

ST. CHARLES BORROMEIO PHILIPPINE MEDICAL MISSION 2016 ANNUAL REPORT



Mission and History

St. Charles Borromeo Philippine Medical Mission (SCBPMM) is an all-volunteer, 501(c)3 organization, dedicated to promoting the inherent right of the poor and underprivileged in the Philippines, to receive basic and adequate health care, food and shelter as well as to empower them, through education, to become responsible and productive members of society. The organization was founded in 1999 as the Philippine Medical Mission (PMM), an outreach project of the Social Justice Ministry at St. Charles Borromeo Catholic Church in Arlington, VA. It was the brainchild of two dedicated Filipino American volunteers, Maricel Bretault and Celia Coronado. In 2005, PMM obtained its tax-exempt 501(c)3 status and became SCBPMM.

To accomplish its mission, SCBPMM works in partnership with established non-profit organizations in the Philippines. SCBPMM undertakes fundraising activities to support its partners' poverty alleviation and medical outreach projects and programs.

We have six regular partners, who submit proposals for funding every year. During times of natural disasters and calamities in the Philippines, SCBPMM also assists other well-established NGOs. At times, the board also approves special funding for certain established organizations. Every November, the Board meets to decide which projects will be supported for the following year.

List of provinces in the Philippines served by SCBPMM's partners:

ANAWIM Lay Missions Foundation – Montalban, Rizal, in Luzon

Archbishop Gabriel M. Reyes Memorial Foundation, Inc. (AGMRMFI) – Aklan, in the Visayas

Child Hope Asia Philippines (CHAP) – Metro Manila, in Luzon

Foundation of our Lady of Peace Missions, Inc. (FOLPMI) – Paranaque, Metro Manila in Luzon

Religious of Notre Dame Missions (RNDM) – Kulaman, Sultan Kudarat, Cotabato, in Mindanao

Tulay ng Kabataan (TNK) – Smokey Mountain, Metro Manila, in Luzon



Letter from the SCBPMM Board of Directors

Dear Friends of Philippine Medical Mission,

Can you believe it's been 18 years since St. Charles Borromeo Philippine Medical Mission started? Our hearts are filled with joy and gratitude as we think of all the blessings that the SCBPMM community has received. Thank you to all our donors, our volunteers and our partners in the Philippines. It is because of your support and generosity that SCBPMM is able to continue its mission of serving the poor in the Philippines. Going on almost two decades, we are humbled by your trust and overwhelmed by the support given for SCBPMM and its programs. It is not just money donated, it is love! Love is truly what makes the SCBPMM community lend a helping hand to brothers and sisters overseas. God's love is what makes us see our family and ourselves in each other, even if we are separated by thousands of miles.

In 2016, we continued to work closely with our six regular partners - the Foundation of Our Lady of Peace Mission; the Religious of Notre Dame of the Missions; Child Hope Asia Philippines; the Archbishop Gabriel M. Reyes Foundation; ANAWIM Lay Mission; and Tulay ng Kabataan. In addition, our special partners from 2014 and 2015 continued implementing their SCBPMM assisted projects until early 2016.

Take a moment to visit our site: www.scbphilippinemedicalmission.org for information on our mission, our partners, how to volunteer, and an opportunity to donate online.

We invite you to read the following report on the achievements of SCBPMM in 2016. You will see how your generosity has made these programs possible. We are always looking for new volunteers, so if interested, please contact us!

May God bless us All.

Sincerely,

St. Charles Borromeo Philippine Medical Mission Board of Directors

About Our Partners

ANAWIM LAY MISSIONS FOUNDATION (ANAWIM)

ANAWIM is a non-profit organization dedicated to giving comfort and dignity to the elderly during the advanced stages of their lives. The foundation manages the ANAWIM Center in Montalban, Rizal, a home for the poor and abandoned elderly, orphans, as well as physically and mentally handicapped persons. The center provides shelter, food, clothing and medical care to all residents. ANAWIM was founded in the early 1990s by Bo Sanchez.

THE ARCHBISHOP GABRIEL M. REYES MEMORIAL FOUNDATION, INC. (AGMRMFI)

AGMRMFI was founded in 1977 and is a non-stock, non-profit foundation which aims to provide development assistance in Aklan, in the Visayas. Its programs include, among others, education for poor children, feeding centers, scholarships for higher education, rural leadership development, basic health and nutrition education and services and micro-finance to indigenous industries and small businesses for family self-sufficiency. The president is Dr. Rex Mendoza and executive director is Ms. Nynn Arwena Garcia-Tamayo.

CHILDHOPE ASIA PHILIPPINES (CHAP)

CHAP is a non-profit, non-governmental organization established to address the plight of street children in the Philippines, especially Metro Manila. It provides among others, basic education, provision of shelter, health care services including a mobile health clinic, livelihood training and counseling support to street children. CHAP was founded in 1990 and is headed by Teresita L. Silva, MSW.

THE FOUNDATION OF OUR LADY OF PEACE, INC. (FOLPMI)

FOLPMI is a non-stock, non-profit, non-governmental institution serving the poor in Luzon through varied but integrated programs geared towards total development of individuals, families and communities. Its projects include, among others, a hospital for the poor, feeding centers, livelihood projects, immunization programs, a shelter for female street children, and disaster/calamity relief. FOLPMI was founded in 1984 under the leadership of Sr. Eva Fidela Maamo, MD, SPC.

THE RELIGIOUS OF NOTRE DAME OF THE MISSIONS (RNDM)

RNDM is an order of religious Sisters who work with the indigenous tribe, the Dulangan Manobo, in the mountains of Cotabato, Mindanao and was founded in 1987. Their ministries include community development, basic health care services, hospitalization and medical assistance, health education, nutrition programs and provision of educational opportunities.

TULAY NG KABATAAN (TNK)

Tulay ng Kabataan is a non-profit organization based in Manila whose mission is to take care of street children with no families, scavenger children working in dumpsites, children living in slum areas and poor pregnant mothers who need prenatal healthcare. Founded in 1998 by a Jesuit priest, Fr. John Francois Thomas, TNK provides poor children shelter, health care, education and nutrition. The goal of TNK is to give back to each child dignity and self-confidence and also to help him / her reach the fullness of human vocation. The executive director is Rev. Fr. Matthieu Dauchez and the communications manager was Alexandra Chapeleau. The current manager is Elise Cruse.

PARTNER ACTIVITIES IN 2016

ANAWIM LAY MISSIONS

Title of the Project: ANAWIM Elderly Medical & Nutritional Supplement

Implementation Period: January to February 2016

Amount received from SCBPMM in late 2015 for this project: US\$5,000.00

Located in Sitio Tanag, Montalban, in the province of Rizal, ANAWIM Lay Missions provides shelter, food, clothing and medical care to 57 elderly residents. ANAWIM's mission is to give dignity and comfort to poor, sick and abandoned older people.



Volunteer nurses and caregivers provide daily care and attention, including administration of medicine, to residents. A physician comes weekly to provide medical consultation. A physical therapist provides rehabilitation services and teaches exercises to weak and paralyzed patients. A nutritionist guides the preparation of the meals. Counseling services are also provided. The team submits reports and discusses cases monthly. ANAWIM staff report that in 2016, 90% of the 57 beneficiaries improved their health, while 10% remained unchanged.



ANAWIM has many other partner organizations, like SCBPMM, that assist them in their mission to care for the elderly poor. Below is the list of their partners:

- Department of Social Worker & Development - helps in center's policy regulations.
- Quirino Memorial Medical Center - partner hospital
- Eulogio "Amang" Rodriguez Memorial Medical Center – partner hospital
- I-Vison, Asian Hospital - Cataract operation partner
- ABS-CBN Foundation Inc - Medical Mission partner
- Ateneo de Manila School of Medicine and Public Health - Learning partner
- Department of Agriculture, Region - 4-A- Farming partner
- Deutsche Bank Philippines - Financial and Farming Partner
- Rotary Club of different cities - Financial partner
- Light of Jesus Family - Financial partner

- Kerygma Family USA - Financial Partner
- St. Martin Langenargen – Germany - Financial Partner
- Megaworld Foundation Inc - Financial Partner
- Various Schools of Caregivers – Caring Partner

The ANAWIM staff identified commitment, compassion and teamwork as the values that are most important in the care of the elderly.

Compassion is needed to carry out quality loving service, especially during the most challenging moments of tantrums and demanding behavior of the elderly. It is by patience and understanding the elderly's perspective that ANAWIM staff came to love them as their own family.

Teamwork is like glue that binds ANAWIM together. It helps carry out the task or projects most effectively. The staff shared that there were times of misunderstanding and disputes but in retrospect, they served as jokes that the team laughed about after having achieved their objectives.

Proper training and seminars were conducted for enhancement and development of skills and attitude of caregivers for better service to elderly residents.

Other challenges that arose during implementation of the project were identified. These were resignation of volunteers; staff / caregivers on extended sick leave and the challenge of hiring reliable and efficient caregivers in a timely fashion.

ARCHBISHOP GABRIEL M. REYES MEMORIAL FOUNDATION

Title of Project: Community Based Supplemental Feeding Project (BULIG AKLAN)

Implementation Period: February 2016 to February 2017

Amount Received in late 2015 from SCBPMM for this project: \$5,000.00

The Archbishop Gabriel M. Reyes Memorial Foundation (AGMRMFI) is a non-profit founded in 1977 to provide development assistance in the Province of Aklan, in central Philippines. Its programs include feeding centers, education for poor children, scholarships for higher education, rural leadership development, and micro-finance to indigenous industries. Annually, the foundation also educates over 100 families on proper health and nutrition, responsible parenthood and family planning, and elderly protection laws.

AGMRMFI's Community Based Supplemental Feeding Project (Bulig Aklan) was developed to provide supplemental food for undernourished children and their families in Barangay Loctuga in the central Philippines Province of Aklan. Barangay Loctuga is a poor upland community in the Municipality of Libacao, Aklan with 180 households composed primarily of farmers and laborers.

Devastation from Super Typhoon Haiyan in 2013 is still impacting the region, having wiped out almost 80% of income sources in Barangay Loctuga. As a result, food security for vulnerable sectors is still a problem in the community, especially among young children who suffer from diseases caused by malnutrition.

The SCBPMM grant was used for the yearlong supplemental feeding of 50 pre-school children affected by malnutrition. The project also provided health and nutrition instruction to the parents. The beneficiaries were 50 children from 3-6 years of age from low income families in Barangay Loctuga, as well as 100 parents and adults.

The project set up feeding centers in day care centers in two sites, with 20 beneficiaries and 30 beneficiaries respectively. One hundred and fifty children and adults were fed four days a week from Monday to Thursday. The foundation's partner Vitamin Angels (VA) International provided Vitamin A to children below 6 years of age in the Municipality of Libacao and to 50 program beneficiaries in Loctuga.

In addition to feeding centers, the program helped establish vegetable gardens for thirty households to support the feeding program and serve as an additional source of food for the family. Training and seminars were also given to the parent-beneficiaries on health, nutrition and natural family planning.

As a result of the feeding program, health conditions of the children improved, with 90% of the children going from underweight to normal weight. In addition, children learned good hygiene such as washing hands before meals, as well as the proper use of eating utensils and prayer before meals. Parent-beneficiaries learned skills in preparing simple but nutritious meals for their families, as well as starting and maintaining vegetable gardens to supplement the family diet.

The total grant amount from SCBPMM for the year was \$5,000.00. Funds were applied primarily to the feeding of 50 children, at P15.00 per child per day, four days a week for 48 weeks. The funds also covered monitoring and staff services including meetings and follow-up with the Project Supervisor. The rest of the grant was applied to transportation, overhead and administrative expenses such as office rental, phone and internet.

Barangay Council Weekly monitoring was conducted by the assigned Barangay Council Committee on Health and Nutrition, and daily monitoring by the assigned Officer of the Day Barangay. The AGMRMF worked in close collaboration with local government units including the Department of Agrarian Reform and the Department of Social Welfare and Development. The Barangay Council pledged support to continue the feeding program in coordination with the LGU Municipal Social Welfare and Development Office.

CHILD HOPE ASIA PHILIPPINES

Title of the Project: Mobile Health Clinic (MHC) Project

Implementation Period: January to September 2016

Amount received from SCBPMM in late 2015 for this project: \$ 5,000.00

For the period of January to September 2016, there were nine hundred fifty seven (957) medical consultations conducted for street children, of which one hundred and fifty nine (159) were Well-Child consults. Majority of these children were well-groomed, exhibiting good personal hygiene practices that have been instilled in them through primary health care sessions. Aside from medical check-ups, the street children were provided with medical assistance through complete course of medicines, vitamins and mineral supplements, first aid, and minor surgical procedures inside the clinic, and diagnostic tests in laboratory facilities. Fortunately, only nine (9) children needed referral for further emergency medical treatment, orthopedic procedures, and dental procedures in the hospital. Eight hundred and five (805) street children underwent nutritional status monitoring, of which seventy five percent (75%) had normal weight, fourteen percent (14%) had above-normal weight, and only eleven percent (11%) were below-normal weight. All eight hundred and five children underwent routine deworming. The Junior Health Workers have contributed in multiplying the number of street children provided with first aid and health sessions. For this period, they provided three hundred and thirty one (331) first aid treatments during our annual sports festival and in their respective areas, as well as thirty three (33) health sessions for their fellow street children.



(Photo 1. Dr. Josefina Pamela Carpio examining a street child during medical check-ups inside the Mobile Health Clinic visit)

Childhope also offered health services beyond the group of street children identified. During the MHC visits, Childhope also provided free medical check-ups to street adults, most of which were family members of the street children. Medical consultations were also provided to the beneficiaries of Childhope's two sister organization, Tahanan Sta. Luisa and Families and Children for Empowerment and Development (FCED).

The provision of basic health care to street children beneficiaries entailed more than the services provided inside the Mobile Health Clinic. The contributions of social workers and alternative education teachers provided the important support to ensure that beneficiaries stayed as healthy and as free of disease as possible. Aside from their usual activities of providing one-on-one counseling and teaching Primary Health Care and disease and substance abuse prevention, they also carried out the doctor's requests for the children's laboratory tests and referrals for medical, surgical or emergency treatment in the hospital. To this end, they also coordinated with the medical social service of health institutions to access subsidized medical services. Lastly, they played a critical role of empowering the parents or guardians, if present, to play an active role in the health of their children, ensuring that medicines are taken on time, other instructions are carried out, and healthy lifestyle and disease prevention are practiced by the entire family.

One major challenge the organization has faced in the implementation of the Mobile Health Clinic Project, and of the entire Street Education Program, was the intensified rescue / round-up operations of street children and street families by the local government agencies, and the subsequent transfer from processing centers to long-term residential facilities. Ideally, the government's efforts should benefit the street children, who are put under the protection and care of the local and national social welfare and development agencies. However, since the government's rescue operations and subsequent case management have been far from perfect, the efforts Childhope has started in terms of health education and medical treatment are halted, only to be resumed if and when the social workers are able to find beneficiaries and coordinate with the agencies or shelters holding them.

Another challenge in the MHC Project was in the treatment of children with Pulmonary Tuberculosis or Primary TB Infection. To guarantee strict compliance to the Anti-TB treatment guidelines, to ensure cure, and prevent the emergence of drug-resistant tuberculosis, the MHC adopted the Directly Observed Treatment

Short (DOTS)- course that is also being implemented by the government through its DOTS centers. Street children who were being accommodated by health centers were referred for DOTS, some were institutionalized in residential centers (such as Tahana Sta. Luisa) where TB treatment can be carried out with house parents and social workers as treatment partners, and those with functional families were also treated with one parent or elder sibling as the treatment partner. A major challenge lies in the TB treatment of street children with no possible treatment partner. To address this concern, a possible solution that will be explored is the training of willing older or former Junior Health Workers to be treatment partners for their fellow street children.



Photo 2. Mr. Jeng Canlas taking height and weight measurements for Nutritional Status Monitoring during a Mobile Health Clinic visit in Blumentritt.

FOUNDATION OF OUR LADY OF PEACE MISSION, INC.

**Title of the Project: Supplemental Feeding for a Fisherman's Village
(Sitio Wawa, Brgy. Longos, Bacoor, Cavite, Philippines)**

Period Covered: January 2016 – December 2016

Amount received from SCBPMM in late 2015 for this project: US\$ 5,000.

The Supplemental Feeding Project served 50 malnourished children ages 2 – 4 years old. They were chosen based on the measurements compared to standards set by the Nutrition Council of the Philippines (NCP).

At the end of 6 months, 19 children out of 50 enrolled children, were able to move from undernourished to the normal level of nutritional category. This therefore means improved health through the Supplemental Feeding provided them.

At the start of the project, mothers of children enrolled in the feeding class were organized into subgroups of 5. Each group took turns to do the tasks needed. These tasks were planning the menu with the nutritionist, buying and preparing food, cooking, distributing, and feeding the children. They also took turns washing dishes.

Fifty mothers were educated or trained on basics of nutrition and its importance in the diet of their children. Other seminars were given on parenting and proper hand washing. Mothers learned proper preparation of healthy, nutritious and cheap meals.

The feeding program included once a day feeding from Monday to Friday using a balanced menu prepared with the help of the nutritionist. The food served included vegetables, soup, chicken and/or fish and rice. Each meal cost \$.46.

FOLPMI worked hand in hand with the local government particularly the Nutrition Office and the Nutrition Council of the Philippines. The Philippine Charity Sweepstakes Office provided medical consultation for mothers and the children. The Department of Social Welfare and Development ensured the accreditation of FOLPMI's Feeding Center Program.

Certain services were provided to the community apart from what was being done by the feeding program. Medical students from Ateneo University, whose school partnered with the Foundation of Our Lady of Peace Mission, Inc., provided lectures on health care, proper hygiene and sanitation. These lectures included proper hand washing, brushing of teeth, the proper throwing of waste, be it feces or garbage and segregation of biodegradable and non-biodegradable materials. Salient

lessons gleaned from implementation of this project were the importance of creative resource mobilization and networking with various organizations / institutions.

Be it individual, institutional, or group, creative resource mobilization is necessary in continuing the effort of sustaining food resources for the less fortunate, especially malnourished children. Some challenges identified in running the project included children resorting to drugs because with drugs, they do not feel the pangs of hunger.

RELIGIOUS OF NOTRE DAME MISSIONS

Title of the Project: Medical Assistance and Health Education for the Dulangan Menubo Tribe

Implementation Period: January 1- August 1, 2016

Amount received from SCBPMM in late 2015 for this project: \$ 5,000.00



(Sr. Elaine Villanueva weighing a child)

In 2016, the RNDM sisters found themselves having to assist more people than they anticipated. The local hospital where the sisters normally took poor villagers with minor medical cases, lost its license and accreditation because of not meeting standards set by the Department of Health and Philhealth Insurance. The hospital was not allowed to admit patients. All patients needed to go to a provincial hospital three hours away. In the past, only severe and surgical cases needed to be sent to the provincial hospital. In addition to this, the Rural Health Unit, while undergoing renovation, held their clinic in the Birthing Center. Due to this, Philhealth refused to fund their services and medicines. Philhealth accreditors were of the opinion that

the RHU put the mothers and newborns at risk by exposing them to infection. Due to this, even the Out-Patient Department (OPD) cases normally sent to RHU also needed to go to the provincial hospital. This increased the number of patients that needed to be attended to.

The following are the number of patients from January to August 2016:

- 317 Dulangan Menubo patients were provided medical, diagnostic, hospital and transportation assistance including emergency ambulance service.
- 75 Dulangan Menubo patients/watchers were provided with accommodation and food.
- 20 Dulangan Menubo health volunteers were provided health training.
- 10 tribal communities were closely monitored and provided health education and awareness.
- 7 vulnerable and severely malnourished children were provided nutrition assistance and health monitoring.

RNDM also offered emergency transport services and medicines to the tribal communities in Lagubang, Banali and Sewod which is outside the identified geographical area of the project. The patients were in desperate situations with no one to assist them.

Networking with Government / Accessing local resources

In 2016, the government made it easier for poor people to qualify for medical benefits. However, many medicines are not available locally, thus, need to be bought from outside. Furthermore, because the patients are referred to the provincial hospital (3 hours away), then travel funds and food need to be provided.

Training and Developing Network of Community Health Workers

Having community health workers in the different tribal communities enables communication and immediate response. People are assisted to access medical resources and benefits.

Instability of the Health Care Services of the Government

The health care services of the government are unreliable at times, especially, this year when the government closed down its own hospitals and the rural health unit because of not meeting standards, causing inconvenience and suffering to their constituents.

Distance of Communities

The remoteness and isolation of tribal communities and inaccessibility due to lack of roads continues to be a challenge. While the government demands professionalization/standardization in the health care system, people in remote areas cannot easily access these improved hospitals/health centers. For instance, it is demanded that pregnant women must give birth in the birthing center, yet transportation or accommodation is not made available for them in the town center. The demand, in this case, is unreasonable. So, people choose not to go to the birthing center. In the end, they risk the life of the mother and face the consequences or penalty imposed on them. This is what RNDM considers the main work of the health program -to ensure the gap is bridged between the health system and the Menubo communities.



(DM is one of the children cared for in the RNDM nutritional program. She was referred to RNDM Delesan Kailawan at 2 months old. She needs a cleft palate repair, and for the meantime needs to be assisted in growth and stability of health to be ready for the operation when she reaches one and half year old.)

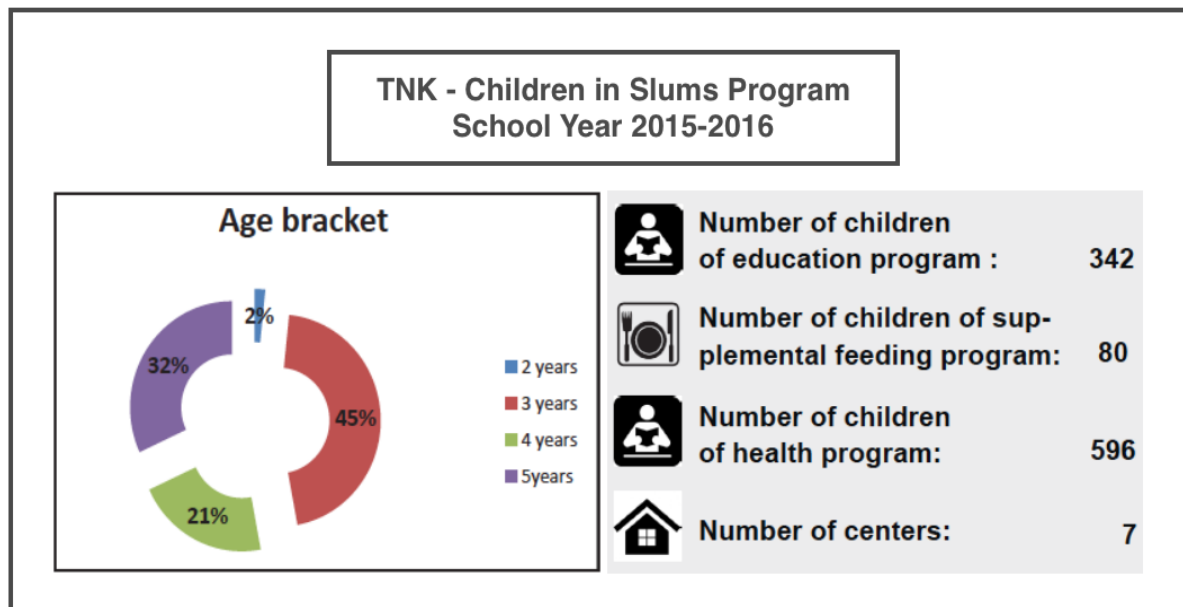
TULAY NG KABATAAN

Title of the Project: Day care centers for poor children in shanties of Metro Manila: Education, health care, feeding and nutrition.

Implementation Period: School year 2015/2016 (10 months project).

Amount Received from SCBPMM in late 2015 for this project: \$5,000.00

During this implementation period, TNK Foundation took care of about 800 children through 7 Day-care centers in slums of Navotas (Santo Nino, Puting Bato, Market 3, Sipac, Satelite, Catmon with 2 centers). In cooperation with the families, three main services were provided to the children: education, nutrition and health care.



Education: 342 children enrolled in early childhood education in 7 different centers in the slums.

Nutrition: 80 children were admitted into the supplemental feeding program. Nutrition beneficiaries received a meal, milk, and vitamins every day. Eggs are also given every other day.

➤ Upon enrollment in 2015, the level of malnutrition was determined for nutrition beneficiaries.

- 14 children were classified as 3rd degree (severe)
- 19 children were classified as 2nd degree (moderate)
- 47 children were classified as 1st degree (mild)

Health: 371 children received nurse checkups, where acute and chronic health problems were identified. 225 children received checkups by physicians. Necessary medications were provided for the children by the TNK foundation.



Highlights of the year:

- TNK slums and scavenger program celebrated their 20th year Foundation day anniversary last October 29, with the presence of Ate Gloria Recio, assistant executive director, actively present in the slums from the beginning of the program.
- The slum area of Pulo was demolished by the landowners. Thus the Pulo TNK day care center was also demolished after operating there for 10 years. TNK continues to follow the Pulo beneficiaries through the other TNK centers.
- Educational Field trip: An outside activity was organized for more than 260 children of our program in the Ninoy Aquino Wildlife park. The children had a lot of fun!

2016 ACTIVITIES OF SPECIAL PARTNERS

GAWAD KALINGA

Title of the Project: Gawad Kalinga & SCBPMM Partnership for Kusina ng Kalinga Alang-Alang, Leyte

Implementation Period: July 2015-March 2016^[SEP]

Amount of Grant Received for this project from SCBPMM: \$ 18,050.14 (balance from 2014-2015 Grant)

421 students of 1,550 students at Alang-Alang Central School benefited from the grant. The program provided daily meals for 3,399 students for 135 days in several schools in the town of Alang-Alang in Leyte Province. Of these, 421 students of Alang-Alang Central School are beneficiaries of the grant. At the very least, these kids are spared from going through the day without a meal. For those whose families are able to provide some meals, the KnK lunch serves as a necessary supplement to complete the quantity and quality of their daily food intake. Impact of these daily meals can be accessed through three distinct but related metrics:

- a. Change in nutritional status
- b. Change in weight
- c. Improvement in nutritional value of meals.

After a year of operation, the combined severe malnourishment and malnourishment rate has dropped from 25% to 11%. This significant drop places the schools covered by KnK far below the national malnutrition average of 30%. These metrics are indicative of the program's positive effect on the kids' nutritional status and point to an opportunity to pursue an end to sustained hunger and malnutrition. However, additional elements such as prevailing medical condition and food intake at home must be factored in to have more definitive approaches to obliterate malnutrition and hunger among these kids.

Consistent with improvement in nutritional status is notable improvement in the weight of program participants which range from 5%-10% increase over the course of a year's operation.

In addition to these significant contributions to weight gain, these meals add a balanced dose of calories (140-145Kcal), protein (18-20), Vitamin A (77-

80micrograms) which delivers 1/3 of the Recommended Energy and Nutrient Intake or RENI. This is a significant addition to the meager nutrient intake of poor families which is made up mostly of calories from rice and dried fish (estimated at 80-90Kcal per day).

In addition to these numerical assessments, the teachers and principal from the various schools covered by the program report marked increase in physical activity and classroom participation from the program participants.

After two years of implementing the program, the following are emerging as key elements that heavily impact success or failure for the program:

1. Buy-in and participation of principal, teachers, and parents. The kitchen runs on the spirit of volunteerism and community participation. Volunteers are involved in almost all aspects of the program: food preparation, distribution, daily reporting, and values formation activities. Where there is strong buy-in into the program there is active participation which results in better operation. A huge part of the kitchen team's time and energy go to orienting, training, and engaging the parent volunteers and teachers of the participating schools. The main challenge found in this area is the irregular and unpredictable attendance of the general parent population of participating schools. There are days when many parents show up and there are days when only the core group shows up.
2. Adequate mentoring support for the kitchen team. A core of team of 3 persons is in-charge of managing the daily operation of the kitchen. Their main responsibility is to ensure that the standards of the program are strictly observed and kept by the volunteers and other stakeholders. But the daily realities of running the program create scenarios and situations that challenge current standards. This is where constant and timely support matters so much for the on-ground team. This support is mainly carried out through daily phone calls but it is the monthly visits of supervising staff and the bi-annual quality assurance mentoring of headquarters that make the most impact on the local team. These visits create opportunities to learn together and come up with innovative solutions to problems and identify best-practices for replication. The main challenge faced in this area is the inability to keep up with timely submission of data for regular monitoring and reporting.

ERDA TECH FOUNDATION

Title of the Project: Student Meal Assistance Program

Implementation Period: June 2015 - March 2016

Amount received from SCBPMM in 2014 for this project: \$10,854.00

ERDA Tech foundation was given a special grant to be used for school year 2015 that started in June 2015 and ended in March 2016.

A total of 140 students (32 from grade 8, 41 from grade 9, 25 from fourth-year, and 42 from fifth-year) benefited from the meal assistance program. Daily from Monday to Friday, the recipients were provided morning snacks (P10 per person) and lunch (P25 per person). Aside from the free meals, the students in the program were given priority in the other assistance programs of the school: transportation, uniform, shoes, and school supplies.

One factor that contributed to the success of the meal assistance program is the cooperation among the different sectors of the ERDA Tech school community. While the canteen concessionaire has been mainly tasked to prepare the food, at times, various groups got involved as well. These include the food trade students, their specialization teacher, Mrs. Eden Baltazar, the food trade practicumers, the DOLE Youth Entrepreneurship Support students, and the parents of the meal assistance program themselves.

Another contributory factor is that the food and ingredients donated by big-hearted groups like Xavier Nuvali, the Xavier Parents Auxiliary, the Xavier School Alumni Association, and others were used, thereby greatly saving and extending the budget given by SCBPMM.

A third factor is the reminder, motivation, encouragement given by the school, particularly the Social Services Area of the Formation Unit to the recipients to consistently avail of the benefits of the program. Attendance is strictly monitored. Those who do not get their food are called and asked why. Regular meetings and evaluation sessions are also conducted. The school's social worker, Mrs. Tess Z. Andres, is at the helm of all these.

SCBPMM EVENTS AND ACTIVITIES

Christmas Campaign 2016 – In November 2016, volunteers gathered together to stuff envelopes for SCBPMM’s direct mail fundraising.

Participated in International Monetary Fund Helping Hands employee fundraising campaign.

Participated in World Bank Community Connections employee fund raising campaign.

Visits to Partners in 2016 - St. Charles Borromeo Philippine Medical Mission affirms the great work that our partners perform in some of the most under-resourced areas and communities in the Philippines. Every year since 1999, the U.S.-based members of SCBPMM have kept in close contact with the various partners in the Philippines. Through phone calls, email reports, and site visits, SCBPMM has been able to monitor its partners’ activities and projects.

Gilda Baric, Nick Baric and Fernando Manibog visited Tulay ng Kabataan on July 21, 2016. They met with Elise Cruse (TNK's Communication & Partnership Manager) and other TNK staff, who gave them an overview of TNK's achievements and ongoing challenges. They also visited two of the homes being operated by TNK, where they interacted with the children as they went through their regular daily schedules.

SCBPMM volunteer Cecile Motus visited the Supplemental Feeding Project of the Archbishop G.M. Reyes Memorial Foundation in February 2016 and in July 2016. Cecile said that the supplemental feeding activity was so heartwarming to observe. Parents, together with day care staff, prepared nutritious meals of sautéed vegetables. Children ate their food at 10 in the morning, with so much gusto and keen enjoyment because it was their first meal of the day. The parents expressed their appreciation for the help SCBPMM has given and promised to continue the project because they saw what a difference it has made in the energy, alertness and study habits of their children.



(SCBPMM volunteers Nick and Gilda Baric and SCBPMM board member Ferdie Manibog visited TNK community in July 2016)

TO OUR DONORS

We would like to thank all those who have made donations in 2016 and in previous years. All gifts of time, talent and treasure to help with the projects of SCBPMM are deeply appreciated. It is only because of you that we are able to continue the mission of SCBPMM.

2016 Major sources of SCBPMM revenue:

World Bank Community Connections Employee Giving

International Monetary Fund Helping Hands Campaign

IMF Civic Program

SCBPMM Leadership

SCBPMM is managed by a volunteer Board of Directors and by a core of committed volunteers of various backgrounds. Through SCBPMM, volunteers provide their special knowledge and expertise to fulfill the mission of the organization. The board meets twice a year and the core group meets every quarter or as needed.

Board of Directors

Maricel Bretault

Peggy Carrington

Fr. Gerry Creedon (Emeritus)

Miguela Gutierrez

Alice Lieberman

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Emeterio Roa III

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Officers

Treasurer – Peggy Carrington

Secretary - Lois Padla Pastor / Linda Tan Roll

Bookkeeper - Pamela Michalegko

Partner Coordinators - Alice Lieberman and Cecile Motus

Core Volunteers

Special Events – Dolly Pascual, Rachel Roa, Cherry Ignacio

Staff writer – Vanessa Lagera, Jill Sandor, Mary Estacion, Priscilla Tacujan

HOW YOU CAN HELP

DONATE

Donations of money or goods (e.g., medical supplies) to SCBPMM are tax deductible. Checks should be made out to St. Charles Borromeo Philippine Medical Mission (or simply, SCBPMM) and mailed to:

St. Charles Borromeo Philippine Medical Mission P.O. Box 101923 Arlington, VA 22201-9998

If you would like to donate funds to a specific partner, or for a specific project, please indicate that in the memo line of your check.

You can also make a secure online donation through Paypal on our website

www.scbphilippinemedicalmission.org

VOLUNTEER

We welcome all volunteers of various backgrounds and skills, with or without experience. We are willing to train. There are many diverse opportunities to help. For students or interns, we would be happy to write your school about how you volunteered with us.

Contact us at pmm@stcharleschurch.org [Like us on Facebook!](#)

Facebook Page: St. Charles Borromeo Philippine Medical Mission

FINANCIAL REPORT FOR 2016
In US Dollars

STATEMENT OF ACTIVITIES

Operating Revenues:	
General donations	\$ 33,679
Restricted donations	10,715
Interest income	85
TOTAL OPERATING REVENUES	\$ 44,479
Expenses:	
Program Services-Distributions	\$ 24,520
Office	\$ 1,145
Professional fees	3,400
Fundraising costs	250
Total supporting services	\$ 4,795
TOTAL OPERATING EXPENSES	\$ 29,315
CHANGE IN NET ASSETS	\$ 15,164

PROGRAM SERVICES-DISTRIBUTIONS

Childhope Asia Philippines	6,520
The Religious of Notre Dame of the Missions	6,000
ANAWIM Lay Missions Foundation	6,000
Tulay Ng Kabataan	6,000
Total Distributions	\$ 24,520

STATEMENT OF FINANCIAL POSITION

Cash and cash equivalents	\$57,837
Total Assets	\$57,837
Net assets	
Restricted net assets	\$21,590
Unrestricted net assets	36,247
Total net assets	\$57,837
Total Liabilities and Net Assets	\$57,837

- Distributions made late in 2016 and used by partners in 2017
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THANK YOU