

# Fiji Village Project; Treating the patient, the water or the village?

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Carolyn Deng is currently a trainee intern (MBChB VI) from the University of Auckland. Her involvement with the Fiji Village Project began in 2007 with the first project cycle. She is the NZ coordinator for the project this year. She will be working as a first year house officer in Auckland DHB next year and aspire to train in medicine and complete a Masters in Public Health in the future.

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In 2005 the World Health Organisation estimated that 1.1 billion people lack access to safe drinking water. A total of 2.6 billion people, 42% of the world's population, lack access to basic sanitation.<sup>1</sup> It is tempting to dismiss these statistics to areas such as Africa and South Asia, but the reality is that even our neighbouring Pacific Islands suffer severe and chronic water stress. In 2004, the Pacific Institute estimated that only 47% of the population of Fiji had access to safe drinking water; a massive decrease when compared to 1994, when almost 100% of both the rural and urban populations had access to safe water.<sup>2</sup> Diseases related to poor water and sanitation such as dengue fever, leptospirosis, typhoid, chronic diarrhoea and infective skin conditions are rife in both the rural and urban parts of Fiji and it is not difficult to see why.<sup>3</sup>

The lack of a safe water supply clearly has a huge impact on health, but also perpetuates gender inequality, loss of schooling or working time, and social insecurity. This leads to a vicious cycle of sustained poverty and slow economic growth. Issues with water supply go hand in hand with basic sanitary measures. The mass dumping of household and industrial sewage and waste into water courses, particularly in developing countries, is responsible for polluting the already scarce water supply.

The Fiji Village Project, an international student-led humanitarian project, was started in 2007 by medical students across Australia, New Zealand and Fiji to address basic public health deficiencies such as water sanitation. The New Zealand branch of the Fiji Village Project also works in partnership with Medical Students for Global Awareness, a student organisation that promotes social responsibility and awareness of global issues.



The new water tank for  
Ro Camaisala Memorial School.



Tanya (an Australian  
medical student)  
checking the BP of one of  
the villagers as part of health  
screening.



Students from Ro Camaisala Memorial School in Nabukavesi, participate in an educational programme facilitated through art and music.



Paul Shotbolt (MBCHB 3) participating in a village education session on HIV and AIDS.

The Fiji Village Project is a year-long commitment ending with an annual two week project trip to Fiji in mid to late January. The last two project cycles in January 2008 and 2009, although not solely concerned with water sanitation, have focused largely on the provision of rainwater harvesting tanks to two villages near Suva: Nabukavesi and Qilai. This focus works towards one of the UN's Millennium Development Goals, "to halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation".<sup>4</sup> The United Nation's International Decade of Action Water for Life runs from 2005 to 2015 and generated much motivation for the project to address these water, sanitation and hygiene issues.

The first project cycle in January 2008 worked with Nabukavesi, a village with a population of 600, situated 8km from Suva central. The only water supply to the villagers was an old dam with a capacity to supply water for 100 individuals. Through fundraising and sponsorship events, enough money was raised for the project to install three rain water tanks for the local primary school in Nabukavesi. Prior to this, the dam closed down twice a week due to water shortages and impacted immensely on the education of young children in Nabukavesi. A similar approach was taken with the village of Qilai in our second project cycle with funds used for enlarging their existing local dam and installing water tanks for clean drinking water. Health screening for hypertension, obesity and diabetes were also held as part of both trips, with coverage rates 70-90% of the village population. Educational programmes on basic public health measures were held and these focused on achieving a healthy lifestyle, safe sex, water sanitation, and promoted screening programmes such as cervical smears. We are currently undergoing preparations for our third project cycle in 2010 which will have similar goals as our two previous projects.

The Fiji Village Project not only provides aid for those who are less fortunate than us, it also serves as a reminder to all those involved that there are reasons behind each illness and that the key to health is not as simple as treating the patient as an entity divorced from his or her beliefs, family, village or governmental policy. As future health professionals, we must prepare ourselves for the immense power granted to us by the nature of our work. No other profession allows us to interact so intimately with strangers we have met just moments ago. Perhaps we can create change in a patient's life or in the society of a patient that will reduce his chances of falling sick in the future. Surely by now you are sick of hearing analogies containing cliffs, ambulances and bottoms. As health promoters, we must treat both the well and the sick. Professor Fran Baum, a Commissioner on the WHO's Commission of the Social Determinants of Health once said, 'It does no good to heal people's illnesses but send them back to the conditions that originally made them sick' (A. Talematoga, personal communication, 2009).

The Fiji Village Project has a public health focus and allows students to address some of the most difficult health issues in a rural village and devise solutions that are both sustainable and feasible under resource constraints. It is clearly a small beginning to the immense need of the world in order to achieve the Millennium Development Goals by 2015. Can we afford to help in the midst of this great recession? A WHO cost-benefit analysis estimated that every US dollar spent on improving water and sanitation

yields an economic benefit of \$4 to \$34 depending on the region. The US\$11.3 billion per year needed to achieve the Millennium Development Goals will yield US\$84 billion in economic development.<sup>1</sup> The question is not whether we can afford to help, but whether we can afford not to.

The Fiji Village Project is an initiative that can be embraced by all those in the health profession, and the project would not run successfully if not for the support of all our sponsors and students across both the Auckland and Otago campuses. Fiji Village Project is a grassroots organisation and as such needs the collective support of the student body. Although a small-scaled project, the Fiji Village Project perhaps gives a glimpse to the big things that we as students can achieve for the world if we stand united in our vision for a better future.

#### How to contribute:

To donate to the Fiji Village Project, contact Olivia Perelini (Treasurer) at [liv\\_perelini@hotmail.com](mailto:liv_perelini@hotmail.com) or Carolyn Deng at [carolyn.deng@yahoo.com](mailto:carolyn.deng@yahoo.com)

#### More projects around global development?

Global Poverty Project –  
Contact Divya Dhar at [divya.dhar@gmail.com](mailto:divya.dhar@gmail.com)  
Medical Students for Global Awareness –  
Contact Sudhvir Singh at [sudhvir@hotmail.com](mailto:sudhvir@hotmail.com)

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