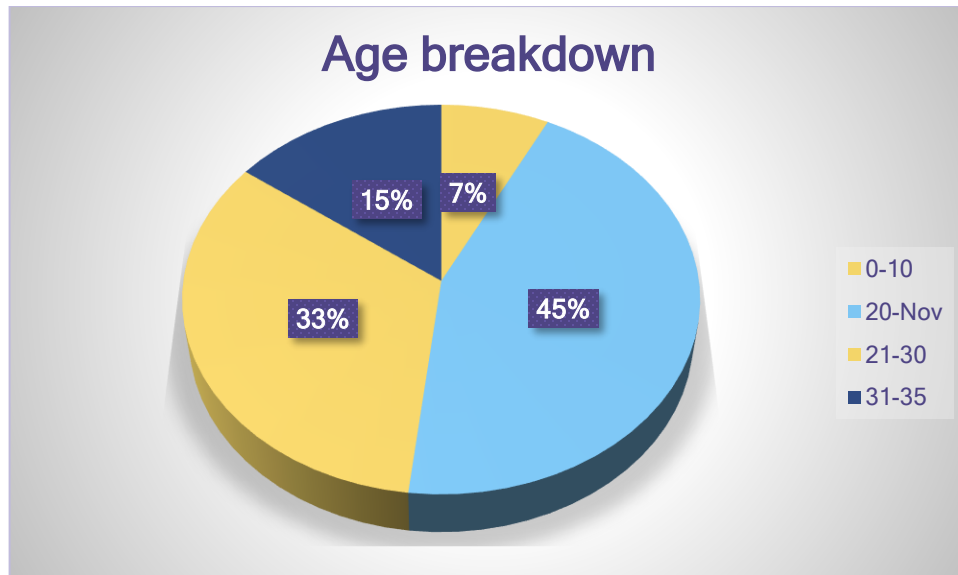
According to the gender breakdown 57% are female, 35 % are male and 8% others. The graph clearly indicate that the project is also reaching marginalized group. The organisation is also it developed its GEDSI policy that has enabled project team to modify its approach. The team has also identified that many of the females, and those in marginalised group are neglected from home, they are neither supported and as the result they default their clinics, and these are members who we find that them with early onset of complications. One female member is also mentally challenged who has been neglected by her parents, the team has referred her carer to social welfare for assistance.

Fig.2



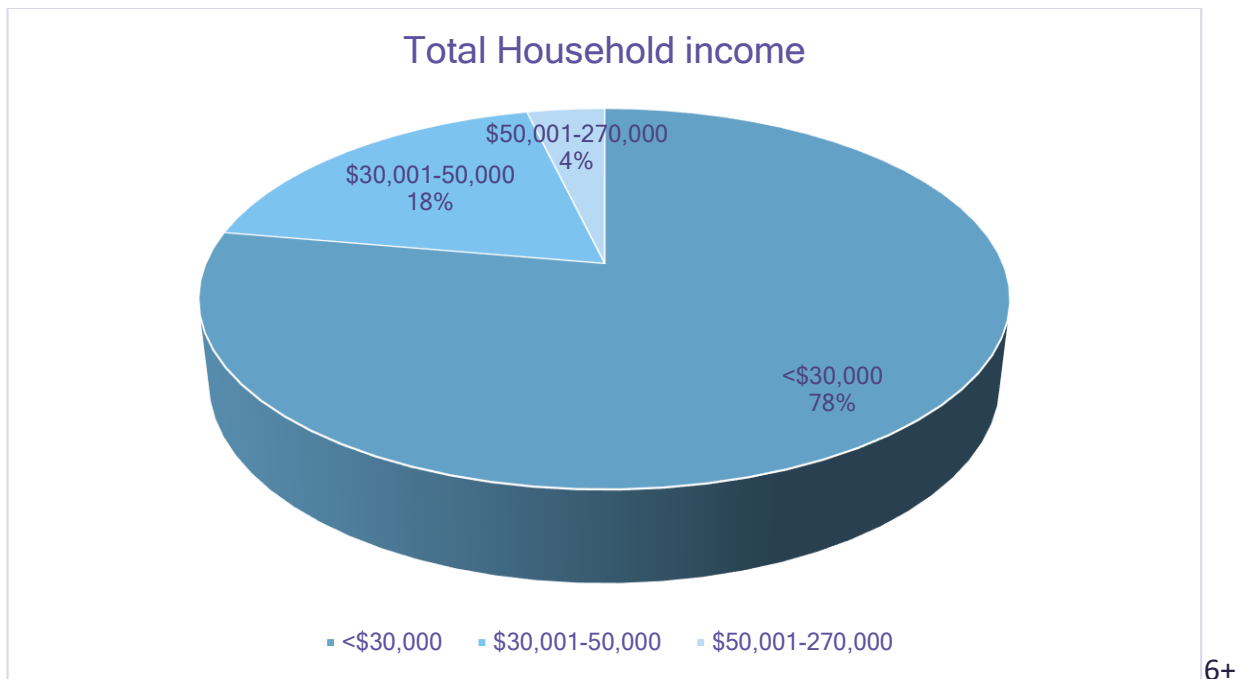
The graph showed 59% of Fijian of Indian descent and 32% intake and 9% of another ethnicity. Indian have high health seeking behaviour the only challenged faced is parents' acceptance on their child condition. Many refused to be released for peer meeting as a result many of them failed to find support especially emotional support from peers as the result they are high mental issues. Whereas itaukei are mostly default clinic and usually ends up with complication and even death.

Fig.3



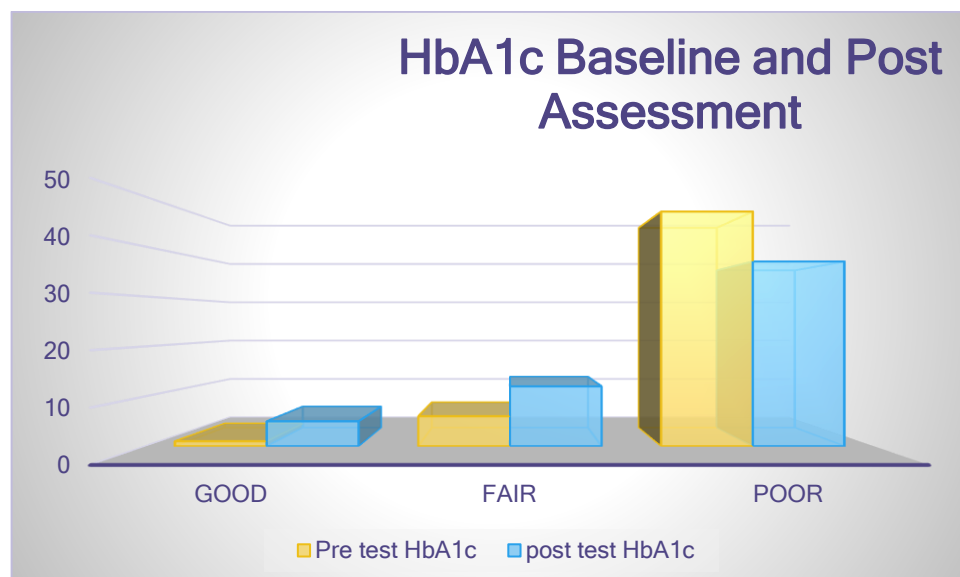
According to the graph 78% are below the age of 20years; 0-10year 7%, 11-20years- 15%, 21-30years-33%, 31-35 years- 7%. The biggest challenged we faced that the Ministry of Health only provide glucometers and consumables during their paediatric period from zero to 14years. Once their attend medical clinical they are no longer supported. At the age of 15 they are either year 9 or year 10 meaning they are still students and not earning to support themselves. They complete tertiary education at the age of 22 and above. Therefore the 78% are mostly neglected and most rely on the organisation for support.

Fig.4



The Young Diabetes of Fiji was established to raise funds for unfortunate children, and as the graph stated 78% lives below the poverty line. Type 1 can be very expensive, with daily injection the patient needs to change his/her needle often, having a special diet, regular visit to clinics and daily checking to delay complication. Most health can be the last priority to the basic needs as results they are more neglected. Most of our children lives in very remote places in the interior of Rakiraki, Tavua (Nadarivatu) and Ba from sugarcane farming background, they must travel to Lautoka for clinic. There are children that lived in the interior of Naitasiri, Tailevu as far as Natewa and Taveuni in vanualevu. The project team conduct home visit not only to provide socio phsychological support to diabetics but also their parents and caregivers, conduct medical check and counselling also.

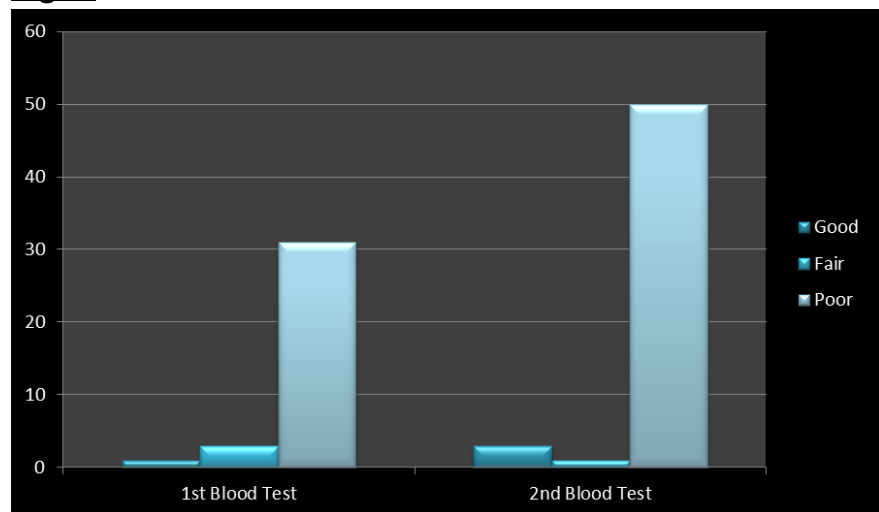
Fig 5. HbA1c Baseline and Post Assessment



After one year of the project, we noted a slight drop in the numbers of members with poorly managed HbA1c and slight increase in good level. This is a major achievement to the project in just a year.

Pacific Eye Institute (PEI) and Fred Hollow Foundation of New Zealand for donated a point of care HbA1c analyser machine with 200 reagents worth of \$3,565.00 to Diabetes Fiji Inc. The machine has enabled them to monitor their blood glucose daily. They were also trained on how to use machine to identify their low and high blood glucose days and identify factors that elevate or drop blood glucose.

Fig 6.



Objective 2. *To be able to promote wellness amongst the young diabetics and become empowered on healthy living.*

Peer Meeting

8 consecutives face to face meeting with our Young Diabetes Fiji (YDF) members. Members meet on a monthly basis to share their experience and how they are better managing their health. They were also visited by medical personnel that provided group session awareness. Apart from the usual peer meeting members were also involved in team bonding activities, awareness drives and crusades.

8 virtual meetings were achieved during the Covid 19 pandemic. Due to covid restriction, the Project Officer conducted virtual meetings with members. One of the biggest issues raised during the meeting is on vaccinations. A counselor was also involved also to provide mental health counseling. As many members that were tested positive were panicking as there was much misinformation and fear about covid 19.

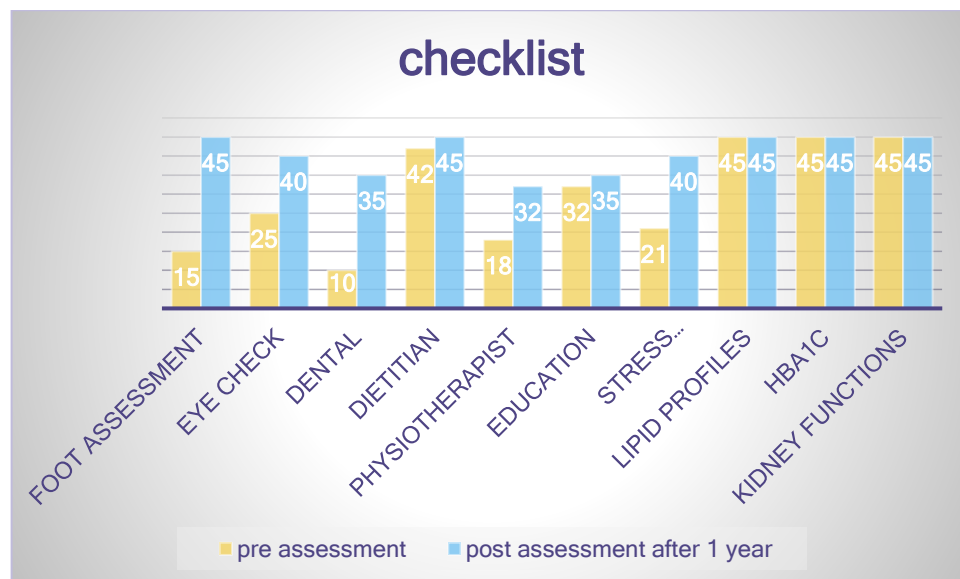
Caregivers meeting

6 caregivers' meetings were held during this period. These caregivers are mostly parents and guardians. The carers met and there were many issues discussed regarding diet, medications, their children's involvement in sports, and stress. Many carers find it very stressful long after a type 1 diabetics especially when there is very little information available.

Few carers had to undergo one-to-one counselling. While group sessions were facilitated by medical personnel.

Objective 3. To be able to prevent complications of Diabetes. (Foot problems, blindness, heart disease, gum disease and hospitalization)

Fig 7



With better monitoring there was an increased in 25% in Young Diabetics getting assessed for risk of complications as in fig.7. Also noted a decrease in readmission over the period of one year from 3 cases in 2020 to one in 2021.

Objective 4. To be able to promote partnership with communities and schools for the prevention and control of Diabetes.

The YDF participated at the Color explosion program in Lautoka and set up a booth to create awareness on Diabetes with more emphasis on type 1. They also participated in the Cure Kids Namosi marathon, walk for Health organized by wellness unit, yellow ribbon walk.

- 5 school outreaches were conducted.
- 5 youth groups were visited and facilitated with Diabetes awareness and advocacy.
- 35 community outreach and advocacy within two years. (2 in the northern division, 5 in the western division and 29 in the Central division).
- 5 different sports organizations were engaged with our advocacy and awareness program.
- 3 different media partners (Fiji One, FBC and CFL) engaged with our awareness and advocacy program.
- Social media were great opportunity for the project team to extend our awareness and advocacy every once a week.
- The project team also can engage our program with our stakeholders and working partners.

- Great opportunity for the project team to facilitate and be part of most of the important health celebration and workshop.

Objective 5. To be able to monitor Diabetes control throughout the year and have a high quality of life.

- The project teams have a good strategy by set Blood Glucose Monitoring baseline data and PEN model to measure the effective for this project.

Picture 1:



Group photo of our first training participants with PS Health and Chair DFI

Picture 2:



Picture 3:



PICTURE 2- ADVOCACY COMMITTEE: standing L-R: Social Welfare officer Iftiyaz, LGBT Lasarusa, Caregiver Chaundry, Hub Medical Officer Dr Rajesh Sharma, Project Officer Marawa Kini sitting L-R type 1 Advocate Sovaia, Caregiver Devina, Special School and Disability rep Iliana

PICTURE 3- CARERS MEETING- Parents and cares of type 1 diabetics having a session with Counselor Ana.

PICTURE 4



PICTURE 5



Picture 4 and Picture 5 are the YDF outreach to school in Naitasiri

Picture 6



Picture 7



Pic 6- A type one receiving assistance. Picture 7. Participants presenting in a training

Picture 8-9- YDF Home visit



Picture 10-12- YDF participating in the Walk for Health Program organized by Min of Health



Project Name:	Countering Misinformation and Hate Speech Related to COVID-19 in Fiji.
Governing Body:	International Republican Institute
Executive Sponsor:	United State of America Aid
Project Manager:	Viliame Qio
Date:	26/08/21
Partners	Fiji Council of Social Services and Ministry

2.2.2

Countering Misinformation and Hate Speech Related to COVID-19 in Fiji.

International Republican Institute (IRI) is a US-based nonprofit, nonpartisan, organization dedicated to advancing freedom and democracy worldwide, partnered with Diabetes Fiji Inc to counter misinformation and hate speech that may arise related to COVID 19 fear. Accessing reliable information during the global pandemic, understanding how it is spread and citizens feeling confident they know how or prevent the disease are the best way to accomplish this mission.

If people are hesitant to get tested because of stigma, the spread of COVID-19 will proliferate and can endanger the lives of everyone, especially those in vulnerable groups such as those with existing chronic illnesses that are additionally marginalized such as women and people with disabilities. The stigma around COVID-19 may also discourage marginalized groups, including at-risk individuals, from participating in political and public life.

the project activities focused on the following:

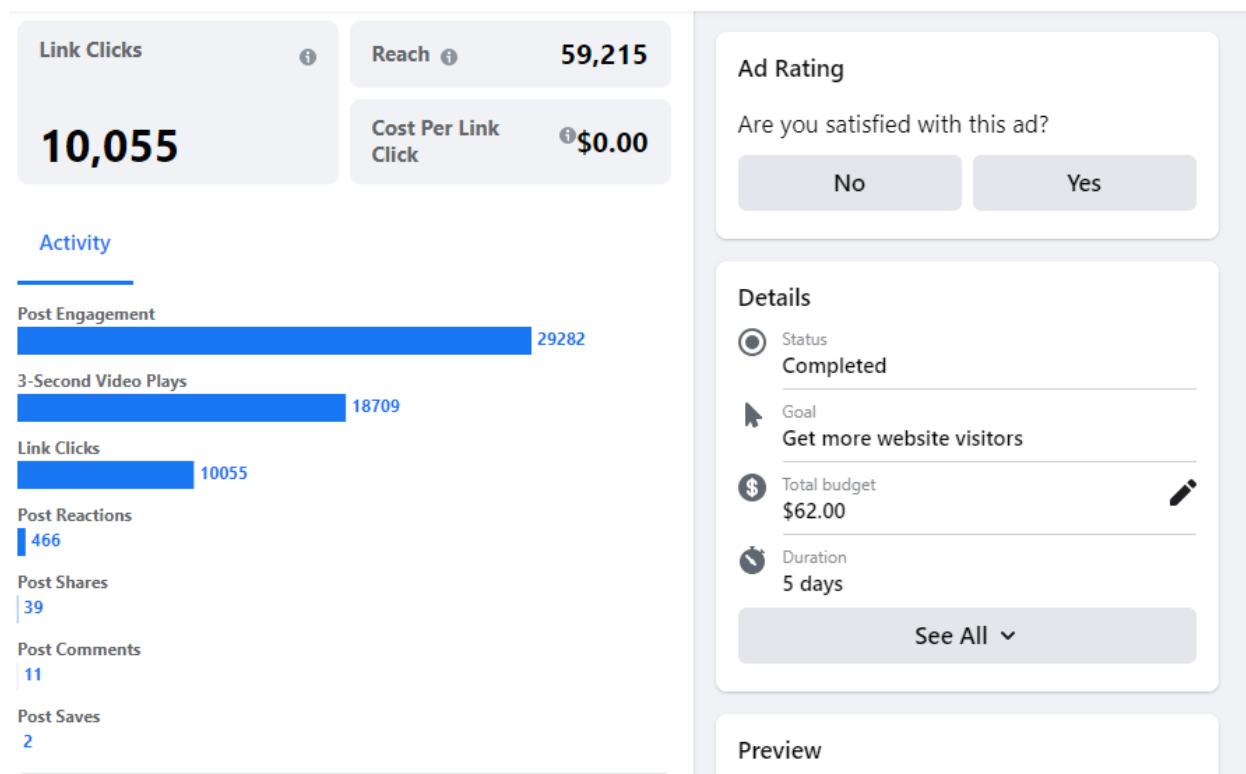
- Identifying misinformation and disinformation related to COVID-19 for purposes of mass dissemination.
- Identifying at-risk communities that may suffer from stigmas associated with testing positive for COVID-19 or who may have been exposed to the virus.
- Conducting online and in-person training to educate Fijians on how information can be manipulated for malicious intent.
- Creating printed materials, or producing videos, movies, clips, or other multi-media to counter fake claims on ways to contract and spread COVID-19.
- Supporting unity advocacy campaigns countering hate speech during the pandemic to promote harmony across communities.

Project Report:

A video was developed after interview with cases no 1. A 25year old Itaukei male serving the Fiji Airways Airline as steward contracted Covid 19 on the 12th of March 2020 on his return flight from Los Angeles, USA. The patient was faced with stigma and discrimination from not only the general community but from government leaders, front liners and general public. The impact it made to the patients led him to have depression and suicidal thoughts. This was only improved after the patient was referred for professional counseling. A video was developed to educate people how traumatizing discrimination can affect people. The video can be watched on our Facebook page, Diabetes Fiji Inc. Below is the report of video that was extracted after a month it was uploaded. The second video focused on misinformation associated with the belief that vaccine is a bar code for 'antichrist'. Therefore, increasing more and more risk to the vulnerable group as were reluctant to be vaccinated because of their belief.

Video 1: Countering hate speech on people test positive of covid 19.

Fig.8



Audience

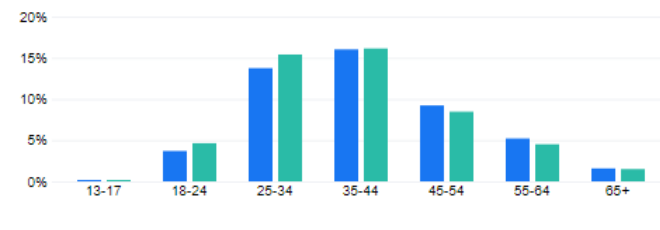
This ad reached 59,215 people in your audience.

People

Placements

Locations

49.4% Women 50.6% Men



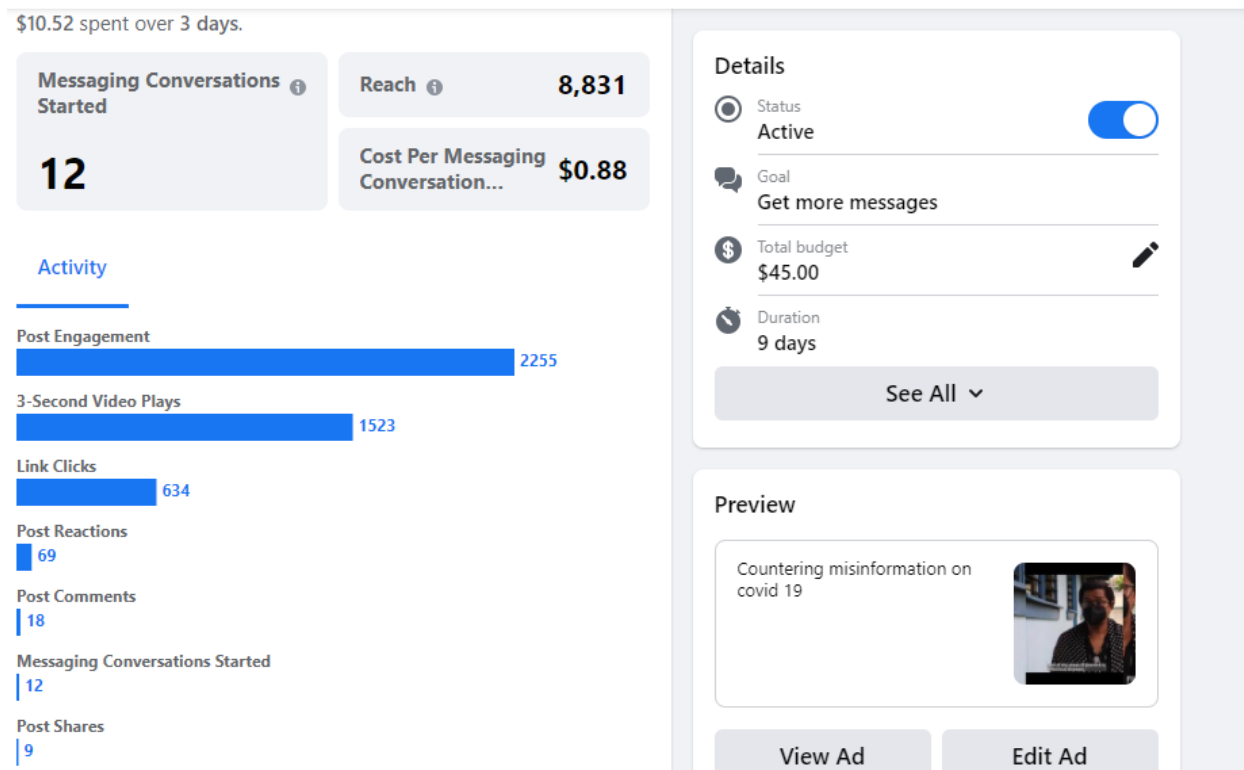
Link:

<https://www.facebook.com/DiabetesFijiInc/videos/976845689727354>

Video 2: Countering misinformation on covid 19

The video focus on the misinformation of covid 19 vaccine. The biggest drawback of the vaccine campaign are people especially Christians not taking vaccine because of the belief and the ideology that the vaccine is anti-Christ mark on people.

Fig.9

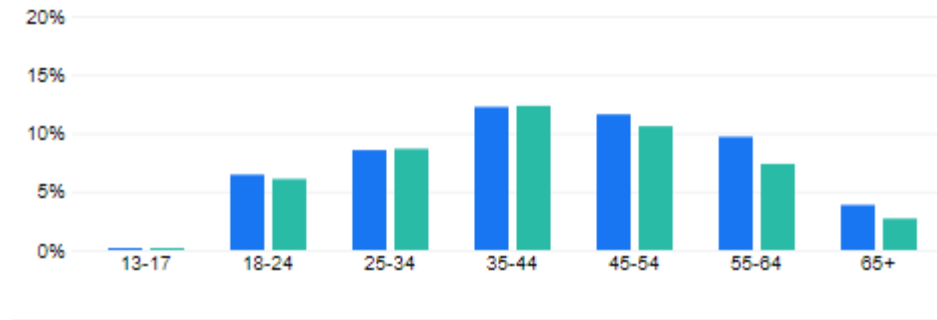


Audience

This ad reached 8,831 people in your audience.

People Placements Locations

52.3% Women 47.7% Men



[Link to the site:](#)

[Instagram video by Diabetes Fiji • Aug 3, 2021, at 3:29 AM](#)

MILESTONE 2:

Project Report:

The closure of boarder has restricted travelling resulted in delay of our activity 2. The proposed activity was to conduct a community outreach to the communities and provides counseling support and gathers information for our submission to the Ministry of Health and Medical Services.

The community outreach was postponed with the intention that the boarder will be opened in a months' time. Unfortunately, [with the continuous rise in the Covid cases this was not possible.](#) Unfortunately, with the continuous rise in the Covid cases this was not possible.

Discussion was made if this outreach could be conducted virtually.

Several attempts were made to secure a meeting with the Labasa community and the Waiyavi community delayed the activity due to personal commitment by our target audience (case 1 and case 5).

On 24th August we were then able to meet with our communities. Cases no.5 we were only able to speak to Mr. Mohammed and his wife, unfortunately other members refused to be included due to continuous vilifications by the Ministry of Health, Police (frontliners) and Medias. These resulted in community stigmatizing the family. Due to the level of knowledge on Zoom and other virtual platforms of communications, we are only able to do conference

calls as requested by Mr. Mohammed (Case 5) with a Fijian of Indian descent as a mediator. We were able to gather a lot of information and provided counselling support. As for Mr. Soko Detroit and his family, we were able to conduct zoom meeting and provided counseling support.

The zoom meeting was joined by a counselor from the Empower Pacific, a Medical Officer working with the Covid 19 patients, and the Project staffs of Diabetes Fiji Inc.

Issues rose:

1. Hate speech directed from those at higher positions.
2. Lack of awareness resulting in many confusions and poor care. People were in panic as a result they were isolated with very little care and support.
3. Lack of support from the communities and the general public. People did not wish to associate with them or disregarded them completely.
4. Stigmatizing by the general Fijian. These includes: -
 - a. Getting chased from public transports.
 - b. Public transport such as taxis refuse to take them.
 - c. Words of mouths spreads resulting in patients been labeled, ridiculed, sabotaged and even victimized by front liners.
 - d. People refuse to buy produce and fish from case no.5.
 - e. Family of case no.5 were laid off from work.
 - f. No psychological support provided, as a result the cases no. 5 undergoes suicidal thoughts.
 - g. Attitude of medical staffs were unprofessional, and patients were continued to be victimized.
5. Quarantine facilities were not well kept and equipped therefore patients had to travel to and from Nadi and Lautoka to do shopping and gather beddings.

Way forward:

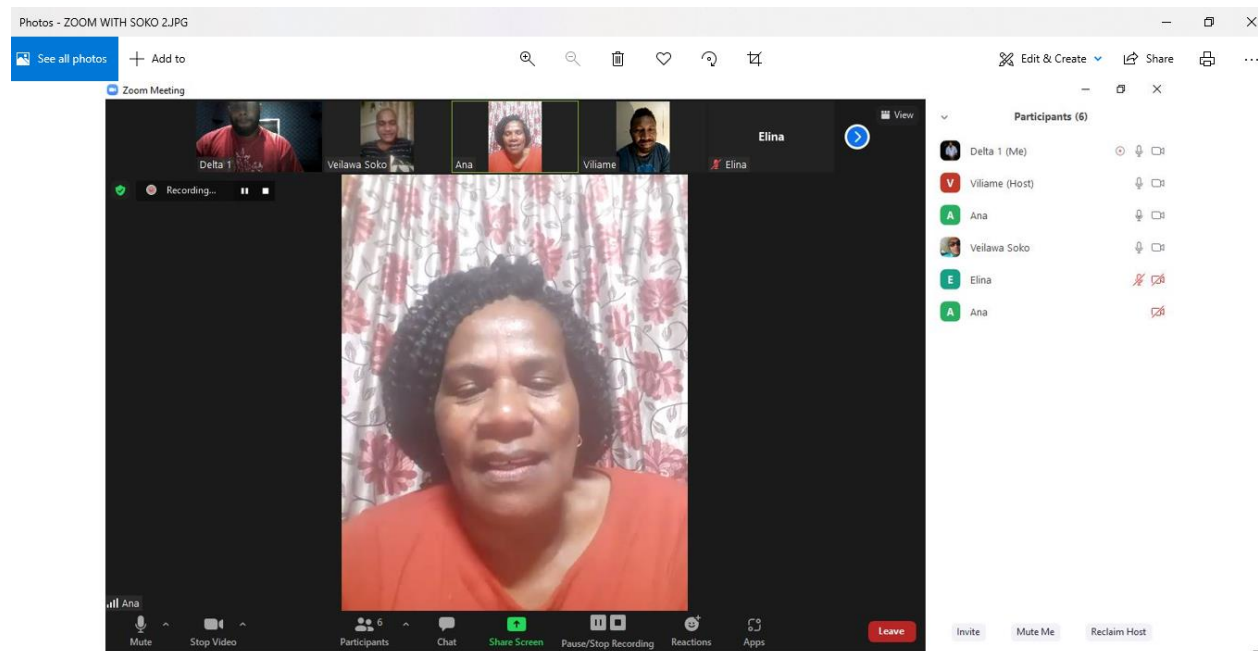
1. Counseling support was provided to both cases.
2. A submission will be drafted to be forwarded to Covid management team of the Ministry of Health and Medical Services. The submission included:
 - a. More awareness of the virus
 - b. The protection of people tested positive with covid 19.
 - c. To criminalize those that stigmatize or post or say hate speech.
 - d. Develop a Standard of Procedure with the Ministry of Health to ensure there are proper care given at the quarantine facility.

- e. Map other Civil Society Organizations that provide services such as ration, medical, counseling to collaborate with the Governments front liners and provide more synergies.
- f. Modify the registration form to include family contact or close relative contact which can include neighbors etc. that can provide support such as shopping or babysitting, house supervision when people are taken into isolation. The psychological effect of all this has added adverse effect on people with covid 19 and especially if they are also living with other co morbidities such as Diabetes etc.

In conclusion the Ministry of Health has promised to work with Diabetes Fiji especially in the area of pre, intra and post care for people tested positive with covid. The Ministry of Health has always recognized Diabetes Fiji as Diabetes Fiji has been as advocate for People living with Diabetes, this has resulted in major improvement of care and recognition of People living with Diabetes in the development of protocols, standard of Procedures in the Ministry. A saying goes “Nothing about us without us”. Along this wave line the management team is aware that the project team will be forwarding a submission.

Evidence of meeting:

Fig .10 (Picture 13)



We conducted a conference call with Labasa covid case as he did not have any Facebook or social media account neither familiar with zoom etc.

Our conference call included a medical staff, counselor, a project officer working with Northern Medical division, and project team.

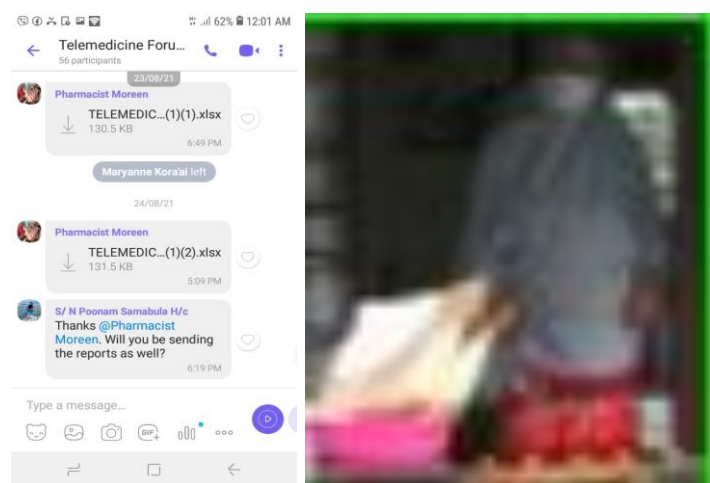
Activity 3:

The advocacy meeting was conducted prior to the activity 2 because the country was again hit with the second wave of community transmission and cases were drastically increasing. As identified last year many of people tested positive with Covid were not able to access continuity of care because of stigma and discrimination also many health services were closed. There was much misinformation regarding cure of the virus and many Fijians especially those living with commodities such and Diabetes were high risk of hospitalization and death. Areas identified were continuity of care such as accessing medications, discussing condition, educating people on covid 19, provision of counseling support, provision of ration and transport of medication to people tested with covid 19 and are in isolations.

The meeting was chaired by the Head of Wellness Unit, Ministry of Health and Medical Services, Dr Devina, World Health Organization, Dr Mareta, Project Officers in the divisions, FRIENDS Fiji, Medical Service Pacific, Fiji Cancer Society, Empower Pacific, Pacific Eye Institute, Cure Kids Fiji, and Diabetes Fiji. Diabetes Fiji was able to put a Standard of Procedure that was approved by Permanent Secretary of Health which resulted in the establishment of telehealth helpline 165. [List in annex 1](#)

Milestone achievement: set up of the helpline 165. Below is the Viber chat group of all the support bodies (govt and CSOs) behind the 165. As of today 26/08/21, we have been able to reach out to more than 200 positive cases needing support, these are only those needing assistance with medications. Many have accessed these numbers and data are being compiled by the Ministry of Health.

Fig 11 (Picture 14)



Reaching out to Positive Patients in isolation to provide chronic condition medications.

2.2.3 Telemedicine

In the last community transmission in 2020 which resulted in a national lockdown, services were focused on Covid 19 and many NCD programs and services were neglected. This results in many adverse effects for our Diabetics. The clinic noticed a rise in severe foot problems, and poor blood glucose due to most patients running out of medications and not attending clinics. Lack of awareness so that people are better managing their foot problems at home. Also, accessibility to medications, healthy foods, and physical activity modalities was limited or not available at all, Anxiety and stress were increased in these situations, leading to mental health issues and further complications of chronic diseases during the outbreak period.

It is also important to stress that the most vulnerable to disease complications and mortality from COVID-19 and its variants are those suffering from chronic disease conditions. The same issue has been seen for chronic disease services in the current lockdowns and there is a need to ensure the continuity of such normative services during outbreak periods. As the nation endures a second phase of community transmission the lesson learned from 2020 will help to improve our approach and ensure that we continue to align to Covid 19 safety measures.

FRIENDS Health in conjunction with the Lautoka health team has provisioned mobile services and a helpline for the Lautoka containment area with a similar view to assist those people living with chronic diseases and attending clinics within the containment area Diabetes Fiji and Diabetes Hub, Suva with collaboration of the Ministry of Health and Medical Services with CSO partners of Fiji Cancer Society and Medical Service Pacific, rolled out a similar concept for central and eastern division.

The objectives were to:

1. To assist patients who are unable to access healthcare services due to closure of nearby health facilities, lockdown or other restrictions in movements to access disease services virtually connected to the 165-telehealth line.
2. To assist patients, unable to access healthcare services due to closure of nearby health facilities, lockdown or other restrictions in movements to access medication replenishment.
3. Assist the patients access other health clinics where their respective health facility is temporarily closed due to contamination.
4. To provide a hotline for patient management and:
 - a. Ensure the availability of essential medications.
 - b. Provide online management of foot sepsis/foot care.
 - c. Manage logistics for emergency medications supply.
 - d. Arrangement of emergency referrals as required.
 - e. Continue to provide advice and support through virtual medium platform.

5. Link every health facility to a common medium platform of communication to ensure medications are supplemented from various clinics with proper control mechanism to avoid double dispensing and mitigate low drug stocks.
6. Reduce the risk of health care providers from the virus by minimizing physical contact with patients.

The telemedicine was established at the Diabetes Hub, the CWM Pharmacy dispensed the medication and team from Diabetes Fiji distributed medication to people in isolation and those in containment area with the support of FCS and MSP. The developed Standard of Procedures was endorsed and adopted by the office of the Permanent Secretary of Health and medical Services. The program was rolled out to other departments in the divisional hospital. We wish to acknowledge FRIEND Fiji and Ministry of Foreign Affairs, New Zealand. We were able to deliver medications in remote area of Naitasiri, Namosi and Tailevu and those in maritime including Kadavu and Levuka.

2.3 Diabetes Education

2.3.1 Self-Management and Caregiver Training

The Diabetes Self-Management workshop was conducted on 30th November 2021 at the Studio Six conference room and was a resounding success. A total of 133 participants attend this inaugural workshop. The program was officially opened by the Minister of Health & Medical Services, Hon Dr. Ifereimi Waqanabete who spoke strongly on the prevention of diabetes and the need for diabetics to take control of their health status to avoid complications. He also counselled the attending caregivers on how to respond and handle the problem with their clients. He emphasised the need for supporting each other and advocated healthy living by disclosing his own efforts in wellness practices.

After the official opening, the participants had an opportunity to be involved in half an hour Talanoa session with the Head of Wellness Dr. Devina Nand. She shared with our participants the way forward to improve the service delivery in every health facility and motivated participants to be good ambassadors and advocates of NCD in their communities.

Diabetes Hub Medical team, led by Principal Medical Officer Dr. Momtaz Amed and supported by Dr. Rajesh Sharma, Dr. Sikiliti Poulasi, Dietician Natasha, Councillor Ana Radrekusa, Physiotherapy Sarote Nakaora and Sister Sera Adi, facilitated the one-day programs with our Diabetes and care givers. Focus was on understanding diabetes, stress management, diet, exercise, foot care, and diabetic medications. The participants were divided into small groups according to the own bubbles, as we trying to respect and practice the Covid protocol imposed by the Ministry of Health & Medical Services. The group of four to five and tasked to discuss the above topics and then a group member presented the discussed issues. This led to a lively discussion amongst all the participants with focus of the issues arising from the floor.

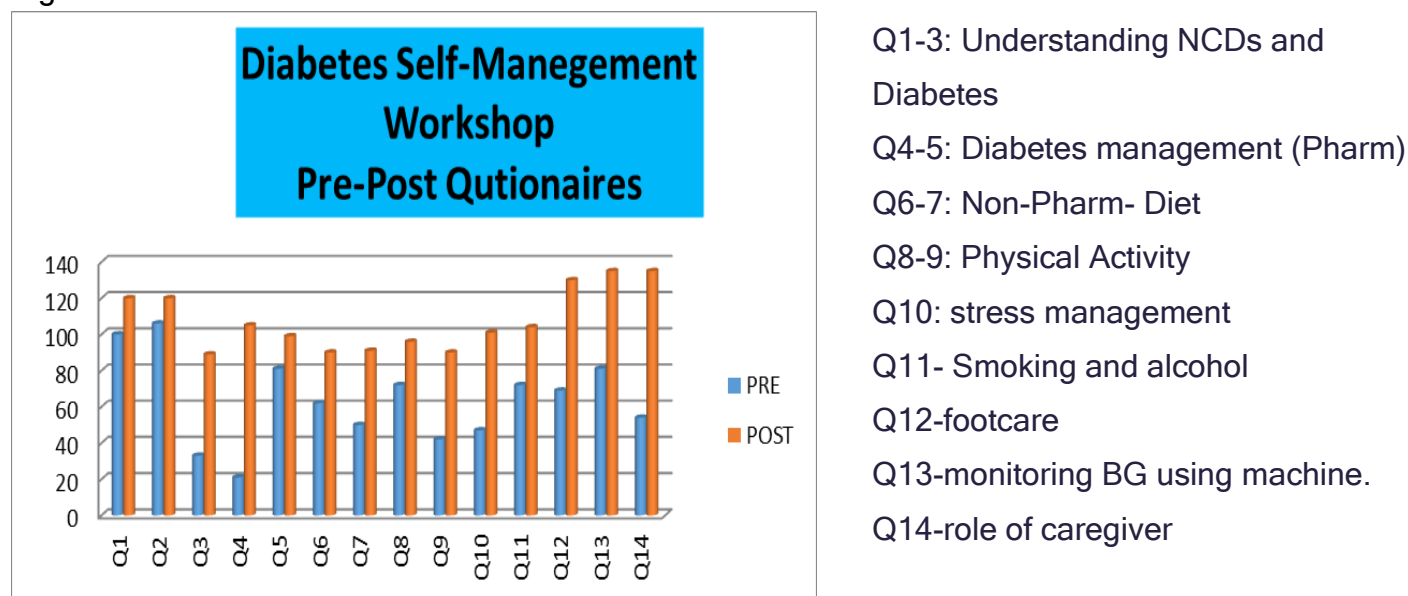
In addition, practical exercise and Foot Care was also demonstrated. Dietician Natasha with the support from other invited dieticians gave a demo on vegetable juice and conducted a

session on dietary practice for the patients. The participants were also given pre and post-test assessment.

We were fortunate to be accompanied by few Diabetes Peer group leaders who share a little information of their community peer group and motivates participants to create awareness on food security and been financially stable through utilization of available resources.

The finding it shows Post assessment after the workshop has vastly make a big difference where patient and care givers learnt a lot and practised many actions item. The result of the pre-test and post-test is in fig.12.

Fig.12



We also organized diabetic meals and snacks for this workshop, so the usual cakes and other sweet delights seem in other conferences were missing. This also motivates us to practice what we preach.

Picture 15-17: Minister for Health officiated at the opening of the self-management training.





Diabetes Fiji partnered with Think Pacific, facilitated training in selected communities in Nadroga targeting youths that were considered high risks as their parents were living with Hypertension or Diabetes or both, and as carers to their loved one living with NCDs. The three days training focused on understanding wellness and NCDs, risk factors and its management, complications, the role of carers and how to provide to better care for their loved one, and disaster preparedness for people living with NCDs.

The training was delivered in blended methods, PowerPoint presentation, group discussion and presentation, practical and home intervention on lessons learnt. 35 youths attended the training, with a success of 92% post-test compared to 45% pre-test. Explaining NCDs so that they can understand the disease. The risk factors are how they can manage prevent and control NCDs, these include diet, exercise, mental health, smoking and alcohol, and spiritual aspect. Also, they are able to work on foot care and foot wash, how to provide socio-emotional support, Motivational Interviewing so they can convince their loved one to comply to medication, diet and clinic most importantly build a rapport relationship between the two and how lastly to prepare before, during and after disaster.

At the end of the training, an open day was facilitated, and various departments assisted including ear and eye check by Project Heaven, Pap's smear, breast examination and smoking cessation program by Fiji Cancer Society, mental health counselling by Empower Pacific, while Nadroga subdivision provided services for screening, motivational Interview, dietitian, foot care nurse, dental, medical officer and reproductive health.

Few achievements noted with the engagement of youths were, youths were able to motivate their parents to attend their open day health outreach, they were also able to conduct foot check and conduct blood glucose testing and blood pressure for their loved one, foot check and foot wash, understand the life of a person living with NCD and provide socio emotional support such as encouraging them to comply with medications, and clinics. There was a big turnout of participants during the open and also diabetics with active lesion in their feet present themselves to the foot clinics and one youth build parallel bar for his mother to support mobility and aim to obtain prosthesis.



Picture 18 Youths doing clean up Picture 19: A Youth practicing glucose testing on her mum who is diabetic.



Picture 20: Samu, one of the participants is doing foot check on her mother and also providing giving advise on care of feet for a person living with diabetes.



Picture 21: One of the youth practicing how to take blood pressure for her mum



Picture 22: Group discussion

PICTURES FROM THE YOUTH HEALTH OPEN DAY AT JUBAIRATA, NAVOSA.

Pictures 23-38







2.4 Correcting Misconceptions in Society

At the height of the pandemic the office set up a helpline and made calls to every registered type one diabetic to provide support and advise. One of the misconceptions received were: -

1. Vaccination- is vaccine safe for people living with diabetes and especially those with complications.
2. Is school safe- concern was raised during the reopening of the schools if it was safe to send their children to school especially those in lower level as vaccination was not mandatory to them.
3. Closure of SOPD clinics - the closure of clinic caused many living with Diabetes panic as they were worried about their medications and the media was highlighting the severity of the virus and death high among diabetics and other chronic illnesses.

The team received and made more than hundred calls and social media chats.

2.5 Awareness and Outreaches.

Despite the limited funding the organization continued to conduct awareness program in the communities. We were able to reach to 46 communities, 9 through events, training, and open day, 8 from informal settlement, 5 faith-based organization, 4 rural communities, 1 Housing, 1 formal community, 2 with sporting bodies and 16 workplaces.

The table below shows the age breakdown by gender. The disintegration of data highlighted our inclusion for people with disability, women, and gender that are not confirming to either male or female. 2823 of 5560 female reached 51%, 2504 of 5560 male, equivalent to 46% and 233to and 4% for non-confirming gender as in fig 13.

Fig 13

Age	Gender			with Disability			Total		
	Male	Female	X1	Male	Female	X1	Male	Female	X1
0-17	322	398	51	6	0	0	328	398	51
18-25	571	704	82	15	4	3	586	708	85
26-35	662	854	68	37	31	0	699	885	68
36-55	572	574	26	35	48	0	607	622	26
55+	266	204	3	18	6	0	284	210	3
	2393	2734	230	111	89	3	2504	2823	233

Fig 14

TYPE OF COMMUNITY	TOTAL	DIVIONS	#
EVENT/CELEBRATION	9	CENTRAL	38
FORMAL HOUSING	1	WEST	5
INFORMAL SETTELEMENT	8	NORTHERN	2
RURAL COMMUNITY	4	TOTAL	45
FAITH BASED	5		
SPORTS ORGANISATION	2		
Workplace	16		



Picture 39-40 above: Cancer outreach at Natutale informal settlement, Suva. Mr. Qio conducting awareness on Diabetes.



Picture 41: Awareness on Diabetes at Suva Methodist Primary School to staffs of the three sisters schools

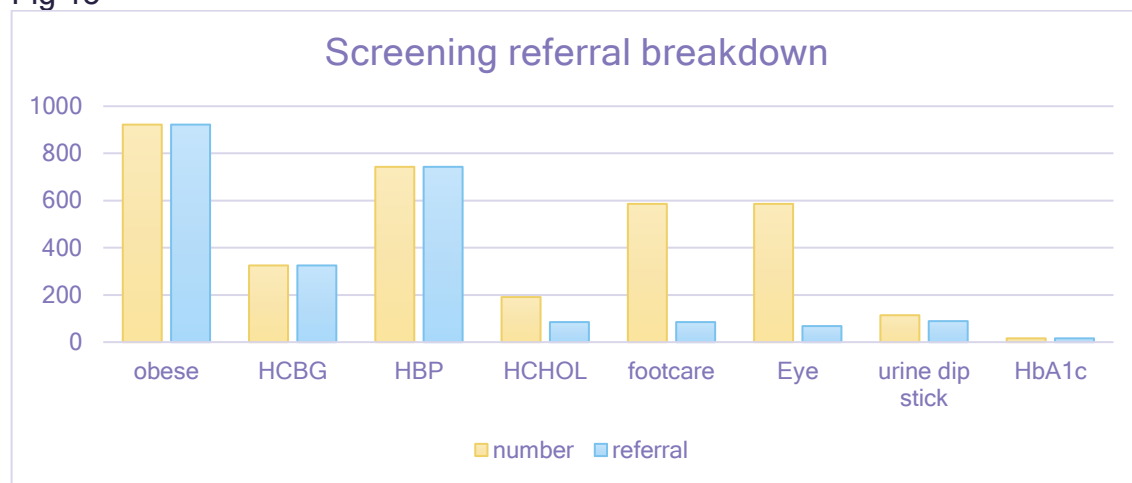
Picture 42: Awareness one to one at the International Municipal Day at Albert Park, Suva

2.6 Screening outreach or early detection drive

The screening or early detection drive continued despite limited funding and the pandemic with the support partnership of Makans Drug Fiji and the business house corporate. We were able screened more than 3,500 Fijian above the age of 20. More than 180 are living with disability, more than 1700 (49%) screened were women and 97 (3%) from LGBTN group. 38% of those screened were from a low socio-economic background.

Screening noted a high defaulter of SOPD patients. This was due to the closure of the SOPD clinic during the pandemic. Those that were identified as high-risk were referred to their respective health facilities. Most screening conducted was partnered with the area medical team which ease referral as the medical team was able to provide their clinic date

Fig 15



Pictures 43-46: Staffs conducting screening to business houses under our CSR partnership

3.0 KEY RESULT AREA: 2- DFI CORPORATE GOVERNANCE AND DIRECTION

3.1 Diabetes informative drives, campaigns, crusades, events

3.1.1 Collaboration with Fiji Consumer Council and the Alliance for Healthy Living.

Diabetes Fiji continues working with Fiji Consumer Council and facilitating awareness programs in the Rewa and Nasinu subdivision area. The health weep program provided an opportunity to mobilize health screening to the communities, consumers' rights and the right to access health care services including free medications and public-private partnership programs.

DFI also supported a one-day Non-Communicable Disease workshop at Albert Park with advocacy partners on the theme 'Combating NCDs through Partnership'. The Permanent Secretary of Health and Medical Services opened the workshop and spoke on the important roles of partners in creating awareness of NCDs. Also present was the Permanent Secretary for Commerce, Trade, Tourism and Transport who also relaunched the Alliance for Healthy Living. Mr. Qio- spoke an integrated approach to NCD prevention and control (joint presentation of work being done by FRIEND Fiji, Diabetes Fiji, Fiji Cancer Society and Medical Services Pacific).

Chief Executive Officer Ms. Seema Shandil said, "just like there was a collective effort by all stakeholders to combat COVID-19, we need the same collective and streamlined efforts to combat NCDs as well".

Ms. Shandil highlighted that "the Council has over the years ventured into advocacy work on consumer health as the choices we make as consumers ultimately have an impact on our health".



Picture 47: Mr.Qio presenting at the advocacy workshop

Picture 48: PS Health and Medical Services, P.S Commerce and Trade with Head of Wellness and CEO Consumer Council

3.1.2 Collaboration with various department and units of Ministry of Health and Medical Services and Pacific Eye Institute

Fig 16

Name	Depart	Media	Topic	# People Reached	Social Media Viewers	FB Shares	FJ TV	FBC	FM 96	Navt	Viti FM	Legend FM	Sargam
Natsha	Diabetes Hub	Breakfast show	Diabetes nutrition		1100								
Dr. Sikiliti	Diabetes Hub	Breakfast show	Diabetes		1100								
Aniket and Ms Litia Mawi	Young Diabetes Fiji	Breakfast show	living with Diabetes			14	1900						
Dr Rajesh and Dietician Natasha	Diabetes Hub	FBC Live	Diabetes and Nutrition	Live Radio	909			1200					
Diabetes Fiji Outreach Team	Diabetes Fiji	MSP FB Page	Diabetes Screening and Awareness		3900	7							
Diabetes Fiji Inc	Diabetes Fiji Inc	Diabetes Fiji Inc	Countering Miss Information and hate speech on Covid 19		25700	78							
Ms. Litia Mawi, Maraia and Aniket	Young Diabetes Fiji (PEI Advert)	Diabetes Fiji Inc and CFL	Diabetes Does Not Discriminate	59200	30000	63			186,000	212,000	199,000	82,000	144,000
Total				59200	62709	162	1900	1200	186000	212,000	199,000	82,000	144,000

3.2 Effective sharing of basic Diabetes (Information, knowledge and service delivery).

3.2.1 Collaboration with Government Ministries

DFI is an extended arm of the Ministry of Health and Medical Services supporting the Ministries in various programs. One of the major projects it had with the Ministry is the capacity building of health care providers on foot care and capacity building of health service delivery. Today the organization continue to support the Ministry in providing training resources, equipment, consumables, and oversea training on foot care for health professionals. Also, the organization provides peer-to-peer support to type 1 diabetics, consumables including glucometers, syringes, lancets, strips and alcohol wipes for type 1 diabetics. Organize training for carers, and camp for juvenile diabetics. It also provides support for NCD screening by providing consumables and mobility devices to those health facilities requesting support.

The organization has been supported by the Ministry of Health in providing space for office, strong working collaboration with the three hubs and the four Divisional Medical Officers office through respective NCD POs in all our programs, assist in training from the various departments, access to information to assist in patients default tracing, follow up care, patient self-management training and caregivers training, access to reports for project planning and project evaluation. Release of medical staff to be part of our training, outreach programs and awareness.

The organization is also working with the Ministry of Youth and Sport through the Fiji Sports Commission by supporting Sports Development Officers in their training. Diabetes Fiji facilitates training on NCD and the essence of Sports Nutrition to enhance performance, recovery and optimum health. In return the organization is supporting us in providing opportunities to reach out to youths through sports, providing technical officers to our juvenile camps, and events such as World Diabetes Day.



Picture 49: Aniket a type 1 champion sharing his testimony of living with Diabetes and also a soccer district representative. Picture 50: Participants of the youth training organized by Ministry of Youth for Edenville housing, Toorak.

We also worked with the Ministry of Education for our school outreach awareness to boarding schools and target schools that our Young Diabetic are enrolled in so teachers have a better understanding of the condition and to reduce misinformation and stigma associated with the condition. The Ministry of Itaukei affairs with Think Pacific in our youth community engagement program. The Ministry of Social Welfare office has a representative in our advocacy group for our children, especially the vulnerable communities.

Pictures 49-51: Awareness during Schools National Basketball Championship



3.2.2 Collaboration with Civil Society Organization and the Alliance for Healthy Living.

During the height of the pandemic, three CSOs came on board to support our initiative to mobilize telehealth for those vulnerable groups who are living with chronic illnesses. Friend Fiji provided the telehealth platform, Medical Service Pacific (MSP) and Fiji Cancer Society provided manpower and transport for the distribution of medicines to people in home isolation and lockdown areas. Fiji Cancer Society and MSP assisted the Ministry in providing space for Ante Natal Clinic and oncology clinics. The organizations collaborating also in most community outreaches.

The Fiji Council of Social Services engaged us during disaster response action, medication distribution during the pandemic and most importantly our project with USAID and IRI.

The Pacific Eye Institute and Fred Hollow provided us with the point of care HBA1c machine to assist our outreach program and especially our type one diabetics living in very remote areas and attending clinics at the nearer health centers that do not provide such testing. Also, our Diabetes awareness campaign through traditional and social media platforms.

Special Olympics of Fiji enables us to reach out to children with special needs. Think Pacific for engaging Diabetes Fiji in their community engagement programs with youths, and the in their internship program assisting in the development of IEC materials.

Empower Pacific provided training to staff and counseling services in our outreach programs in the communities targeting those that are non-compliance, defaulters, and those who need mental health counselling after been identified during wellness clinic one to one counseling by Dietitian or Physiotherapists.

Project Heaven collaborate in our outreaches facilitating ears and eye check.

Lastly and most importantly Equal Meds has been providing medical supplies, equipment and consumables to assist our foot nurses, our community programs, and many health facilities with basic items such as bed sheets, basin etc. for their clinics.



Picture 52: MO Raiwaqa Health Centre



Picture 53: Mr. Demesio from Empower Pacific



Picture 54: Project Heaven doing Eye Check



Picture 55: Raiwaqa HC Nurses doing screening



Picture 56: Dietitian Elizabeth conducting nutrition talk.



Picture 57: Sr Karolina conducting awareness to women on Breast and Cervix Cancer.

Pictures 58-59:

Women enjoying their Aerobic session facilitated by Mr. Marawa Kini DFI Community Program Officer



Picture 60-61: Reaching out to Children with Special needs through Special Olympic Fiji



4.0 KEY RESULT AREA: 3 NATIONAL LEADERSHIP IN DIABETES MANAGEMENT

4.1 Memorandum of Understanding with Ministry of Health and Medical Services.

The organization MOU with the Ministry of Health and Medical Services is currently working in progress to renew it as the current one has ended in July 2020.

The MOU will include all separate MOA that exists between the Ministry and the organization.

4.2 Memorandum of Understanding with Working Partners

The organization renewed its Memorandum of Agreement with Makans Drugs Ltd and signed a new MOU with Sai Prema Foundation and Fiji Life Foundation.

4.3 Agreement and contract on Diabetes related project.

The agreement with the Ministry of Health on the Primary Level Diabetes Care Capacity Building: Young Diabetic Community Peer Group Project ended in July 2021. Therefore, the activities have been captured in this report as the most project was extended to October 2021 due to the delay in the release of the grant.

Another agreement signed in April 2021 by the organization was the USAID-funded project under the International Republic Institute through the Fiji Council of Social Services on Countering Misinformation and hate speech on covid 19 project.

4.4 Mobilizing diabetic-specialized staff and services at the Subdivisional level.

After a lapse of two years due to the closure of the project and the Covid pandemic. Staff Tavaita, foot care nurses Naqali Health Centre, Naitasiri mobilized footcare services during the eastern audit tour to Lakeba subdivision and S/N Viriseta Ciri, foot care nurse Navua SOPD to Lomaloma and Rotuma Subdivision.

4.5 Appropriate equipping of subdivisional with minimum function biomedical.

After facilitating training for the various health facilities in the Lakeba subdivision the organization provided foot care kit to the following health facilities. 1 toolkit shared between Vanuavatu Nursing station and Nayau Nursing station, 1 toolkit shared between Moce and Oneata Nursing station², 1 toolkit shared between Namuka and Komo Nursing station and 1 for Fulaga and Ogea Nursing station. This is due to a smaller number of Diabetes Foot Sepsis

cases received and also the health facilities share the same boat routine for the transfer of equipment.

4.6 Specialized Diabetic caregiving knowledge and skills

The audit team cos of S/N Viriseta Ciri foot care Nurse, S/N Tavaita Nadau-footcare nurse and DFI Project Manager Viliame Qio led by NCD PO Eastern Andrew Prasad facilitated two days of foot Assessment training to the two subdivisions Lakeba and Lomaloma subdivision during to NCD audits.

S/N Sanjay and S/N Sharon of Labasa Hospital undertook a two weeks footcare attachment training at the Labasa Diabetes Hub from the 7th to the 31st of July 2022. Physiotherapist Sam of Lakeba Subdivision was attached at the Suva Diabetes Hub for 4days to undertake Physiotherapy training on foot care with special emphasis on offloading, assessment and prosthesis from the 4th to the 7th of April 2022.

Pictures 62-64: Training facilitated at Lakeba Hospital for Lakeba Subdivisional staffs



5.0 KEY RESULT AREA: 4 GLOBAL PARTNERSHIPS IN FIJI'S MANAGEMENT OF DIABETES.

5.1 Reports and Evidence of DF Compliance.

Diabetes Fiji continue to be a member of International Diabetes Federation with complying the body's annual registration fees and submission of the report.

5.2 Partnership in Diabetes

5.2.1 Institutional Capacity Building.

After undergoing various training and capacity building the organization has revised its Child Protection Policy, HR Policy, and Finance policy. It has developed its GEDSI Policy, asset policy, and vehicle policy.

5.2.2 Human Resources Development.

The staff has undergone the following training.

1. Tammanu app training for CVD screening facilitated by Facility
2. Gender Equity, Disability and Social Inclusion project management training- USIAD
3. Monitoring and Evaluation framework course- Philanthropy University
4. Child Protection- Empower Pacific



Picture 65: Tammanu App Training by Facility for CSOs

5.2.3 Program Design

The World Health Organization provided technical advice through the engagement of the Head of Wellness in the development of Standard Operation Procedures for the telehealth services for people with chronic illness in the central division. The SOP was endorsed by the Permanent Secretary of Health and Medical Services and adopted as the SOP for Ministry.

5.2.4 Service Delivery

Through the support of the Secretariat of the Pacific Community, our training was extended to the region, and we were able to train two nurses from Marshall Island to the 16 nurses from eight countries that were trained in 2018 and 2019.

Diabetes Fiji presented in SIDS High-Level Technical Meeting on NCDs and Mental Health for Civil Society on the advocacy role it plays on behalf of people living with NCDs including Diabetes not only in Fiji but in the Pacific. The organization was fortunate to be selected of the many organizations globally to present the work it carries out to people with Diabetes and to the Ministry of Health on behalf of people with Diabetes.

Insulin for Life Australia and USA is currently assisting our underprivileged insulin-dependent diabetics with the supply of syringes, lancets and alcohol wipes.

WORLD DIABETES DAY CELEBRATION 2021:

Suva Subdivision. Suva Health Office



Samabula Health Centre





National Launching at CWM Hospital



Nasinu Subdivision



Taveuni Subdivision



Acknowledgement:

Diabetes Fiji Wishes to acknowledge the following organization and Ministries for their continuous support towards our organisation as we work in collaboration with the Ministry of Health and Medical Services to address NCD especially reaching out to our vulnerable populations,

1. World Health Organisation
2. Secretariat of the Pacific Community
3. International Diabetes Federation
4. International Diabetes Federation – Western Pacific Region
5. United State Agency for International Development
6. International Republic Institute
7. Insulin for Life US and Australia
8. Ministry of Health and Medical Services
9. Ministry of Youth and Sports- Fiji Sports Commission
10. Ministry of Education to our target school
11. Ministry of Women and Social Welfare
12. Fiji Council of Social Services
13. Empower Pacific
14. Project Heaven
15. Equal Meds
16. LDS Charities
17. Friend Fiji
18. Fiji Cancer Society
19. Think Pacific
20. Medical Service Pacific
21. Consumer Council of Fiji
22. Rainbow Pride
23. Special Olympic of Fiji
24. Special thank you to the business houses for their support in cash and kind
 - a. ANZ Fiji
 - b. Janty Bondwell and Kanty Bondwell
 - c. Fiji Water Foundation
 - d. Parshotam Lawyers
 - e. Mechanical Services Ltd
25. Our utmost appreciation to Kontiki Finance for the milestone support by leasing us a vehicle so we can reach our vulnerable population living in the rural and very geographically isolated areas.

