

Leadership in Action Report

Gerd Bizi

Organization: Think Pacific

Project Title: Community and Health Project

This past summer, I had the pleasure of being selected as one of the sixteen scholars to work with Think Pacific, an NGO in Fiji, through the Laidlaw Scholars Foundation's Centrally Offered Projects for my Leadership in Action Project.

Between July 10 and August 21, I was stayed in a pair of joint settlements, **Vunimaqo** and **Waisava**, of which my host family stayed in the latter. During this time, our project was divided five key components including:

1. A community build, where we would be working with Fijian youths to construct a health clinic.
2. A culture course, where we would be learning about traditional Fijian culture and customs alongside youth members.
3. Working with Diabetes Fiji, another NGO, to host a community screening for diabetes, along with raising awareness for non-communicable diseases (NCDs).
4. Working with Youth Champs 4 Mental Health, yet another NGO, to host a mental health awareness program.
5. And finally, the Think Tank, a sustainability-focussed endeavour that aimed to address areas of need related to the previous four segments and how to improve them in the future.

The work done in each of these components will be described below.

The Community Build

The community health worker requested that a health facility be built for the settlements. The existence of such a facility would increase the amount of medical supplies that the Fijian government would give to the settlements. Thus, my work here was to help with the building of the facility. Everyday, our build manager, Jim, would update us on progress, tell us what needed

to be done, and how we could improve or work more effectively. Given my previous experience doing manual labour, I thought that I'd be a valuable asset to the team. At the same time, the building techniques were all somewhat foreign to me, including the whole concept of mixing cement with a shovel rather than a cement mixer, using panels instead of plywood for walls, and more. Despite this, similar building principles still applied, and we were able to get the work done within the 3 week timespan that we set for ourselves.

Our work on this project lives on as the facility will provide both increased supplies and funding to the Vunimaqo and Waisava settlements, along with also giving the community health worker a better space to carry out their medical care.

The Culture Course

The culture course was a two week program where seniors in the village would teach the younger generations and the rest of the scholars about traditional Fijian practices such as mat weaving, basket weaving, and coconut cup making for grog sessions (please see my reflection for more on this!). The primary goal here was to educate the younger generations of the village about specific traditions and cultures to ensure that the vertical transfer of traditional knowledge remains. For reasons other than just cultural enrichment and its positives, many of the practices result in items that can also be sold. For example, our Na, our Fijian mother, told us a mat could be sold for \$200 FJ, quite a bit of money. Every class, we would have a set objective and many villagers guiding sessions for it. If I were to get stuck during the process, someone would typically step in to help out, ensuring that everything be completed in a timely fashion.

Diabetes Fiji

With Diabetes Fiji, we initially hosted information sessions regarding various communicable and non-communicable diseases including diabetes, typhoid, and dengue fever. We went over preventative and curative measures for each ailment, if applicable, and in the case of a chronic condition like diabetes, we looked at methods to curb the effects of it. This then culminated in a walk-in health clinic on the Friday of that week where we took visitors' vitals, weight, and more. This was very important information for them to have—it moved them away from thinking that 'high blood pressure is bad' to 'I have a blood pressure of 160/90 and must act accordingly'. We had many resources available at the the clinic including food guides. As one of the 'communicators', it was my job to interpret the findings from the initial measurement using tools like blood pressure charts, food guides, and more. I was able to effectively communicate within a short timeframe with patients about issues that they could potentially be facing, and offered tips for how the could manage their conditions. The hope here is that the patients would be able to use these metrics and advice to inform future decisions regarding their health.

YC4MH

Youth Champs 4 Mental Health was the other NGO that we partnered with. A pair of mental health professionals, Lionel and Agu, came in to speak to the villagers about the concept of mental health. The idea of mental health, a neutral concept on its own, is often confounded with 'mental illness', and as a result, it heavily stigmatized—we sought to break that stigma. During sessions, we would talk about concepts related to mental health, and go around in a circle talking about our experiences, specifically encouraging the older Fijians to do the same. I made it my goal to be able to speak to the younger men my age regarding mental health, since mental health as a concept is so heavily stigmatized in men. I managed to speak with one of the boys

regarding his mental health with another scholar, and it ended with the boy feeling comfortable enough to see Lionel. This type of impact, people feeling free and open to discuss their feelings was immensely important for me to see, because I needed to become comfortable enough with them outside of just the YC4MH sessions to even get to the point of having that conversation. I hope that the lessons they learned, and easier access to mental health resources online and from YC4MH.

The Think Tank

With the Think Tank, we aimed to immortalize aspect of the previous four modules of the project and to innovate on them such that those area of need in the settlement would continuously improve in the future. Because of my interest in the medical care field, I chose to focus on NCDs. In this, my team tried to figure out how we could innovate, or at the very least, make access to such information easier. This is when we realized that most resources were only available in English, not Fijian. Furthermore, the issues we were describing were often more pertinent to the older Fijians, who often didn't speak English as well as the younger generations. We'd thus identified a problem—quick and easy access to information! We thus went through applicable resources online for NCDs and began synthesizing new materials from them. We would write these in English, and then have multiple members of the community come in and translate into Fijian to eventually land at a consensus translation.

One of the posters that seemed to resonate strongly was of one depicting a testicular cancer self-check, where visuals were used to direct men on how to check for tumours and lumps. In the moment, people translating were voicing concerns that the poster may have been too explicit, and we worked long and hard to try to make the poster as appropriate as possible. It

came to a point that after we presented our Think Tanks, I was told that the older men in the village were speaking about that specific poster during a grog session, and commenting on how positive it was that they had that resource, and how it's important that such checks are not stigmatized. I believe that the work we did is lasting, and that the posters we made, now hung up all over the health clinic, will be valuable assets for many years to come.

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