



Editorial

The last quarter of the year is the time when most organizations review their strategies and action plans for the upcoming year. It is the same for ACF-Philippines.

In October 2011, ACF reviewed its 2010-2015 strategy and finalized its 2012 action plan. Its traditional sectors of expertise—Food Security and Livelihood (FSL), Water, Sanitation and Hygiene (WASH), and Nutrition – were strengthened, as were Disaster Risk Reduction and Management and Climate Change Adaptation. With the Philippines experiencing La Nina until March 2012 and with thousands of families across Luzon and Visayas still suffering from the devastating effects of Typhoons Nesat (Pedring) and Nalgae (Quiel), ACF has to intensify its efforts in these two areas. An article on ACF's WASH response to the disaster in Bulacan and Pampanga, benefitting nearly 2,000 families, is published in this issue.

Also in October 2011, the Philippines became one of the first missions to be part of the ACF-International Acute Malnutrition Advocacy Initiative. The fight against hunger and undernutrition is our core mandate and, since 2011, one of our priorities in the country. With the support of our partners DoH-Hems, UNICEF and the Spanish Cooperation, we are determined to respond to this challenge to reach the country's MDG targets. Several articles in this issue will further explain why fighting undernutrition matters.

Humanitarian work is in constant evolution. Cash Transfer Programming is one of the latest methodologies. As the Philippines' focal point for the international initiative of the Cash Learning Partnership, ACF has taken part in research, sensitization and training to make the tools of this programming available to other humanitarian actors.

As we continue to strengthen what we do best in 2012, we also take time to reflect on various issues that touch our work, such as good governance, gender, persons with disability, environment and multi-cultural approaches. Welcome 2012 and happy new year to all!

Cheers,

Eric Fort
Country Director
ACF Philippines



ACF Strengthens Resilience to Water-related Diseases of 5 Bgy's in Central Luzon

Imagine waking up to the sight and smell of a mountain of trash sitting a few meters away from your house or wading through floodwater to go to the bathroom and use a latrine that doesn't work. And imagine downing your breakfast with dirty water. These are just some examples of what residents of Bulacan and Pampanga experienced every day for at least a month after Typhoons Nesat (Pedring) and Nalgae (Quiel) devastated Luzon.



Early on 27 September 2011, Nesat, the first of the twin typhoons, struck the country with a maximum 1-minute sustained wind speed of 105 knots (194 km/h; 121 mph). Nalgae, the second typhoon, followed less than five days later, triggering flash floods, landslides and strewn debris. Over 60 road networks were reported impassable. Daily activity stopped—flights and ferry services were canceled, offices and schools were closed, and power and telecommunications services were cut. A state of calamity was declared.

To reduce health risks after Typhoons Nesat and Nalgae, ACF carried out water, sanitation and hygiene interventions in Bulacan and Pampanga...

After Nesat, the National Disaster Risk Reduction Management Council estimated the damage to agriculture and infrastructure at USD 333 million, making Nesat the second costliest typhoon ever to hit the country. Because of the high cost of damage that the typhoon caused, the Philippine Atmospheric, Geophysical & Astronomical Services Administration removed its local name "Pedring" from the tropical cyclone naming list.

However, the government's pre-emptive evacuation of over a thousand residents living in low-lying areas across the country has avoided a large number of deaths, which was estimated at less than 90. Even so, many were stranded on top of their rooftops for several days without access to food and drinking water. Many more, however, were still struggling to recover their normal lives a month after the disaster. {Cont. on p2}

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ACF Strengthens Resilience...

In October 2011, ACF-Ph Technical Coordinator Suresh Murugesu and Deputy WASH Coordinator Rasul Abdullah, together with Logistics Coordinator Allen Carmona and Capital Logistician Ferdinand Relato, made an assessment in Bulacan and Pampanga.

"If resilience to diseases of vulnerable populations is not strengthened, the number of human lives lost would be far greater..."

For three days, the ACF WASH team identified unmet needs in affected areas after consulting with international agencies and non-government organizations, as well as provincial, municipal and barangay officials in the target areas of Calumpit and Hagonoy in Bulacan and San Simon and San Luis in Pampanga.

In Barangay Abulalas in Hagonoy, 320 metric tons of trash, accumulated from clean-up work, had been dumped near the river, posing a threat not only to the environment but also to the health of 1,337 families living near the dumpsite. In Barangay San Miguel in Calumpit, 250 homes were still submerged in floodwater.

On the other hand, in Pampanga, 200 families in Barangays San Nicholas, San Juan and San Pedro in San Simon needed support to create access to safe drinking water; while another 200 families in Barangay Santa Catalina in San Luis needed support to rehabilitate the wells damaged during the disaster.

To reduce health risks, the ACF WASH team in Central Luzon carried out, in close coordination with local authorities, WASH interventions in target areas in Bulacan and Pampanga from October 2011 to January 2012. These interventions were funded by the European Commission Humanitarian Aid and Civil Protection (ECHO).

A total of 9,935 people benefited from the WASH interventions—6,635 residents of Hagonoy, Bulacan from increased solid waste management, 1,000 residents of Calumpit, Bulacan, and 2,000 residents of San Simon and San Luis, Pampanga from increased access to and storage of safe water.

"We received reports from OCHA that the Philippines will experience La Nina until March 2012," explained ACF-Ph Country Director Eric Fort. "If resilience to diseases of vulnerable populations is not strengthened, the number of human lives lost would be far greater."

ACF-Philippines supports the United Nations Children's Fund (UNICEF), the WASH cluster co-lead, in managing the cluster information at the national and Mindanao levels. As part of its country strategy, it has developed a contingency plan that includes training its staff and strengthening its capacities in emergency response. 🌍

Words by Kristine Calleja with contribution from Deputy WASH Coordinator Rasul Abdullah

ACF Helps 11,000 Flood Victims in Cagayan De Oro

ACF will ensure clean water, basic necessities and hygiene items to 1,940 affected families, in the first intervention supported by the Spanish Agency for International Development Cooperation and the Emergency Fund of Obra Social Caja Madrid. It is also assessing the nutritional status of these families in preparation for a possible food intervention.

Madrid, Spain, 22 December 2011 -- Safe water, blankets, mosquito nets, tarpaulins and sleeping bags are urgently needed in evacuation centers where the victims of Tropical Storm Washi are concentrated. It is, likewise, vital to improve sanitation and solid waste management in these centers as soon as possible.

Last Monday, ACF mobilized the emergency team to improve basic services for 11,000 of the 125,000 victims in Cagayan de Oro Province. "In addition to water, hygiene must be prioritized in evacuation centers where thousands of people are concentrated," explains Marta Val, emergency team member responsible for water and sanitation.

"In normal situations, hygiene is already important; more so, in situations such as these, where there is overcrowding. All measures to avoid epidemics must be boosted."

"We cannot rule out a nutrition intervention if the nutritional status of the population, especially children and pregnant women, is

"In addition to water, hygiene must be prioritized in evacuation centers where thousands of people are concentrated..."

being threatened," explains Helena Valencia, emergency team leader.

Most households and infrastructures in the Cagayan de Oro Riverbanks have been completely flooded. The medicine supply for health centers that have not been flooded will last for a few days only. It is vital to monitor the possible breakout of diseases.

"Today more than ever, we must insist on investing in disaster preparedness. With a powerful communication system alerting and educating the population in Manila, the typhoon that hit the capital with the same intensity as Tropical Storm Washi did not cause much damage," explains Eric Fort, Country Director in the Philippines. 🌍





1

Calumpit, Bulacan - ACF-Spain Desk Officer JR Poitou (left) and ACF-Ph Country Director Eric Fort (right) visited Bgy. San Miguel where wells were constructed, increasing the access of affected families to safe water.

2

Pampanga - Wells were constructed and those that were damaged in the flood were rehabilitated. Random water sampling was also done, as well as the distribution of water containers.

3

Hagonoy, Bulacan - Tons of trash that accumulated near a river were transferred to a sanitary landfill, improving not just the environmental condition but also the public health situation of over a thousand families.



2



3

2012

International Year of Sustainable Energy for All

There's More to Food Security and Livelihood than Income and Production Outcomes

Improvements in agricultural production and increases in income do not necessarily impact on the nutritional status of households, especially children. Nutritional status is dependent on a number of multi-sectoral factors not only on the access and availability of food. Health and sanitation services are among the other determinants.

"I am not sure if my team can do this. I don't see my FSL team (Food Security and Livelihood) conducting MUAC (mid-upper arm circumference) measurements among children in our communities." This was one apprehension expressed by a few participants to the presentation of the facilitator on measurement of acute malnutrition among six to 59-month old children. The presentation was part of the session on Basics of Nutrition during the recent Annual ACF FSL International Workshop in Gilgil, Kenya last October 2011. Forty-three ACF FSL coordinators and advisers attended the workshop.

The ACF workshop, titled "Maximizing Nutritional Impact of FSL Interventions", aims to mainstream nutrition into FSL interventions, urging participants to look not only at the three pillars of food security but also at nutrition security.

Minimum Core Indicators

ACF-France, ACF-Spain and ACF-US agreed to use the following indicators in monitoring FSL projects:

- Change in dietary diversity among individuals and in the beneficiary household: Household Dietary Diversity Score (HDDS); Individual Dietary Diversity Score (IDDS); and Food Consumption Score (FCS)
- Change in Mid-upper Arm Circumference (MUAC) of all children under 5 years of age in the household
- Change in Months of Adequate Household Food Provisioning (MAHFP) in the households
- Change in food insecurity at household level as measured by the Household Food Insecurity Access Scale (HFIAS)
- Number of beneficiaries participating in the project by type (IDPs, hosts, nomad, PLHIV, etc.), gender and age
- Monitoring of the evolution of market prices of staple and essential commodities in the local community markets.

During the workshop, participants learned that, in the course of children's lives, consequences are irreversible if nutrition needs are not met during the 'window of opportunity' – the crucial period from conception until the age of two. They also learned that some dietary and care practices, which impact negatively on nutrition, are connected to beliefs, norms and traditions, and that attempts to change people's behavior towards these practices can take some time. Often, people need to see the positive benefits of the change.

Beginning 2012, ACF-Ph is adopting the minimum core indicators...

Showcased at the workshop were five FSL projects with nutrition outcomes: "Porridge Mums" (Guinea); "Fresh Food Vouchers" (Haiti); "Health Garden Approach" (Mali); "Distribution and Rearing of Small Ruminants for IGA and Diversification of Food Source" (Nicaragua); and "Innovative and Nutrition-sensitive FS Intervention for Improved Nutrition" (Myanmar).

To this participant, the workshop provided the 'lens' that now allows him to see through his nutrition 'blind spot' which previously confined his target outcomes to incomes and agriculture production for the beneficiaries. He is resolved to definitely share the insights of the workshop with his team and lay down the plan for its application in their FSL program.

Author Demosthenes Militante is the Food Security and Livelihood Coordinator of ACF-Philippines

Hunger Map

Spanish actress Lluvia Rojo joined movie maker Sergio Armesto and ACF-Spain Communication Officer Maite Cervera in conducting a 5-day workshop for the Hunger Map project in August 2011 in Catanduanes, an island province south of the capital city of Manila.

Sponsored by the Spanish Agency for International Development Cooperation, the Hunger Map is ACF-Spain's social awareness project, with the objective of raising awareness in Spain about the hunger situation in the Philippines and six other countries.

As part of the project, artists travel to these countries and conduct various art workshops. These workshops are documented, with the documentation forming part of the Hunger Map.

The Hunger Map will be released in Spain in 2013, with the hope that it will touch the hearts of the Spanish people and motivate them to fight hunger in all its forms.



Jan
1

Global Family
Day

Feb
2

World Wetlands
Day

Feb
20

World Day of
Social Justice



Words by María Pérez, Awareness-raising Officer of ACF-Spain; photographs by Lluvia Rojo

ACF and CaLP Continue to Promote Cash-based Response in 2012

The humanitarian sector recognizes that cash transfers and vouchers can be effective tools for response in emergencies; they uphold beneficiaries' dignity and right to choose, while invigorating local economies and markets.

However, in the Philippines, cash-based responses are a fairly recent development, with most aid still delivered in kind. Thus, in 2010, the Cash Learning Partnership (CaLP), formed by ACF, the British Red Cross, the Norwegian Refugee Council, Oxfam GB and Save the Children UK, launched a project to address the lack of information and technical knowledge of cash as a response mechanism, and to provide tools in increasing preparedness in using cash-based responses to disasters.

In the Philippines, cash-based responses are a fairly recent development, with most aid still delivered in kind...

Funded by the European Commission Humanitarian Aid and Civil Protection (ECHO) and Visa Inc., the CaLP project provided four training courses on cash transfer programming, and supported the organization of a cash technical working group for better coordination among humanitarian actors.

Moreover, the project developed a cash transfer mechanism based on the use of pre-paid cards, while conducting research on other cash transfer mechanisms.



The research study analyzed cash transfer program experiences in the Philippines, and provided tools and guidelines for the identification and set-up of appropriate mechanisms.

As part of the project's exit strategy, ACF presented the findings of the research in an event in December 2011. ACF, likewise, presented two case studies to promote best practices based on local experience. The first case study featured Oxfam's response to Typhoon Ketsana (Ondoy) in September 2009. OXFAM developed a cash transfer program for each of the three different stages after a disaster to address specific needs and objectives.

The second case study showcased ACF's response to the flooding in eastern and southern Mindanao in June 2011. ACF implemented a cash voucher program to help 2,300 beneficiaries meet their basic needs. With the support of CaLP and Visa, ACF also provided a trial group of 300 beneficiaries with the first ever electronic vouchers issued in the Philippines.

In 2012 and 2013, ACF and CaLP will continue to build the capacity of humanitarian professionals in cash transfer and voucher programming in emergencies.

For more information on CaLP, visit <http://www.cashlearning.org>.

Author Geraud Devred is the Technical Coordinator of the Cash Learning Program



Pre-paid cards, piloted for the first time in the Philippines, were provided to a trial group of 300 beneficiaries

Feb
27

People Power
Anniversary

Mar

Fire Prevention
Month

Mar

International
Women's Month

Breastfeeding: Essential Nutrition Action

There has been a flood of messages promoting breastfeeding, many of which convey the idea that breastfeeding is good. However, more precise calls to action are needed. The following three core messages summarize the actions required for optimal nutrition related to breastfeeding.

1 *Early initiation of breastfeeding within the first hour of birth*

The first meal of newborns should be colostrum, the thick yellow first milk of mothers. This not only helps them expel their first stool, it also provides the perfect nutrition to fill their tiny stomach, and boosts their immune system with antibodies while developing their immature gastrointestinal system. Breastfeeding soon after birth is also good for mothers, since it initiates the hormonal pathway to aid in uterine contraction, helping expel the placenta and reduce post-partum hemorrhage.

2 *Exclusive breastfeeding for the first six months of life*

Exclusive breastfeeding means no other food or fluid is given to the newborn. If babies are thirsty, they should be given breast milk, not water. Sugary water and milk products are often used to supplement breast milk, leading to a viscous cycle.

Breast milk is an amazing substance, changing to meet the needs of infants...

By supplementing breast milk, mothers produce less milk, increasing their children's risk to infection and decreasing their children's nutrition intake. Children who are breastfed have less instances of diarrhea and respiratory infections.

Breast milk is an amazing substance, changing to meet the needs of infants. It starts off watery to quench thirst, then becomes creamy and nutrient dense. It even changes properties with the age of the child. Breast milk at two weeks is different than the milk at three months. It is the perfect food for the baby.

3 *Continued breastfeeding to at least two years of age and beyond*

At six months of age, babies need nutrition in addition to breast milk. However, there is no substitute for the benefits of breast milk. It gives children something that no other substance on earth can.

While rates of children breastfed are high in the Philippines, exclusive breastfeeding is low. In some societies, other substances are given to initiate newborns to life. In North Cotabato, some newborns are given bitter gourd (ampalaya) extract in the belief it would help expel stool. In Lanao del Sur, some mothers wait for their 'milk' to come in the belief that colostrum is not good or sufficient for newborns.

When there is a belief that the first milk is not enough, families give substitutes, such as formula, powdered milk or sugary water, neither of which provides the nutrition that breast milk has.



Manasseh Pablo demonstrates breastfeeding during an Essential Nutrition Action Workshop in Arakan, North Cotabato on Sep 2011.

Expectant mothers and those that provide them support should be counseled on the benefits of early initiation of breastfeeding, including correct positioning and attachment, frequency, and positive breastfeeding, such as 'emptying one breast before switching to the other'. These discussions should be integrated in prenatal care.

Mother support groups can link new mothers with respected community members who can provide education and encouragement. When influential community members, including doctors, nurses and teachers, say "practice exclusive breastfeeding," but do another, such as buy infant formula and bottles, the community follows their actions; not their words. Health care workers and community leaders need to be the first to lead by example. 🌱

Author Cherie Fulk is the former Nutrition Coordinator of ACF-Philippines

**Mar
8**

**International
Women's Day**

**Mar
20**

**World Social
Work Day**

**Mar
22**

**World Day
of Water**

Almost 90,000 children under the age of five died in the Philippines in 2006, 71% of whom died before their first birthday. Most of these deaths were caused by pneumonia and diarrhea.

"These diseases should not be life-threatening but undernutrition increases the risk of death," explains Dr. Martin Parreno, Nutrition Coordinator of ACF-Philippines.

Children are most vulnerable in the first 1,000 days of life from pregnancy to the age of two—the so-called window of opportunity. Thus, interventions during this time period are essential to reducing death, diseases and irreversible harm.

The Philippine Government is implementing a number of programs to strengthen the nutrition situation of vulnerable populations, particularly pregnant women and children under five. However, these programs do not medically address acute malnutrition.

Acute malnutrition is a medical condition, requiring medical treatment. According to Cherie Fulk, former Nutrition Coordinator of ACF-Philippines, children with acute malnutrition are at an increased risk of death.

ACF-Ph Initiative Addresses Gap to Reduce Child Mortality



P-AMAI facilitators Amador Gomez and Elena Gonzalez pose with ACF-Philippines staff during a break.

Philippine Acute Malnutrition Advocacy Initiative (P-AMAI)



P-AMAI was developed by ACF-Philippines from 18 to 21 October 2011 through a four-day workshop, facilitated by Amador Gomez, Technical Director of ACF-Spain, and Elena Gonzalez, Senior Advocacy Adviser of ACF-UK, and sponsored by the Spanish Agency for International Development Cooperation.

With this, the Philippines becomes one of the first countries to adopt and implement the Acute Malnutrition Advocacy Initiative, ACF's first international advocacy initiative calling on governments and international institutions to make acute malnutrition a major public health issue.




"Acute malnutrition contributes to the deaths of children under five, especially those living in areas where there is a lack of access to medical treatment."

ACF's Philippine Acute Malnutrition Advocacy Initiative (P-AMAI) from 2012 to 2015 aims to address this gap through its support for the development of a national protocol on the community-based management of acute malnutrition (CMAM), and the inclusion of this protocol in the training given to health providers.

The development of the CMAM protocol is in line with the Scaling up Nutrition (SUN) framework for action, which promotes, among others, 13 cost-effective and high-impact direct nutrition interventions for reducing immediate and long-term effects of child undernutrition.

The Philippines is already implementing in its national nutrition policies 11 of the 13 interventions, lacking only a national protocol on the detection, referral and treatment of acute malnutrition with ready-to-use therapeutic food.

Currently, a CMAM technical working group, composed of members from various government agencies and UN and humanitarian organizations, including ACF, is drafting the national protocol. As member, ACF does not only provide technical support but also promotes the importance of treatment of acute malnutrition, advocating for the timely adoption and implementation of CMAM. 

Author Kristine Calleja is the Advocacy Officer of ACF-Philippines and Project Manager of ACF's Philippine Acute Malnutrition Advocacy Initiative



Along with the municipal doctor and midwife, a nutritionist takes the mid-upper arm circumference (MUAC) and weight-for-height (WFH) during the Nutritional Census in North Cotabato on March 2011.

**Mar
24**

International Day for the Right to the Truth of Victims of Gross Human Rights Violations and for the Dignity of Victims

**Mar
28**

Women with Disability Day

**Mar
31**

Earth Hour



Food for Thought from France to Spain

The five-day all-about nutrition workshop in October 2011 focused on the review of and updates on nutrition programs for infants and young children and on the value of psychological support incorporated in these programs.

*Despite our cultural uniqueness,
we can always make a difference...*

The workshop, likewise, became a venue for sharing best practices and raising issues. Not surprisingly, issues raised were similar among countries belonging to the same region, such as the absence of a national policy for community-based management of acute malnutrition.

Although the workshop schedule was tight, we managed to hit the dance floor one night—a respite from the biting cold and the unforgiving rain. When the workshop came to an end, everyone was looking forward to next year's reunion.

As everyone headed home, I continued to the next leg of my journey—Madrid, Spain. I met with key people at the headquarters and underwent technical training and orientation with them.

On my last day, I presented the status of the Convenio Project in Central Mindanao. In ACF-Spain, presentations are done every Friday afternoon, when the field staff visits the headquarters.

The weekly get-together becomes a venue for the headquarters' management team to be aware of and familiar with the dynamics in the field, giving them an idea whether or not the program is being implemented according to plan.

Cheese and croissant were some of the things that crossed my mind after knowing I would be attending the annual ACF nutrition meeting in Ile de Re, France. My main thought, however, was that I would be meeting for the first time other nutrition coordinators, psychologists and program managers from different ACF missions around the globe.

The whole trip was a good experience. I learned that wearing a sweet smile and saying "hello" to everyone in their language put people at ease, making the process of belonging easier.

*Issues raised were similar among
countries belonging to Southeast
Asia...*

More importantly, I learned that, despite our cultural uniqueness, we can always make a difference. The people, who put their heart into their humanitarian work to the point of risking their lives, attest to this. Merci beaucoup and muchas gracias to people like them. 🌱

Author Dr. Martin Parreno is the Nutrition Coordinator of ACF-Philippines

Nutrition Experts Support Integrated Management of Acute Malnutrition in Ph



Prof. Michael Golden (third from left) and Dr. Yvonne Grellety (third from right), authorities in the field of acute malnutrition management around the world, visited the Philippines in November 2011 to review the country's existing policies and guidelines on nutrition, and to conduct a six-day workshop to develop the Philippine Integrated Management of Acute Malnutrition, a national protocol on the detection, referral and treatment of acute malnutrition.

Sponsored by UNICEF, the workshop was attended by former ACF-Philippines Nutrition Coordinator Cherie Fulk (leftmost) and ACF-Philippines Nutrition Coordinator Dr. Martin Parreno (second from right), as well as representatives of national and United Nations agencies, international non-government organizations, professional and health-related organizations, and the academe.

ACF-Philippines made a major contribution in the development of the guidelines, as it shared its experiences in the implementation of the community-based management of acute malnutrition in Mindanao.

