

**Te Hā o Hine-ahu-one
Palmerston North Women's Health Collective Inc.**

Herstory/Annual Record 2020/2021

*Me Aro ki te Hā o Hine-ahu-one.
Pay heed to the mana of women.*

Te Hā o Hine-ahu-one



Palmerston North
Women's Health Collective

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HERSTORY/ANNUAL RECORD 2020/2021

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Client Voices 2020: Questionnaire Feedback about why women use our service

'Comfort, availability takes a long time to get into doctors'

'Was free plus I feel comfortable coming here more than anywhere else'

'Because I prefer to be treated with dignity and respect'

'Easier, faster, no questions asked'

'Free pregnancy test. Only place I know'

'YOSS doesn't give out stuff, are walk in'

'uncomfortable @ normal doctors'

'Because it felt less pressured here'

'You're the only place I don't need to explain myself'

'Because it is where I started healing'

'Wonderful, homely, knowledgeable'

'Because its in the area and I've been before and like the comfortable feeling it gives'

'Safe environment, free, no judgement'

'Because its close to home and a womens health provider'

'Because of the free test & was recommended'

'Friendly. Can't afford anywhere else'

'Free service, helpful friendly staff'

'I am very comfortable knowing it is only for women. I have been before. Staff make me feel safe to come here for help'

'I felt I was helped in all ways. 10 star rating'

'Perfect so kind and welcoming'

'Free services and more confidential setting'

Reflecting on Our Year

The 2020-2021 year was a very challenging year. The year began with Jean, our manager and community health worker, keeping the Centre open on her own as an essential health service under the Covid-19 pandemic rāhui lock down (donating significant voluntary hours to do this). Our other staff member Morgan worked from home during this time. This lockdown had a significant effect on our client contact statistics which would normally be much higher in April and May, as we cancelled clinics and people were instructed to stay home. We remained open as an essential service for pick up at the open door pre-bagged pregnancy tests and condoms throughout lock down. Our health information services continued as usual (at a distance), we had menstrual care supplies available on request, and distance counselling services were provided. We also kept the Centre open as a safe space for women and children with urgent need (with this being needed by the Māori women's refuge on one occasion at Level 4). Two metre physical distancing rules applied and the Centre was in restricted access with those arriving being stopped by barriers at our hallway a few steps in from the open front door. Zoom video calls were a new development for us precipitated by the Covid-19 conditions and some training and other meetings occurred via Zoom during this time and after. We held one of our monthly governance meetings by Zoom (in April) and were then able to return to meetings in person as usual.

We recorded a total of 5,422 client contacts for the year. This was a decrease on the previous year (which had 5,806 contacts) but not too much of a drop considering the effects of the pandemic. Apart from the forced Covid-19 rāhui limitations we maintained our services throughout the year and received our usual positive client feedback.

Bec made the decision not to return to her 0.4 FTE position after the end of her parental leave as she opted to be a full-time parent and part-time student studying towards her BSW degree. We decided not to replace this position due to our funding shortfall. This means we are now at a 1.6 FTE ongoing staffing level. In addition to our usual client work, we continued to focus on trying to find alternative funding after the loss of our main MDHB women's health contract at the end of July 2019 which was worth over \$90,000 (over half our annual income). We ended the year in a significant deficit. We had some successes in new funding along with our art auction money raised in September 2019 as a backstop. By the end of 2020 we were very aware that we needed to focus on what more could be done to raise the funds needed to address the predicted budget deficit in the coming year.

We were thrilled to have Kararaina Oldridge join us as our Mana Whenua Kuia this year. We are now able to go to Kararaina for advice and guidance on Māori cultural issues and to also advise us on ways we can support to Rangitāne. Kararaina has advised on matters of the Collective's bicultural development, cultural safety and in regard to seeking funding in recognition of the high number of Māori clients we see. We held our Strategic Planning Day at the end of March. Key areas of development included the plan for a fundraising committee, developing a poster, further bicultural development and maintaining and developing our relationship with our Kuia.

The Collective ended the 2020-2021 year with 14 active governance members and 15 advisor members, making a total current membership of 29 members. Rachel Buck resigned as an

active member and returned to being an advisor member and Deanne Painter returned to active membership from her advisor role. The Collective had 5 new members join the governance team during the year. Anna Lisa Casaje who is a leader of Migrante and the Phillipino community, Tegan Kuriger who is a nurse with background in ED, Lizzie Tollemache who is Associate Director at Centrepoint Theatre and is a motivational speaker and facilitator, and BSW students Lateisha Wells and Jasmine McClutcheon. Lateisha joined as part of her BSW II 50 voluntary hours and Jasmine who came with her baby Cade to complete the last part of her BSW III placement. Tracy who had begun her voluntary hours involvement in the previous year completed her BSW II 50 hours placement during the year.

A total of 250 client questionnaires were given out between August and the beginning of November 2020 to wāhine who visited to use the services of the Te Hā o Hine-ahu-one Palmerston North Women's Health Collective (Collective). Women were asked to fill out the questionnaire during Level 1 Covid-19 Alert only while at the Collective (and we check they have not already done one) then return the questionnaire anonymously via the post boxes provided. 250 questionnaires were returned, 25 women verbally declined, giving a response rate of 90%.

An analysis of the age of the respondents showed that 37.6% of the respondents were aged under 25, and over ¾ (78.4%) were aged 35 and under. Collating the ethnicity responses showed that 46.4% were Māori, 44% were Pākehā /European, 8% Pasifika women and 4.8% were Asian. There were no other ethnicities identified. Figures add to slightly more than 100% due to 6 women being counted in more than one of the Māori, Pasifika and Asian categories.

Analysis of women's incomes showed that 51.2% of the respondents stated that they had access to an individual or family income of \$400 or under, with 15.5% of these women identifying as being on an income of under \$200. Another 24.4 % stated they were on a family income of \$401-600 and 24.4% of the women said they were on family incomes of over \$600 a week. A number of women with children appear to be on lower incomes than expected. This may be due to women on benefits not having control over large portions of their income that go direct to pay rent, power etc.

54.7% of the women were single and 45.3% were sharing finances with partners/husbands. 166 had a child or children (66.7%) and 83 (33.3%) didn't. Of these 49 were single and no children (19.8%), 32 were partnered with no children (13%), 87 were single with children (37.2%), 79 were partnered with children (32%). Of the 166 (66.7%) that did have a child or children and answered if they had a partner also, 87 (52.4%) were single parent households and 79(47.6%) were living in a two parent household. Of the 136 who identified that they were single, 87 (64%) were single parents. Single parents were 35 % of total respondents.

Development of Services/Service Activities

Sadly we fare-welled Lynley Walker as our visiting nurse smear taker after 5 years in this role this year. We however have been very fortunate to have Lisa Scotland from Worldwise Travel

Health/the Well Women's Clinic take over from Lynley. This agency is now called WW Clinic on Grey. Lisa can prescribe to treat STIs etc under standing orders which is an excellent development to our services.

An important new project this year has been to set up a Pātaka Kai (community pantry) open 24 hrs at our women's centre at 53 Waldegrave St. This was completed thanks to a collaboration with our local Menz Shed who made the cupboard, and added a ventilated windowed door to help protect this from the elements. This is being well used by both contributors and receivers in the sharing, and we observe visits to this daily as well as after hours.

We have continued our regular updating of GP practices for current doctors practicing, including those taking on new patients and nurse smear taker costs. We also regularly updated our information handouts on LMCs. Further updating of all our pregnancy, maternity and abortion information resources occurred. We have continued to work on maintaining and developing our free menstrual care supplies for women, continuing to provide the Days for Girls washable pads packs and menstrual cups from the Wā Collective who are now giving us further donated menstrual cups on request. These are provided free to low income clients. We also provide free disposable pads which are available in the toilets and on request. The Period Place supported us for the first time with further disposable pads.

We continue to work on improving the environment of our rooms and the Centre in general and provide the daily administration required at the Centre and assist the Centre's volunteer co-ordinator.

Workforce Development and Training

- Jean attended a sustainable funding two half day Zoom training with Megan Thorn from EXULT which was very useful as a framework for funding development ideas and planning; the 'Leading So People Thrive' one day manager's training with Lauren Parsons; the Massey University Schools of Social Work 1 day training seminar; a 1hr ANZASW session on video/distance supervision; and a 1hr SWRB webinar on mandatory social work registration and recent developments. Jean was also involved in professional development as a guest lecturer and marker for the BSW III Community Development paper (over 30 hours)
- Morgan attended the PNCSC administrators training day; the Sexual Diversity Training with Sigrid Linhom; the River Inspires (Mental Health wellbeing 1 day training); the WINZ Rights and Rules; a Rights & Rules 1 hr Zoom session on tenant's rights; and an IRD pay roll webinar.
- All permanent staff are current for First Aid Certification (from Red Cross), having completed their 1 day recertification in the previous year.

- Relieving worker Kryss attended the PNCSC administrators training day; and Part 2 of Project Waitangi Te Tiriti o Waitangi training (which Jean was a panel member for presenting on our bicultural development journey).

Community Involvement/Networking and Stakeholder Linkages

We worked alongside Te Whare o ngā Wāhine/Palmerston North Women's Centre and its member groups (NCW, Te Roopu Whakaruruhau o ngā Wāhine Māori, Camelia House, MALGRA Lesbian Support, Athena Collective and Brazen Hussies community choir reps) and other WC governance group members this quarter.

We have continued to attend PN Community Services Council (CSC) meetings/events. Jean often attends the CSC Manager's forums and has maintained our involvement with the Manawatu Sexual Health Network and supports this by taking the minutes for the meetings, and Morgan also attends these valuable quarterly meetings, as sexual health is such a large part of our client work. We attended the GLITTFAB Wellbeing meetings re LGBT+ issues. Jean and Morgan continue our linkages with the Federation of Women's Health Councils network. Jean continues her involvement on the Manawātū Tenants Union's governance group in her own time but retired from the Community Birth Services Board in September. Jean has remained involved with the Manawatu-Wanganui branch of ANZASW and continues to be the secretary of this. Morgan continues to be the Collective representative at the monthly meetings of the Manawatu Abuse Intervention Network (MAIN) with governance member Kryss also sometimes attending these. Morgan attends WINZ advocacy meetings when able. The Collective no longer attends the National Council of Women meetings as this has moved to an individual membership approach.

Community networking and meetings this year mainly by our manager also included:

- Involvement with GPEP College of GPs with the planned training involvement.
- NZPC representative Belinda Lewer who provides their starter packs to us to give out to new sex workers.
- A site visit by MDHB manager's Tracee Te Huia and Alison Russell. Tracee had not seen our rooms at Te Whare o ngā Wāhine before.
- Gail Munro in her role as Chairperson of the MDHB Consumer Council.
- Public Health's Sharon Vera and staff re sharing their Women's Lifestyle display site and future support to borrow their gazebo and sponsored stall.
- Attending and speaking in support, at the Te Manawa Museum of Art, Science and History AGM.
- Attending the Tenants Union AGM
- Attending, and speaking in support, at the opening of the new public rooms of Te Roopu Whakaruruhau o ngā Wāhine Māori.
- Attending the Internal Affairs Lottery Covid 19 fund Zoom meeting.
- Attending the Environment and Sustainability Committee of PNCC to advocate for the eco burial option once again (first raised with PNCC 25 years ago). This was received well and a unanimous decision to support reinvestigating this.

- Governance member Huda took our pamphlets to the Women's Room at the Mosque and to the Manawatu Multicultural Centre. Social work student Tracy dropped our pamphlets off to a number of community and statutory agencies
- Meeting the candidates for the bi-election for the vacant seat on our city council.
- Meeting Tangi Utikere about our importance of addressing health inequalities and our funding need. He is supportive and has asked to be kept informed of developments. He also suggested we meet again with Mayor Grant Smith which also occurred. Our Mayor continues to advocate for us.
- We were approved to join Environment Network Manawatū and are now part of this network and with some ongoing networking occurring.

We have networked with a number of other health professionals and community groups and agencies through various community meetings and events. Community involvement and networking this quarter has also included contact with MidCentral Health's Sexual Health Service, Pregnancy Counselling Service, Cervical Screening Programme, Public Health and Health promoters, Mental Health Services, Māori Health and the Funding Division; Think Hauora (Cervical Screening mainly but also other staff); Te Tihi; PN City Council (PNCC) including the Mayor and some City Councillors and Community liaison staff; Te Manawa and Community Development workers; Internal Affairs; Family Planning Education Services; Camelia House; Community Birth Services; Best Care Whakapai Hauora; Te Runanga o Raukawa; Te Wakahuia; He Puna Hauora; DSAC; NZPC (Prostitutes Collective); Environment Manawatu; Days for Girls; Wā Collective; Citizens Advice Bureau; Palmerston North Women's Refuge; Te Roopu Whakaruruhau o ngā Wāhine Māori; ARCS Manawatu; Manline; MASH; Manawatu SF; Mana o te Tangata; Endometriosis NZ; ACROSS; Methodist Social Services; Manawatū Peoples Radio; Kia Ora FM; Te Aroha Noa; Manawatu Multicultural Council; the Red Cross Refugee Service; the Housing Advice Centre; Tenants Union; Youth One Stop Shop; Supergrans; Age Concern; Central Districts MS; Manawatu Volunteer Centre; ESL; Just Zilch; PARS; Manline; The Easy Living Centre, UCOL Student Services; Te Wānanga o Aotearoa; Massey University's School of Health and Social Services; MUSA Advocacy Service; our local MPs electorate office; Environment Network Manawatū including involvement with Manawatū Food Action.

Health Promotion Activities/Public Speaking/Publicity

Public Speaking

We were involved with public speaking:

- Jean attended a Zoom session with BSW and other students studying a community development paper which included presenting about our services.
- A powerpoint presentation was provided to GP trainees (a Zoom session was to occur but this did not go ahead as planned)
- Spoke about our services to women attending an earring making workshop at the Women's Centre
- Governance member/volunteer Huda presented to two English Language Partners groups about our services – one group of about 30 Burmese and Afghani women and one group of about 14 Nepali and Burmese women.

- Jean and governance member/volunteer Tracy spoke to social workers at Oranga Tamariki about our services.
- Updates about our services to PNCSC membership meetings, including updates re services under Covid-19 restrictions. Our subsidised counselling service which does not have too much of a wait to get in was a key point of interest.
- Zoom presentation to Otago Medical students presentation about the Collective
- Presented about our services at a special women's event put on by the Multicultural Council with a focus on former refugees and new migrant women alongside speakers from the Police and Neighbourhood Support and Te Manawa Family Services

Newspaper Articles/Articles

- STUFF/Manawatū Standard article with photos about our international donation from London based Womens Association (expat Kiwis), our work for sustainable funding and our importance to low income clients and a high percentage of Māori clients.
- We featured in the STUFF/Manawatū Standard article re the health reforms abolishing the DHBs.
- We featured in the STUFF/Manawatū Standard article re our presentation to the PNCC Environment and Sustainability Committee about the need for the ecoburial option and the background of our lobbying PNCC first on this 25 years ago.

Radio

- Spoke to MUSA Radio Control 99.4FM as part of the Nether region event

Displays

Displays occurred at:

- UCOL Student Success Market Day
- the MUSA Nether Regions event
- UCOL Orientation Day
- Mental Health Awareness Week display at UCOL
- Red Cross Christmas Fair display (we were offered a free stall)
- As part of the Public Health cervical screening display at the Women's Lifestyle Expo with our information pamphlets and our manager doing time both days there.
- UCOL Community Connect event
- Multicultural Council Women's Health and Wellness event

Governance member, Huda, set up a new site for our pamphlets at the Women's Room at the Mosque. We have been distributing our pamphlets in the community including community agencies, the library, English Language educational groups etc.

Advertisements

The Collective advertises weekly in the community notices of our free paper the Guardian. We have also advertised in FLAX, the newsletter of the PN Community Services Council. We are continuing to advertise our services through community notices on the Manawatu Peoples Radio (MPR) - Access Radio and Kia Ora FM.

Website and Facebook

We have our own website www.pnwomenshealth.org.nz, and our Facebook page www.facebook.com/pnwomenshealth and Instagram page www.instagram.com/tehaohineahuone which has regular postings a number of times a week, which include health promotion messages. At the end of the year we had around 1,180 likes and 1,260 followers on Facebook and 190 followers on Instagram. Our information is also included on other websites.

Telephone Directory

We have a good visibility in the phone book, in the White Pages and the Yellow Pages, including our e-mail and website.

Directories

We are listed in a number of local directories including the Hook Me Up (guide to free and low cost sexual and reproductive health services); the Manawatu Mental Health Directory, the MAIN directory (services for violence prevention and safety) and the Youth Directory, and the ECP pharmacist client information pamphlet.

Submissions and Significant Correspondence

This included:

- PNCC 10 Year Plan (written and oral)
- PNCC re Nature Calls submission on waste water treatment
- Section 99 maternity submission
- Submissions to the Death, Funerals, Burial and Cremation: a Review of the Burial and Cremation Act 1964 and Related Legislation; individual and as part of a collaborative group set up to give a consumer and community focussed submission.
- PNCC Environment and Sustainability Committee submission supporting the ecoburial option and in support of family and community led after-death care which also addresses funeral poverty
- We were part of a community collaboration letter re housing support for tenants and to PNCC requesting they not go ahead with increasing social housing rents
- Submission to Climate Change Commission on Climate Action for Aotearoa and for stronger action on climate
- Local Electoral (Māori Wards and Māori Constituencies) Amendment Bill supporting Māori Wards
- Submission to MDHB about reconsidering funding for us due to the equity need we provide for.

We completed a number of community surveys including PNCC Community Development community groups survey; for PNCSC member groups; and GLITFAAB/ MaLGRA rainbow communities. We were also kept busy with numerous funding applications and accountability reports.

Cervical Screening

Overview

Two hundred and twenty-three women had their cervical smears at the Collective this year, seven more than the previous year. The nurse also saw four clients who did not have smears for varied reasons. We held twenty-two smear clinics, four less than the previous year. These were generally held every alternate Wednesday. We had to cancel four clinics between April and May due to Covid-19 rāhui/lockdown. Clinics resumed in June 2020.

Lynley Walker continued as our nurse smear taker during June and July of 2020, with Angela Davies from Think Hauora providing an additional two clinics to help us catch up some of the backlog resulting from cancelled clinics in April and May. The length of appointments during this period was increased by ten minutes as a precautionary measure to allow additional time to minimize infection risk. This decreased the number of women who could be seen per clinic. Lynley finished providing clinics shortly after moving to Taranaki, with Lisa Scotland from WW Clinic on Grey becoming our regular smear nurse in September 2020.

We continued to make use of discretionary funding from MDHB to provide free smears for non-priority women on low incomes/in financial hardship who also faced significant barriers regarding accessing other providers. Women who were not eligible for a free smear because they did not meet criteria for a smear covered by priority or discretionary funding had the option of attending the clinic and giving a donation of \$30 towards the cost of a smear. Forty-eight women (22% of the total number of women receiving smears) chose this option. This was lower than the 27% last year. These women had a variety of reasons for choosing our service for their smear. Some of them would have a high potential to become under-screened if we were unable to keep providing this option.

We offer smear clients the option of having sexual health swabs taken at the same time as their smear. We make it clear to the women that it is not a full sexual health screen (the swabs check for gonorrhoea and chlamydia; in addition, women with discharge/odour can be tested for bacterial vaginosis, trichomonas and thrush). We recommend women to have a comprehensive sexual health screen at either their GP or the sexual health service at the hospital (free option) if they have significant concerns about their sexual health and need a comprehensive check. Fifty-three of the women had swabs.

Number of Smear clinics held	22
Number of Cervical Smears	223
Recalls	169 (75.8%)
New service users	50 (22.4%)
Returning service users	4 (1.8%)
Number of smears in each funding stream	
Priority smears	91 (40.8%)
Discretionary smears	84 (37.7%)
Smears by-donation	48 (21.5%)

Priority Group Figures

(Funded by the MDHB/Cervical Screening Programme per woman seen)

Target Group	Number of Smears	Percentage of Total Smears delivered	Percentage change from last year
Māori: Total	54**	24.2%	+ 0.1%
Under-screened*	5		
Pasifika: Total	11**	4.9%	+ 2.1%
Under-screened*	1		
Unscreened*	1		
Asian: Total	21	9.4%	- 1.2%
Unscreened*	1		
Under-screened* – not in other priority groups	7	3.1%	+ 1.2%
Un-screened* – not in other priority groups	0	0%	0%
Discretionary	84	37.7%	+ 3.0%

*The National Cervical Screening Programme Policies and Standards define under-screened as age 30+ and five or more years since last smear and un-screened as age 30+ and never having had a smear.

**Two women identified as both Māori and Pasifika

Overdue smears (all categories) 39 (17.5%)

We classify women as overdue if either they are on 1-year recall and overdue by at least 4 months, or they are on 3-year recall and overdue by at least 9 months.

Sixteen of the women (7.2%) were very overdue (i.e. by at least two years), with three women (1.4%) at least five years overdue. All of these women met criteria for a priority smear.

A high proportion of new service users were overdue (29, which is 58%), including six women between two and five years overdue (12%), and eight women who were more than five years overdue (16%). The latter group included three first smears in women age thirty or over, and two women who were more than ten years overdue. Three of the four returning clients were overdue, including one who was eight years overdue. Only seven women (4.1%) recalled by the Collective were overdue, and only one of these was more than a year overdue. The pandemic created some challenges with respect to screening women by their due dates. For example, a number of older clients have chosen to postpone having their smears until fully vaccinated.

These figures demonstrate that we were successful in attracting women who have barriers to accessing a smear elsewhere, and have therefore become significantly overdue. This is very important as regular screening has been proven to be an extremely effective way to decrease

both the number of women developing cervical cancer and the number of women who die from it.

Cervical Smear Results

During the 2020/2021 year twelve women (5.4% percent) had either an abnormal smear test result or persistent infection with one or more strains of high risk Human Papilloma Virus (hrHPV), which is by far the main cause of cervical cancer. Three of the women required urgent referral to colposcopy for high-grade results. One woman was referred for having a low-grade smear (ASCUS or LSIL) with hrHPV positive and age 30+, and another was referred for having a second smear showing low-grade changes within five years. The other seven women with abnormalities did not require referral: two women's smears showed low-grade changes but they were under thirty, three women aged thirty plus had low-grade smears but were negative for hrHPV infection, and two women had normal smears but still remained positive for one or more strains of hrHPV. For the two groups of women with low-grade changes, there is a high probability that the minor abnormalities will resolve without medical intervention, hence annual screening provides sound management while avoiding unnecessary intervention. We will recall these five women for a follow-up smear in 1 year as per the Guidelines for Cervical Screening, as well the woman with persistent hrHPV infection who continue to need annual monitoring.

Referrals:

Referred to Colposcopy for abnormal results	5 (2.2%)
Referred to Colposcopy for three consecutive unsatisfactory results	1
Referred to Women's Health Unit/Gynae	6
Referred to Sexual Health Service	5
Referred to GP	16
Referred to YOSS	1
Referred to WW Clinic on Grey	19
Referred to Quitline	1

Reasons for Colposcopy Referral:

LSIL; CIN1/HPV (2nd low grade smear)	1
ASCUS with HPV positive and age 30+	1
HSIL; CIN2/CIN3	3

Of the five referrals to colposcopy for abnormal smear results, four were for new clients (including all of the urgent referrals for high-grade smears). Four of the women had free smears funded through the MDHB discretionary funding, and one of the women had a priority smear as she was over thirty and under-screened (she was originally booked for a discretionary smear, but turned out to be priority). Two of the women referred for high-grade smears had postponed having a smear due to financial constraints, prior to finding out about our service, and were one and two years overdue. All women referred for high-grade smears required treatment for high-grade lesions.

In 2019 the Cervical Screening Programme changed the recommended age for commencing routine screening from twenty to twenty-five. The clinical guidelines state that women under

twenty-five who have symptoms such as abnormal bleeding or bleeding after sexual intercourse, persistent vaginal discharge or pelvic pain must be investigated, and a pelvic and speculum investigation undertaken if there is persistent and/or post-coital bleeding. It was therefore concerning to have a woman, age twenty, make contact with us because she had been seeing her doctor for ongoing bleeding issues and pelvic pain but he had declined to do a smear in spite of her request. Our nurse decided a smear was warranted on the basis of clinical considerations. The result was high-grade, and the client has now had treatment at colposcopy, with removal of a high-grade lesion. The client had not had been vaccinated against the HPV virus.

The low rate of vaccination in New Zealand is of significant concern. Only 61% of women are fully vaccinated by age 25, well below the 75-80% vaccination rate required for herd immunity, and considerably below the rate of Australia (80%) and the UK (over 85%), countries that have also recently increase their age for commencing screening to 25. One of our main concerns with raising the age to 25 was that women with concerning symptoms might not be adequately investigated because women under 25 as a group will be regarded as 'not needing smears'. This has turned out to be a legitimate concern given the treatment of the young woman mentioned above. The low rate of vaccination means that there will be a substantial group of unvaccinated young women reliant on GPs, nurse practitioners and nurses to adequately investigate symptoms of concern.

HPV test results

High risk HPV testing allows better identification of women who are at risk of persistent or recurrent cervical abnormalities, and enables many women with a high-grade history to return to the normal screening interval. Twelve women met criteria for having an HPV test. Five women who had been on annual screening had a negative result on their second consecutive hrHPV tests (along with a second normal smear result) and were able to return to three yearly screening. Five further women had their first negative HPV tests in addition to a normal smear result; they will return to normal screening if they have the same result next year. Two women with a high-grade history tested positive for HPV; this means they remain at a significantly higher risk of developing cervical abnormalities in the future despite currently having normal smears and will continue to have annual smears.

Referrals to Other Services

Eight women were referred to the Sexual Health Service for: treatment for symptomatic bacterial vaginosis (BV), treatment for herpes (2 women), an unusual lump on groin, a lesion on the labia, and removal of an IUD which had been in situ for over fifteen years.

Six women were referred to the Women's Health Unit/Gynae for: an unusual polyp, a large polyp and insertion of a Mirena IUS, long term heavy bleeding, faecal material in the vagina, and three unsatisfactory smears in a row. Nineteen women were referred to WW Clinic on Grey, almost all for either free treatment of sexual health related issues, or a MDHB funded service (free for client). This included treatment for BV (10) or candida (1), insertion of a Mirena IUS or a copper IUD (3), removal of an IUD, removal of a Jadelle plus BV treatment, HPV vaccination, vaccination post-chemotherapy, and urgent assessment of an extreme headache. Sixteen women were referred to their GP. Reasons for referral were: contraception, persistent heavy periods, ovestin treatment for vaginal irritations, pelvic pain, possible prolapse, vaginismus and recurrent urinary tract infections, pain subsequent to a tubal ligation,

pelvic pain plus a funded flu vaccination, medication review plus Illiac Fossa pain, sever hip pain or hip issues (2), urinary leakage, treatment of staph aureus and possible faecal incontinence, and treatment of BV, chlamydia, or candida. Other referrals were to Youth One Stop Shop (YOSS) for treatment of BV and trichomonas, Quitline for smoking cessation support, and the pharmacy for treatment of candida (2).

Subsidised Counselling Service

We had 152 client counselling sessions at the Collective over this year. This was a 19% increase on the previous year (which had 128 counselling sessions). This year we spent \$6,143 on counselling subsidies for women on low incomes or in financial hardship, and who did not have funding for this from WINZ. We received a total of \$2,762 for counselling subsidies during this year. This amount is less than usual but we had significant carry over of tagged funding from the previous financial year, some of which could be used over 2 years.

The counselling sessions were provided by registered social worker Robyn Scott (MANZASW). Robyn has over 20 years' experience in working in women's and adult health in hospital and community settings and has a Certificate in Counselling (1995) from Massey University and a Diploma in Counselling from UCOL. Counsellors work in a private capacity at an agreed lower cost scale. This was 0-\$70. Counselling subsidies continued to be set at a maximum of \$53 for a counselling session.

The break-down of client information for the counselling sessions showed that clients receiving a counselling session were 63% Pakeha/European, 28% Māori, 7% Pasifika, 2% Asian (Fijian Indian, Indian) and less than 1% South African. The age span ranged from 16-19 up to 60-75 years. The counselling sessions were for 1% 16-19, 7% 20-24, 32% 25-35, 22% 36-45, 34% 46-59, 4% 60-75. 55% had access to an individual or family income of \$400 or under (with 4% of these had access to an income under \$200). 29% were on incomes of \$401-600. Just twenty four were on an individual or family income of more than \$600 a week 16%. 57% were single women (many were single parents) and 43% shared finances with a partner. 59% had dependent children and 41% had no dependent children.

Some of the main issues addressed were past trauma, self-esteem, depression, abuse, sexual abuse, domestic violence, addictions, disordered eating, parenting issues, anger management, grief and loss. Our statistics included women with backgrounds of past trauma (96%), mental health service user/pharmaceutical use (40%), domestic violence (34%), sexual abuse (27%), addictions (26%) and disordered eating (4%). This indicates that well over a third of clients accessing our service had mental health issues diagnosed and being treated. A third had domestic violence related need and almost a third had sexual abuse related issues. The great majority of client need included trauma issues.

Funding

Funding received for the year outlined below varies from the financial statement for the year which lists income spent rather than income received. [Note: all figures in the section show the GST exclusive amount.]

Cervical screening payments per cervical smear provided is now the only ongoing MidCentral DHB contract. We received \$8,822 from this cervical screening contract.

The Palmerston North City Council continues to support the Collective by providing the rooms at Te Whare o ngā Wāhine/Palmerston North Women's Centre that we share for a peppercorn rental, including rates remission, and also through a small PNCC Community Development Small Grants Fund grant.

Te Whare o ngā Wāhine Palmerston North Women's Centre contract for administration services was continued to near this year until their funding for this ran out and we received \$13,285 from this. We also received \$50.00 from the smoking cessation referral contract with Te Wakahuia.

In addition to the MDHB contracts funding the Collective received a total of \$53,955.43 grants from the following funders:

- Lottery Community - \$15,000 towards wages
- TG Macarthy Trust - \$10,000 towards wages
- COGS \$5,000 - for operational costs and some towards wages
- Eastern & Central Community Trust (ECCT) - \$5,000 for wages
- Pub Charity - \$2599.65 towards operational and supervision costs
- PNCC Community Development Small Grants Fund - \$3053.00 for audit, insurance, communication and stationery
- Lion Foundation application \$6,000 towards operational expenses
- Olive Tree Trust \$3,000 towards wages
- Gordon Linsey Isaacs \$3,000 towards counselling subsidies and library and client resources
- John Ilott Charitable Trust \$2,000 towards wages
- Mainland - \$2,402.78 (towards operational expenses)

Donations are an important supplement to our income and are used to help cover expenditure not otherwise covered by income from grants. Donations this year totaled \$7,292. Of these, \$578 (8%) were received through the Givealittle fundraising platform, and \$6,714 (92%) were received directly. Soroptimist International Manawatu donated \$1,750 (24%). London based NZ Women's Association donated \$1,000 (14%). Donations of \$1,422 (19.5%) were made by clients of the cervical screening service who did not meet criteria for DHB funded smear tests. These clients gave a donation (usually \$30) to offset the cost of smear provision. As donations from smear clients are needed to cover clinic cost they do not represent a source of funds for general use.

The other source of untagged funds received during the 2020-2021 year was \$2,397 from interest on term investments.

Emerging Trends and Issues

Our most significant issue is our funding challenges which have continued since the 2019 loss of MDHB women's health contract. We are following the health developments with the abolishment of the DHBs and associated restructure of the health system. We are hoping to have access to health funding that recognises the importance of community health worker led services such as ours that address health equity need. The Collective continues to actively follow the learnings about the Covid-19 pandemic which had reached the vaccination implementation stage, and the beginning of the roll out of the vaccination programme by March 2021. Both staff were awaiting the call up to be vaccinated soon after the end of this financial year. We are also involved with promoting the measles free vaccination campaign for 15-30 year olds.

Meeting Our Goals for 2020/2021

Significant success had been achieved in meeting all our service development goals for 2020/20201.

Goal 1: Growth in funding security and diversified fundraising.

We have had some success in finding new funding for wages. We have not as yet had success in getting MDHB to reconsider funding us. We ended the year with a deficit. A friends of the Collective campaign for regular donations via automatic payment by supporters has not been implemented as yet and we were also exploring funding possibilities that might recognise the high number of Māori clients using our services.

Gaol 2: Further bicultural development and engagement with a mana whenua kuia.

Kararaina Oldridge was suggested as the right person to go to about seeking a mana whenua kuia. As a result of approaching Kararaina she agreed to become our mana whenua Kuia. We have begun this relationship and have already received important guidance and encouragement on bicultural development and Māori cultural matters.

Goal 3: Services promoted with more visibility, diversified media exposure, strengthened community and organisational linkages.

Quite a bit of work went in to promoting the Collective using our pamphlet and business cards. This included working to target key groups including Māori women, Pasifika and Asian women, multicultural including Moslem women, and women with disabilities, and getting our pamphlets out more broadly including different health settings. We have had visits and networked with a number of staff from Best Care Whakapai Hauora. Huda joined the Collective and assisted us in promoting our services to Moslem women via the women's room in the Mosque and Jean and Huda were both involved in events with former refugee women

via the Multicultural Council and English Language partners etc. Disability connectors were sent our information. Information about our services is now in Oranga Tamariki and other agencies thanks to work by Tracy, and put in to libraries and more regularly taken to community groups etc.

Goal 4: Continue to advocate on women's health issues (and particularly low income and equity issues) and develop and support consumer health involvements.

We were involved with advocacy to PNCC re their annual budget including mana whenua and Te Tiriti o Waitangi issues, housing, community group funding and women. We also wrote submissions to Central government including re climate change (emphasis on most vulnerable in communities such as women/low income), a Maternity section 99 submission, and on housing need. We again approached MDHB, along with our local MP, the Mayor and Think Hauora seeking support for attaining health funding based on the equity need we address.

Goal 5: Continue to support Te Whare o ngā Wāhine/Palmerston North Women's Centre in the maintenance and development of the Centre.

The Centre was sad to see Corrections move to another location for their large groups at the beginning of 2021 but they may still hold smaller groups at the Centre. A PN Women's Social group has recently approached the Centre as a venue for some of their events. This is helping to make the centre a vibrant, happening well used place for women. The contract funding from PNCC ran out but the Centre applied to Eastern and Central Community Trust for some funding for further contracting of some sort for our administration work for the centre.

Future Directions/Goals for 2021/2022

Goal 1: Growth in funding security and diversified fundraising.

Seek health \$ funding from the restructured health system, seek other new funders and an increase in the amount of funding from existing funders as needed, and possible. Club funding and Friends of the Collective campaigns are to be implemented for one off or regular donations via automatic payment.

Goal 2: Further bicultural development with guidance from our mana whenua kuia Kararaina Oldridge.

We agreed that our first Collective Matariki celebration would be held in 2021. Our relationship with our Kuia Kararaina is to be given the importance is to be maintained and given the importance it requires. Bicultural development to be continued and mana whenua and tangata whenua issues supported as appropriate.

Goal 3: Services promoted with more visibility, diversified media exposure, strengthened community and organisational linkages.

This is to include targeting key groups including Māori women, Pasifika and Asian women, multicultural including Moslem women, women with disabilities. We are to get our pamphlets out in the community broadly, including different health settings.

Goal 4: Continue to advocate on women's health issues (and particularly low income and equity issues) and develop and support consumer health involvements.

This includes to PNCC re the 10 Year Plan, Central government, MDHB, Think Hauora or appropriate new health structures. Issues include the need for free contraception services; free menstrual care supplies for girls at school and broader (including women's centres); monitoring cervical screening changes in terms of consumer need; address poverty and lack of affordable housing; also violence against women and children, and environmental and climate change which will affect the vulnerable more such as women/low income more.

Goal 5: Continue to support Te Whare o ngā Wāhine/Palmerston North Women's Centre in the maintenance and development of the Centre.

Help develop the Centre as a vibrant, happening well used place for women. Work for funding contract continuation for our administration work.

**ESTIMATE OF DOLLAR VALUE OF VOLUNTEER HOURS
PALMERSTON NORTH WOMEN'S HEALTH COLLECTIVE**

1 April 2020 - 31 March 2021

Number of active Collective Members/Volunteers for year **15-17**
(Note that paid workers are included in the number of volunteers – although they are paid to attend Collective meetings they also contribute some volunteer hours e.g. strategic planning days alongside volunteers.)

Base wage per hour \$20.55

Total volunteer Collective meeting hours for the year 123

Dollar value of volunteer hours at Collective meetings \$2527.65

Volunteer hours on projects, training, unpaid in office, other meetings etc 165

Base wage per hour \$20.55

Dollar value of volunteer hours for other than Collective meetings \$3390.75

Total volunteer hours for the year **288**

(doesn't include social work placements - a course requirement)

TOTAL VALUE OF ALL VOLUNTEER HOURS **\$5,918**

**PALMERSTON NORTH WOMEN'S HEALTH COLLECTIVE Inc.
STATISTICS FOR THE YEAR 1 APRIL 2020 – 31 MARCH 2021**

	2020/2021	2019/2020
CONTACTS		
Total number of contacts*	5422	5806
Visits	3905	4377
Telephone	1154	1088
E-mail/letter/text	363	337
Estimated number of first contact calls	1153	1306
Contacts by women (and children)	5284	5673
Contacts by men	138	133

*Note: Some contacts with clients are not recorded in our statistics. These include contacting current clients who are due for their cervical smear, notifying clients of their smear result, reminding women of their appointments, and contacting agencies. We also do not record women who help themselves to information available in the hall way or to condoms and lubricant/safe sex supplies in the toilets and elsewhere but who do not communicate with staff.

AGES (estimated)

Under 16	107	97
16-19	417	493
20-24	1348	1658
25-35	1411	1509
36-45	674	617
46-59	641	595
60-75	436	457
75 plus	80	103
Interagency contacts	308	277

HEALTH CHECKS CONSULTATIONS (NURSE SMEAR TAKER)

Cervical smears	223	216
Swabs	53	63
HPV	12	13
Other*	4	1

*nurse consult only

REFERRALS

Total number of referrals	821	816
Referrals to health professionals	657	675
Referrals to agencies/services/groups	164	141

ADVOCACY ROLE (from office)	8	14
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	2020/2021	2019/2020
ENQUIRIES/ACTION		
Abortion information/support/referral	104	124
Breast health/breastfeeding	19	14
Cervical smear info/referral	70	128
Contraception info/referral	270	328
Condoms/lube/safer sex supplies	350	410
Counselling session	152	128
Domestic violence/violence	40	42
Eating disorders	1	4
ECP/EC info/referral	84	106
Endometriosis	17	4
General health	33	36
Gynae problems/surgery	19	16
H&D Consumer rights/advocacy	8	5
Healthy lifestyle/self-care	16	13
Info about Collective	970	837
Info agencies/groups/services	522	512
Infertility/fertility	59	43
Library/research	38	73
Listening/support	167	211
Menopause/HRT/postmenopause	28	26
Menstruation/PMS	70	65
Mental health	52	48
Miscarriage/stillbirth	31	23
Natural health therapy given	786	824
Natural health therapy info	26	48
Parenting/children/childcare	18	22
Practitioner info/comments file	88	88
Pregnancy/maternity info/referral (only)	76	99
Pregnancy test (info offered/referral)	2265	2346
Sexual health info/referral	172	223
Sexual abuse	26	18
Sexuality/relationships	20	16
Smoking Cessation	10	15
Sterilization	10	19
Urinary Tract Infection/UTI	17	24
*Other	108	80
Made appointment	496	521

**Other included:* menstrual supplies (21 although others just help themselves from the toilets); menstrual cups (17); Days for Girls washable kits (11); NZPC sex worker starter packs (13); breast pads (9); free dental info (12); homelessness/housing need (7); after-death info and support and grief (6); free food (5); use phone (4); puberty (2); print personal info (2); non-resident health information; transgender support; worker rights; flu vaccine; brain injury; drug testing; child protection; free clothes; footcare; allergies

Statistical Observations

The total number of contacts during the 2020/2021 year was 5422. This is a decrease (of 384 or 6.6%) when compared to the 5806 contacts recorded in the previous year. A significant decrease in statistics was expected this year due to the Covid-19 pandemic which put the country in lockdown throughout April and some of May. We remained open as an essential health service but in a very limited way, with pregnancy tests etc at our open doorway.

- Pregnancy test contacts decreased by 81 on the previous year (3.5%) and pregnancy information/referral only decreased by 23 (23%).
- Abortion information/referral contacts decreased by 20 (16%).
- Contraception (including sterilization) information/referral contacts decreased by 67 (19%); ECP info/referral decreased by 22 (20.8%)
- Sexual health info/referral decreased by 51 (23%)
- Miscarriage/stillbirth increased by 8 (35%)
- Cervical smears increased by 7 (3%) but cervical screening information contacts decreased by 58 (45%)
- Infertility/fertility increased by 16 (37%).
- Those making contact with a worker for condoms and lube decreased by 60 (14.6%). Many clients also just help themselves to condoms and lube and this is not recorded in our statistics, which is also the case for non-reusable sanitary/menstrual care products.
- Counselling sessions were up 24 (19%).
- Natural health therapies given decreased by 38 (4.6%) and natural health therapy information increased by 22 (45.8%).
- Mental health related contacts increased by 4 (8%). There was only one contact recorded for eating disorders (there were 4 last year), but 4% of clients attending counselling sessions had eating disorders.
- Info about the Collective increased by 133 (16%) while info about other agencies increased by 10 (2%).
- Other increased contacts for information included: breast health/breastfeeding increased by 5 (36%); endometriosis by 13 (325%); gynae problems/surgery by 3 (19%); healthy lifestyle/self-care by 3 (23%), HDC by 3 (19%); menopause/post menopause by 2 (8%); menstruation/PMS by 5 (8%) with a number of menstrual cups given out in the office and off site; sexual abuse by 8 (44%); sexuality/relationships. Practitioner information comments stayed the same.*
- Other information contact area decreases included: library decreased by 35 (48%), listening support by 44 (21%), natural health info by 22 (6%), parenting/childcare by 4 (18%); domestic violence by 2 (5%); smoking cessation by 5 (33%); urinary tract infection by 7 (29%), general health by 3 (8%).*

** It should be noted that a number of the categories for a client contact have quite small numbers and therefore increases and decreases can appear more significant.*

ACKNOWLEDGEMENTS

This year we want to begin our acknowledgements with a big thank you to Kararaina Oldridge who this year agreed to become our mana whenua Kuia. She has provided important advice and guidance to us about our bicultural development work and matters of cultural safety throughout the year. We also thank Materoa Mar, CEO at Te Tihi for agreeing to meet with us to provide her support and advice. A very big thank you also to our Mayor Grant Smith for ongoing support, city councilors Lorna Johnson, Brent Barrett, Renee Dingwall and our new local MP Tangi Utikere.

We wish to acknowledge all our important workers – our paid staff and volunteers, and we also thank our many supporters. A big thank you to our members who volunteer their time to keep our organisation going. We want to acknowledge our wonderful nurse smear taker Lisa (with support from Janine and Angela) and counsellor and natural health therapists who have offered wonderful services for women and children at a reduced cost at the Collective – Robyn, Gina, and Fran.

We thank Te Whare o ngā Wāhine/Palmerston North Women’s Centre member groups and volunteers for their work to continue to oversee and develop the Centre we are housed in.

A big thank you to all the funders who have supported us to provide our services (as outlined in the report), and to the people who have given us donations, particularly those who make regular automatic payments to our bank account and who have supported us through givealittle and direct bank transfer. A very big thank you to you all. We also give a big thank you to the Wā Collective for donating menstrual cups for our low income clients, Days for Girls for their donated washable menstrual kits and for the breastfeeding pads and The Period Place for the donated boxes of disposable pads. We also thank the businesses who have donated to us via donated goods for promotions etc. We are pleased to be able to acknowledge many of you on our website.

We thank Kauri Health Care and Pharmacy, YOSS, Siân Munson at the Palms, Massey University Health, the Health Hub, Dr Vicki Shaw at Erica Gen, Sigrid at Public Health, and MALGRA for supporting us through providing pregnancy tests and condom supplies. We thank the wonderful MidCentral Health Sexual Health Service and health promoters for the valuable community support they provide. We greatly appreciate this.

Thank you to all those Community Fruit Harvest and all other groups and individuals who have donated to the Centre’s Pātaka Kai. This new initiative is being used a number of times a day.

Lastly our appreciation and gratitude goes out to our whole community for your words and your actions of support. A big thank you to those both named and unnamed.