



Editorial

Welcome to the first ACF Philippine newsletter! It is our pleasure to share with you information, ideas, knowledge and learning we have from our mission here in the Philippines.

This first edition is dedicated to tell you about ACF in the Philippines, our on-going interventions and the success stories from our projects. Regularly Special focus will be given to nutrition: ACF is committed to ending the world hunger. In the Philippines unfortunately, there is a huge problem of malnutrition. Medically speaking there is over-nutrition that can lead to obesity, diabetes, or under-nutrition, which is commonly understood as malnutrition or hunger. The ACF is renowned worldwide for its research and implementation projects to cure acute malnutrition that is a disease that needs a medical treatment. The last page of the bulletin will give more information.

Adhering to the principles of Independence, Neutrality, Non-discrimination, Free and Direct Access to Victims, Professionalism and Transparency, ACF Philippine Bulletin hopes to keep you regularly informed about our efforts and activities to fight hunger here in the country. We hope you find this first newsletter useful and interesting.

Mabuhay!

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ACF in the Philippines

ACF is an international humanitarian organization committed to ending world hunger. Recognized as a leader in the fight against acute malnutrition, ACF works to save the lives of malnourished children while providing communities with sustainable access to safe water and long-term solutions to hunger.

With over 30 years of expertise in emergency situations of conflict, natural disaster, and chronic food insecurity, our 4,600+ field staff—seasoned professionals and technical experts in nutrition, water and sanitation, public health, and food security—carry out life-saving programs in more than 40 countries.

In 2010, ACF's humanitarian programs directly assisted some 6.4 million people, along with countless others through capacity building programs in collaboration with government ministries. Committed to principled humanitarian action, ACF restores dignity, self-sufficiency, and independence to vulnerable populations around the world. Actions implemented by ACF follows the principles of **INDEPENDENCE, NEUTRALITY, NON DISCRIMINATION, FREE AND DIRECT ACCESS TO VICTIMS, PROFESSIONALISM and TRANSPARENCY.**

Country level programs and projects are supported by the headquarters based in New York-USA, London-UK, Paris-France, Madrid-Spain and Montreal-Canada. Managed by the headquarter based in Madrid, Spain, ACF Philippines mission was opened in 2000 to provide emergency and relief assistance to the war-affected families in central Mindanao. The main focus of interventions is based on its main sector of expertise, namely, **health & nutrition, food security and livelihoods, and water and sanitation.** Gradual geographical coverage of ACF interventions were expanded to address gaps and need of marginal and vulnerable communities in other part of the country, both in terms of emergency relief during natural disasters and support of socio-economic development with special attention to environment, gender, disaster risk reduction, disability, good governance and cultural diversity approaches.



The vibrant team from Cotabato base headed by Javad Amoozegar

Currently, ACF is present and implementing different projects and programs in central Mindanao, Bicol, North Cotabato and Caraga Region. It has a well established transparent and accountable organizational structure and technical capacity to respond to emergencies throughout the country and implement development project. The mission can count on its Emergency Country Team, in-country contingency stock, pre-agreement with donors and suppliers and, if necessary, possibility to mobilize quickly external resources from ACF International network in funding, Human Resources and stocks to ensure a rapid response to emergencies.

Our interventions are defined and implemented in coordination and consultation with beneficiaries, relevant government units and agencies at different levels, partners and stakeholders. Direct beneficiary involvement, with specific focus on the vulnerable groups, women, children and girls, are promoted throughout the implementation of the actions. Continued effort is being made to empower and build capacity of people organizations, local partners and community-based organizations and promote good governance practices during the implementation of actions.

Actions implemented in the Philippines are defined within ACF mandate and aims to contribute to achieve the Millennium Development Goals. Our actions are supported by variety of institutional and private donors, to name, Spanish Agency for International Development Cooperation (AECID), European Union (EU), Spanish Provincial Governments (Generalitat Valenciana), United States Agency for International Development - Office of Foreign Disaster Assistance (USAID-OFDA), Philippines-Australia Community Assistance Program (PACAP), Australian Agency for International Development (AusAID), United Nation Children's Fund (UNICEF) and private donors.



ACF Tandag celebrates the Project Turn-Over Ceremony

by Renuel Virtudazo

After five years of working in Surigao del Sur with a wide range of partners, ACF finally completed the four AECID-funded projects and will close its program in the province. Its most recent project focusing on improving the living conditions and food security of the upland communities of the province was implemented in 18 barangays of the municipalities of Cagwait, San Miguel, Cortes, Lanuza, Carmen and the City of Tandag.

The closing of ACF's program in the province was formalized with a 'Project Turn-Over Ceremony' last June 28, 2011 at the Social Hall, Capitol Hills, Tandag City. More than 100 guests and participants attended the affair. Guests of honor included Surigao del Sur Governor Johnny Pimentel, Mr. Eric Fort, ACF Philippines Head of Mission, Dir. Carmencita Cochingco, NEDA Caraga Regional Director, Ghia Malicay of AECID Caraga and the mayors of the 6 municipalities. All the guests were given time to deliver their message of gratitude, appreciation and encouragement. Plaques of Appreciation then were given to the different partners by Mr. Eric Fort, ACF Philippines Head of Mission.

The most significant part of the program was the Signing of the Memorandum of Understanding (MOU) for the turn-over of projects. The MOU was signed by Mr. Eric Fort, Gov. Pimentel, and the mayors of the six concerned municipalities. Mr. Fort then presented the Plaque of Appreciation to Hon. Johnny T. Pimentel, who immediately after, gave his acceptance and inspirational message. He humbly accepted the challenge of leading the provincial government machinery to provide support in sustaining the different projects.



Tandag base staff with Eric Fort at the Project Turnover Ceremony

What could otherwise be a boring Turn-Over Ceremony that is full of speeches, was made lively with beautiful and culturally-relevant presentation numbers from the Balangayan ug Kooperatiba sa mga Artista or BANCCA, a local group of artists based in Caraga.



A tribal dance during the ceremonies between ACF Tandag and BANCCA.

The program ended very happily with everybody dancing to Manobo ethnic drumbeats, going around in circles and a lot of hand clapping. It was simply overwhelming. It was a celebration of life after conquering the problems of hunger and poverty. The feelings were expressed in those dance movements and happy expression in everybody's face.

Congratulations to ACF! Congratulations to the partners! Congratulations to the beneficiary communities!

ACF Respond Emergency in Cotabato

by Javad Amoozegar

As the raining season started in June, heavy rains widespread eastern and southern Mindanao. Nine provinces were flooded. 120,038 families were affected. The accumulated 16-kilometer water hyacinths that clogged the waterways of Rio Grande de Mindanao worsened the flood in Maguindanao and Cotabato City. It affected 33 out of 37 barangays in Cotabato City. Many affected families left their streamed home to stay in schools and barangay gym. The local government then declared the city under state of calamity.



A beneficiary claiming her much needed relief goods for her family

Behold the people of Cotabato City under such situation, ACF Emergency Team acted right away. ACF Cotabato team took the first step by coordinating with the local government to take the opportunity to extend assistance. Rapid assessment was conducted to determine the needs of affected families in the evacuation centers. After which, Cotabato emergency response team decided to launch a multi-sectoral assistance to the affected population. The assistance provided includes

food and non-food items such as hygiene kits and mattress. Nutrition department also did the nutrition screening to identify and treat malnourished children in the evacuation centers.

Along with the identified needs of the Internally Displace People (IDPs), ACF found the opportunity to implement for the first time the Cash Transfer Programing (CTP). The voucher and debit card system assisted 2,516 families. Such approach gave more flexibility to each family to access fresh food as one of their major needs. The pre-paid card was used in the Philippines for the first time as a mechanism to transfer cash during emergency. The pilot implementation of CTP encountered some challenges, but nevertheless brought valuable experience and results.

With CTP, ACF International not only supported the affected population. ACF also promoted and developed new tools and approach that can be shared to all development and emergency assistance actors. Currently, ACF Cotabato is still supporting the affected populations in terms of Water Sanitation and Hygiene (WASH) Promotion and Nutrition program. ACF then was able to assist 5,516 families through in-kind distributions as relief assistance and construction and rehabilitation of water and sanitation facilities in Cotabato City and Sultan Kudarat, Maguindanao. The total assistance provided amounted to 535,000 USD from the Spanish Cooperation, USAID, ECHO (European Commission Humanitarian Aid) and UNICEF.





Continuing Journey to Poverty Reduction

by Mary Rose Rontal

Many people in Central Mindanao live in poverty. They have limited access to health care, clean water and sufficient food. There is high rate of malnutrition due to lack of food, no access to water and no proper sanitation and hygiene practices. With ACF continuing journey to poverty alleviation, these problems have to be dealt with a more holistic approach.

Hence, ACF is currently implementing the project, "Support for the Socioeconomic Development of the Communities within Spanish Development Cooperation's Action Zones in the Philippines" funded by the Spanish Cooperation. This aims to contribute to poverty reduction in the municipalities of Arakan and Pres. Roxas, North Cotabato; Kapatagan, Lanao del Sur; and Cotabato City.

The four-year project has two approaches. First, it supports the community to have access to services and means of food security, water and nutrition. The project hopes to empower the community to participate and engage in the decision-making process with the local authorities. Dialogues among the community, local authorities and other sectors in the society will be facilitated. In such action, the government will know the needs of the community and response to them directly.



A nutrition survey in North Cotabato

Second, the project will do capacity-building and awareness strategies at both local and national level to improve their delivery of basic services for the people. The existing socio-economic structures, skills, know-how and resources of the stakeholders will be supported with the sharing of information and experiences of ACF for better governance. The synergy then that can be achieved from different capacities of each actor in this project hopes to come up outstanding end result.

Building partnership was the first step. Two Non-Government Organizations (NGOs) were tapped to be partners in the implementation of the project. They are Don Bosco Foundation for Sustainable Development, Inc. (DBFSDI) for the North Cotabato area and Maranao People Development Center, Inc. (MARADECA) for Lanao del Sur. Partnership with National Government Agencies (NGAs) and Local Government Units (LGUs) was also established. These are the Department of Health in Region XII and ARMM, Provincial LGUs of North Cotabato and Lanao del Sur, and Municipal and Barangay LGUs of Arakan, Pres. Roxas and Kapatagan. In support to the Nutrition Program, the project partners with German Doctors Hospital for North Cotabato area and Dr. Montanier Hospital for Lanao del Sur. Coordination and project orientation was done to build the partnership.

Currently, the project is at its various level of implementation. There is the ongoing selection of household beneficiaries for the food security and livelihood program. Water sources are being identified to be developed as water facilities. Capacity-building for local health workers on hygiene promotion activities is ongoing.

ACF nutritionists and local health workers also are working together to do the nutrition screenings of children 6-59 months old at regular intervals. The project is applying the Community Management of Acute Malnutrition (CMAM) approach in screening and treating malnutrition.

The project is now on the process of taking into account other issues and concerns at the community level. Meanwhile, the project is also looking at the opportunity of strengthening the local authorities to assist them carry their mandated roles and responsibilities. Proper venue is being established for both the public and the local authorities to come up with informed decision in addressing the needs at the grassroots level. This decision will be supported by the project.

Minda Abas: Success in farming for sustained food security

Minda Abas has been a beneficiary of ACF projects in Sitio Himatagan, Aksam, Lanuza, Surigao del Sur. As partner of her husband in earning bread for her family, she has raised their children to develop a love for farming. With the help of her husband and children, she started farming a half hectare of land with coconut as the long-term crop, banana and abaca as medium-term crops and sweet potato, taro and cassava as short-term crops. They put up their small house beside the farm to make sure that the crops are always well-managed and maintained. Minda considers rearing five children even in very simple living as the greatest challenge she ever faced in life.

Faced with meagre income from the farm, on 2008 she decided to be employed as production worker with Surigao Development Corporation, a logging and wood-processing company operating in the province, for a year and a half. During this time, her husband took full responsibility in maintaining and developing their farm.

With some savings from her employment, she decided to leave the company by mid of 2009 and bought a three (3) hectare farm lot to expand their farm area and be more productive. With her home-grown talents in farming, she decided to devote her full time to the farm with her behalf. However, she still experienced some difficulties in obtaining seeds and the needed farm tools. She realized that she needed to acquire more technical knowledge and skills in making her farm more productive. Meanwhile, she continued to encounter hardships-it was difficult to sustain the family's daily food requirement, to sustain the schooling of her children and to acquire other needs of her family.

Through ACF's project on improving food security, she was able to obtain seeds, the needed farm tools and the necessary technical trainings from 2006 until June 2011 with several harvests made. With the support that she received from the project and with her continuing efforts, she was able to expand her production area from a half hectare to three and a half hectares fully developed farm. She wisely said "I have practised all the technologies I have learned through the trainings, expanded my farm, and with substantial harvests from vegetables and perennial crops, I have brought the fruits of my labor to our dining table and I marketed my surplus produce gaining ample income to my family." Now, she has more resources with which to support the schooling of her children and buy their other needs. The family constructed a house in the Sitio proper. She now has surplus money to pay for labor in expanding her farm with different kinds of crops. She also has spare days for doing motherly tasks and to perform her responsibilities in the community.



Minda with her bountiful harvest

Minda considers pests and diseases a challenging part in farming. Pests and diseases greatly reduce the volume of harvests. She added "I have controlled the pests and diseases attacking my crops with the insect attractant and repellent concoctions that I have prepared myself. These are technologies that I have learned from ACF trainings. I will implement sustainable farming, while waiting for the yield from my long-term crops and I will continue to engage in vegetable farming."

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Being considered as model farmer in her community, Minda together with her family was empowered through the skills and capacities in sustainable agriculture developed throughout ACF project interventions thus she bravely shared "I will teach others to develop their interest in farming while reflecting what I have done in my own farm." (Ariel A. Lao-ay)



What Are the Essential Nutrition Actions?

By Cherie Fulk, CMN ACF Philippines

Driving through Mindanao, the agricultural richness of the land can be seen from the car window. On one side the bright green of rice fields are surrounded by banana and mango trees, while coconut and rubber trees are visible up ahead. One might ask how it can be possible that malnutrition can exist amongst such a diversity of beautiful fruits, vegetables, and agricultural products. The reason might include three factors. One, food in the market does not necessarily mean that all households have regular and reliable access to food. Second, the cause of malnutrition is not just dietary intake; disease also plays a major role. Public health and a sanitary environment, which encompasses access to health care and sufficient quantities and quality of water, are linked with the disease status of the community. Third, the maternal and child care behaviors practiced by individuals, families, and communities. Hence, the Essential Nutrition Actions (ENA) framework helps to organize and understand this elusive category. Studies show that there are seven core action areas that have proven impact on malnutrition: Optimal Breastfeeding, Complementary Feeding with Continued Breastfeeding, Feeding of the Sick Child, Women's Nutrition, Control of Vitamin A Deficiency, Control of Anemia, and Control of Iodine Deficiency Disorders.

Under the ENA framework, implementation of activities targeting improving maternal and child care practices are based on behavior change communication (BCC). As numerous anti-smoking campaigns have demonstrated, changing health care behaviors is deceptively simple. It is easy to tell someone that smoking kills. To get the public to stop smoking takes a lot of time, a lot of effort, and is often only partially successful. Changing behaviors goes beyond imparting knowledge. It is only the first step. Using smoking to illustrate the BCC model, *the Stages of Change*, the next step after creating awareness is persuading the individual to think about how smoking affects their life. Is it a problem and do they want to make a change? From there, it is possible to encourage them to decide to do something about it. They need to make a plan. Then implement the plan. The challenges of the first days require additional support. With time, the positive behavior (not smoking) becomes a habit. It becomes a success story to share with others. ENA follows a similar process. Moving through the stages requires repeated contacts with the family during which they receive support. In the training plan, health care and community workers will practice how to use BCC techniques using culturally appropriate Information and Education Campaign (IEC) material targeting ENA. While the core messages are universal, they must be adapted to local culture and context. Details of this process and a more in depth discussion of the best practices of each of the seven action areas will appear in subsequent newsletters.

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The Word

By Cherie Fulk, CMN ACF Philippines

The word 'malnutrition' taken literally from Latin translates to 'bad' nutrition. There are many types of malnutrition, including the public health problem of obesity which is linked to excess. ACF's focus is on preventing, detecting early and treating acute malnutrition, a type of under nutrition. We focus on acute malnutrition because they are at higher risk of death. A child with severe acute malnutrition is 9.4 times more likely to die than a well nourished child. When they get sick, their body is less likely to be able to cope with the stress of illness resulting in poor outcomes, including death.

What exactly is acute malnutrition? Look at the photo (below/to the side). See if you can match the term with the child. The child on the left is an example of a well nourished child.

	Child A	Child B	Child C
Weight for Age:	Normal	Low	Low
Weight for Height:	Normal	Low	Normal
Height for Age:	Normal	Normal	Low

- 1) Which child is **stunted**?
- 2) Which child is **wasted**?
- 3) Which children are **underweight**?
- 4) Which child is suffering from **acute malnutrition**?
- 5) Which child is suffering from **chronic malnutrition**?

Answers to Malnutrition Quiz

Give yourself 2 points per correct answer.

- 1) Child C is stunted. Stunting is when a child is short for their age. In other words, their height for their age is lower than their genetic potential. An example is an eight year old child who is the size of a four year old.
- 2) Child B is wasted. A wasted child has a low weight for their height. We call this type of a child a child with marasmus.
- 3) Both Child B and C are underweight (1 point each). Their weight is low for their age. It is only when height is also taken is it possible to tell which child is suffering from acute malnutrition (and need emergency medical intervention) and which is suffering from chronic malnutrition.
- 4) Child B is suffering from acute malnutrition. Acute malnutrition is from a lack of essential nutrients over a shorter period of time and results in wasting and/or edema. The child with bilateral pitting edema (kwashikor) may appear fat, but it is just fluid build up in the tissues, causing swelling. Both marasmic and kwashikor children are at an increased risk of death. As it is a medical condition, it requires medical treatment.
- 5) Child C is suffering from chronic malnutrition. Chronic malnutrition happens due to a lack of at least one of the essential nutrients over a long period of time. It results in stunting. Growth happens at distinct periods. If all the necessary building blocks are not present at the right time in life, the child may not reach their full physical and mental potential. This is particularly important during pregnancy and during the first two years of life.

Bonus question: which child requires medical treatment?

Answer: Child B for severe acute malnutrition

The 3 children have the same age

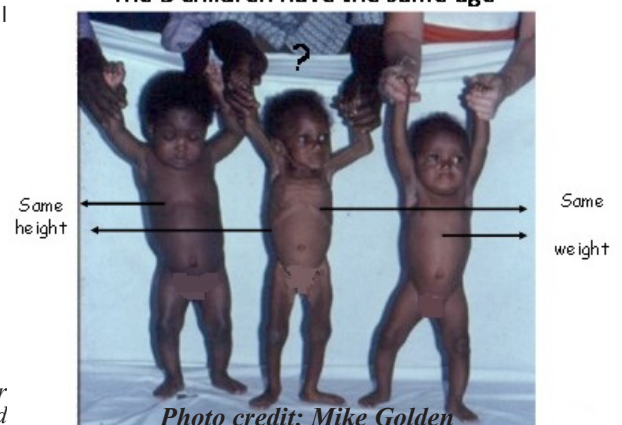


Photo credit: Mike Golden