



Culion Foundation, Inc. Reports 2011–2013



Our Vision*

A better quality of life for Filipinos who enjoy the highest levels of health and human development.

Our Mission*

To help build the country's capacity to deal with various challenges to human development, primarily the prevention and control of communicable diseases and other health problems.

**The CFI Vision-Mission statements as modified in 2014.*

CFI History

Culion Foundation, Inc. is a non-stock, non-profit social development organization founded on June 09, 1976 by Father Javier M. Olazabal and Don Jose Ma. Soriano, Sr. It was named after Culion Island in Palawan, which was once designated as a leper colony, the largest in the world.

During the initial years, the foundation focused on leprosy management in the island community. It made remarkable gains using a holistic approach encompassing Multiple Drug Treatment, psychosocio-economic well being, social reintegration, research and community development. Leprosy was finally eliminated in Culion in 1999 and today, no new cases have been reported.

Drawing inspiration from first-hand experience, community-based leprosy control was replicated in select sites in Luzon, Visayas and Mindanao.

CFI envisions to be a strong pillar of support to the country's health system. Recognizing the country's burden of communicable diseases, CFI expanded its mission by helping control Tuberculosis and Neglected Tropical Diseases. Through public-private partnerships, it aims to contribute to the attainment of health related Millennium Development Goals (MDGs) and assist in the strengthening of local health care services and systems.

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In Memoriam

Culion Foundation dedicates this Report to two of its own - Alberto G. Romualdez, Jr. and Pedro M. Picornell - pillars of humanitarianism and champions of better health for the underserved in our society. May their recent migration to a better place remind us of their compassion for the disadvantaged, and fortify us in our continuing arduous journey on the road leading to better health for all.



Dr. Alberto G. Romualdez, Jr. In spite of the demands of his profession, particularly when he was appointed Department of Health Secretary, Dr. Romualdez served CFI in various leadership capacities from 1982-2013, being a member of the Board, benefactor, knowledge provider, mentor, and adviser to the younger program officers and core staff.

On September 26, 2013, he took leave for medical reasons. He gave his assurance that he would be back before the year ends. However, in the afternoon of October 18, 2013, CFI staff received the shocking news that Dr. Alberto G. Romualdez had passed away.

In April 2013, Dr. Romualdez' conveyed a message to national and international donor agencies whose funding and technical assistance have moved the Foundation's programs and services forward, when he said:

"We started CFI inspired by Fr. Olazabal. Fr. Olazabal's memory continues to inspire us to make sure that the country is truly leprosy-free, and to alleviate suffering from other communicable diseases. With your help, we hope to expand further to help Filipinos as a people to enjoy disease-free and healthy lives."



Culion Foundation, Inc. presented this Posthumous Recognition to a man who has lived a life of service to humanity for his altruistic contribution Alberto "Quasi" G. Romualdez, Jr., MD Chairman and President (2010-2013) Board of Trustee (1982-2013) to the Foundation and the country, as a strong leader and advocate in the Philippine modern health reform where he passionately worked for the realization of universal health care system for the Filipinos.

Pedro M. Picornell. Mr. Picornell was loved and revered as a Co-founder and long-time Chairman of CFI. He served the Foundation for 37 years. During his long tenure as Trustee, he provided the institution with much-valued advice and counsel that helped the Foundation carry out its mission through the uninterrupted delivery of programs and services. He is a familiar figure to all stakeholders, from foreign donors to all categories of patient and program clients and their families. In due recognition of all these, Mr. Picornell was awarded with a plaque of recognition on December 17, 2013 which was received by his daughter Ms. Marilen G. Picornell. The venerable Mr. Picornell passed away on February 06, 2014. His presence will be missed.



“I am proud to have known CFI. CFI has been supervised by a Board of Trustees who are well known for being executives serving on voluntary basis, without receiving any kind of remuneration. CFI has a list of employees dedicated to their work and of whom I am very proud to have known. To new people coming in to the Foundation, I can say that you are joining an organization with a very good record which is now yours to keep and improve for the future.”

This commendation was bestowed upon Pedro M. Picornell as a symbol of our grateful recognition of his enduring commitment, distinguished service for 37 years and still counting, loyalty and devotion to our highest ideals in service to the marginalized communities and our client-beneficiaries, with his values and passion worth emulating where this generation may find an inspiration.



Foreword

The years 2011 to 2013 were hump years for Culion Foundation as it faced the most daunting challenges in its history of more than three decades. Not the least among them were the sudden demise in 2011 of its Executive Director Antonio Imperial and a dearth of opportunities for engagement.

The organization had become very dependent on Mr. Imperial to drive operations and to mobilize fresh resources. His loss thus left a huge gap. Moreover, the well from which the foundation received its funding in the past, had just dried up.

It was also a time when the foundation had accomplished its old mission but hadn't quite defined a new one for itself. Due to the foundation's own success, the field of leprosy control had dramatically contracted. CFI thus needed to reinvent its *raison d'être*.

While not losing sight of its original mission to eliminate leprosy since there were still pockets of it around the country, the foundation broadened its service outreach to include treatment of diseases that had similarities in approach to leprosy, such as pulmonary tuberculosis and other communicable tropical diseases. The other aspect of broadening was to expand its geographic reach beyond a single island in Palawan, to practically anywhere in the country where its new mission could reasonably be accomplished.

The one constant from the past was the continuing growth of the social enterprise initiative through the community lending program.

Culion Foundation thus resumed its journey of providing better health opportunities to poor Filipino communities. However, its road became wider - not a highway, but not the small country pathways trekked in the past.

This then is a report of the milestones passed in that journey through the years 2011, 2012, and 2013.

New Helmsmen

The successful transition would not have been possible were it not for the guidance of the leaders of the Foundation who have been committed to serve the poor and differently-abled members of our communities.



Alberto A. Lim, stepped in as Chairman and President in 2013 to carry on the legacy of his prominent predecessors;



Gil T. Salazar has worked for the improvement of CFI's financial management and operations;



Eugenio M. Caccam, Jr., interim CFI Executive Director linked the Foundation to national and international donor agencies;



Executive Director Ma. Corazon S. Ariosa MD enabled the Foundation to implement its health initiatives and community building program.



THE ROAD TAKEN IN 2011

Initiatives in Health: TB Control



The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) supported a tuberculosis control prevention and treatment project in Region 4A both for regular Directly Observed Treatment Short Course (DOTS) and the Programmatic Management of Multi-Drug-resistant Tuberculosis (PMDT). One of the implementers of PMDT in Region 4A was the De La Salle University - Health Science Institute TB Research Unit (DLSU HSI TRU) that functioned as a treatment center (DLSU-TC).



This project, called *Intensifying the Detection and Enhancing the Cure Rates for TB Symptomatics* in Region 4A sought to provide technical assistance to the PBSP-Global Fund project on TB and the DLSU-TC, with a track record of being a high performing treatment center. Specifically, the project was designed to help the Center expand its reach especially in underserved barangays.

The CFI-TC partnership was piloted in the municipalities of Imus, Tanza, and Bacoor in Cavite and Paete, in Laguna due to the high yield of TB cases in these areas. From September to December 2011, contact tracing activities were done with particular focus on re-treatment and default cases. Within the four-month period, the project was able to contribute to the reduction of TB prevalence under both DOTS and PMDT through intensified case detection and case holding.

The Foundation was able to assist the Center likewise in information, education, and communication activities as well as in the areas of advocacy and social mobilization. Advocacy was done through the conduct of health education workshops, TB caravans, and medical missions. These moves were effective in encouraging TB symptomatics of all types to seek treatment. They were referred either to the Rural Health Units (RHUs) or the Treatment Centers.

Local government executives at the municipal and barangay levels were tapped to provide financial and logistic support to the TB program. The LGUs, through their *sanggunians*, were able to craft resolutions and ordinances in lung health.

Active case finding activities involved the thorough review of the Category IV records of the TC and the TB Registry and Cohort Records of the RHUs. The identification of MDR-TB cases was complemented by counseling. A point of interest arose when a patient group was formed at the Halfway House of the DLSU-TC to undergo training for an economic enterprise project as a technical assistance component of the program. Participants were trained in the craft of women's accessory making. The products were marketed with assistance from DLSU. A start-up fund was provided by PBSP to the patient group, with monitoring and supervision provided by the social worker of the TC.

Advocacy and IEC

A rewarding outcome of CFI's advocacy on TB Control was its support for the passage of barangay legislation organizing Barangay TB Management Councils. This was considered crucial to the success of TB initiatives because championing barangays could serve as a model to other grassroots LGUs and spur favorable enactments for health at the local level.

During the inception phase, project implementers were oriented on basic facts about TB, the national and local TB situation, site selection, engaging LGUs/LCEs and importantly, on International Standards on TB Care.

A TOT series (trainers' training) on the subject of Understanding TB Services was conducted by certified trainers for core teams of the municipalities of Imus, Bacoor, Tanza, and Dasmariñas in Cavite and Paete, Laguna. Ten core teams composed of health workers, barangay officials and community volunteers were formed in the five municipalities. The purpose was to equip the teams with a working knowledge on the basics of TB management since the disease continues to be prevalent in underserved areas of the country and province and enable them to hurdle the barriers that stand in the way of case detection and cure. The core teams are further expected to be proficient in active case finding, the conduct of health education campaigns and implementation of referral systems. They are highly valued as organizers of people's assemblies and TB educators in the communities. A total of 120 trainees from the municipalities and 30 other trainees from faith-based groups in Dasmariñas City participated in the training.

Another training course was conducted to capacitate the local communities called ***Training of Trainers on Community-based TB Program Management***. This was attended by 30 volunteers from Imus, Tanza, Bacoor, Paete and Dasmariñas City. The trainees were able to craft Action Plans for their respective municipalities that provided program implementation details including responsible persons and resources needed. The action plans were then presented to the barangay councils for adoption and support and downstream, to the communities through assemblies and caravans.

IEC campaign activities were undertaken to provide accurate information on the causes of TB, its mode of transmission, prevention and treatment measures, and misconceptions. This created widespread awareness about the TB Control project and generated local support for implementation. A total of 55 IEC sessions in 55 barangays in the five participating municipalities were conducted, benefitting 2,111 individuals.



Research on Leprosy Control

In 2011, CFI was able to spearhead the holding of research undertakings in aid of its mainstream undertaking, leprosy control.

Leprosy Stakeholders Survey. The Novartis Sustainable Development Foundation commissioned a Leprosy Stakeholders Survey implemented by CFI. Survey results were presented by Dr. Romualdez, CFI President before an audience of leprosy specialists and multi-stakeholders during the First Leprosy Symposium held at The Legend Hotel, Puerto Princesa, Palawan on January 25, 2012.



Leprosy Control in the Philippines, 2006-2010. This project was entrusted to the CFI by the World Health Organization (WHO) through Dr. Alberto G. Romualdez, Jr., then CFI president who served as primary resource person. The Foundation conducted an implementation review of the National Leprosy Control Programme upon the recommendations made after the external review and operations research done by the Research Institute for Tropical Medicine (RITM). Research associates were tasked to come up with a report called Status of Leprosy in the Philippines, 2006-2010. Results were inputted at the meeting of national leprosy program managers of the WHO in the Western Pacific Region on February 13 to 15, 2012.

Community Development

Lending Project for Small Enterprise Development (LPSED). This is a sequel to the previous micro-lending initiative started by CFI in 1986 on the island of Culion to generate livelihood opportunities for patient beneficiaries and families and improve their economic well-being. The Foundation capitalized on its past experience in implementing the credit program, funded by a combination of internally generated capital and external grants amounting to about PhP450,000.

This credit initiative was later formalized into a microfinance program called CORONCULION which was later expanded to areas in Metro-Manila and the CARAGA region. The project encountered certain operational setbacks in 2006 with the Palawan operations maintaining sole viability with a repayment rate of 92% from 353 clients.





THE ROAD TAKEN IN 2012

Strategic Plan 2012-2016



Days before the start of 2012, the CFI Board of Trustees, together with core staff, reviewed the Foundation Vision and Mission statements with a view to instituting changes that would make them responsive to the current operating environment at the time.

At the same meeting, leaders crafted the CFI Strategic Plan that would guide the Foundation in its moves from 2012 to 2016. Organizational development consultant Dr. Aldrin P. Antivola facilitated the exercise. Then CFI President, Dr. Alberto G. Romualdez directed a separate session with other key leprosy stakeholders, among them Dr. Arturo Cunanan, Chief of General Hospital & Sanitarium, Culion, Palawan and Dr. Woojin Lew, Medical Officer of Stop TB and Leprosy Elimination-WHO program, who vowed to join leprosy project engagements of CFI.

The Vision-Mission statements were presented to CFI stakeholders at the 2012 Annual Board Meeting for their information and possible modification, since the BoT emphasized the need for V-M statements that projected the effectiveness and accountability of the organization and appealed to the acceptance of donors. It was pointed out that past challenges made CFI a more dynamic organization that meets the needs of its target beneficiaries.

2012 saw the start of some of CFI's highly-anticipated project engagements. A new breed of individuals joined the workforce, ready to embrace the organizational culture and challenges.

Research Programs

Leprosy Stakeholders Survey. Started in the last quarter of 2011, this project was completed in February 2012. Its goal was to tap into the experiences of leprosy control stakeholders in the following manner: 1) adopting priority strategies for leprosy-free zones in the Philippines; 2) identifying the roles of Novartis Sustainable Development Foundation as an investor in leprosy control; 3) identifying critical resources; and 4) identifying key stakeholders as partners.

The survey utilized generic qualitative analysis (Creswell, 2003) utilizing a semi-structured tool to examine and analyze the perception of stakeholders. A total of 24 respondents were covered by the study who were asked to render views on four themes surfacing 1) the leprosy scenario of the Philippines; 2) hospital and community-based leprosy case management; 3) challenges encountered; and 4) strategies in leprosy case management.

Among the findings were that leprosy stakeholders had clear perceptions about the national leprosy control program. They took serious note of concerns and issues surrounding the program and of the importance of creating empowered communities that would directly manage the care of persons afflicted with leprosy (PAL). They were expected to start the multi-stakeholder collaboration process and direct future pathways based on recommendations of the study, among these, the revisit of elimination targets and indicators based on criteria set by respondents; streamlines hospital and community-based case management; safety and security of health personnel; leprosy research and development and referral system; program policies; health provider workloads; and budget and medicine acquisition.

Currently, Philippine hospitals and retained sanatoria/leprosaria serve as frontline treatment centers. However, the standards for a community-led leprosy program should be characterized by the close collaboration among key implementers who can partner with the Department of Health (DOH), the WHO, the private sector, professional organizations, NGOs, business leaders, faith-based groups, and LGUs equipped with the prescribed infrastructure.

Leprosy Control and The Burden of Leprosy in the Philippines. This research-study was completed in February 2012. It sought to determine the state of implementation of the National Leprosy Control Program (NLCP) after an external review conducted in 2009 and outcomes of the program assessment in 2010.

Likewise, the study sought to identify operational, organizational and policy issues affecting the NLCP at the national and sub-national levels. A descriptive design was employed in the review of epidemiologic and operational data from the NLCP, DOH regional offices, and the WHO Western Pacific Regional Office. Unstructured individual and group reviews were conducted with representatives from these offices and with the RITM.

The global effort to eliminate leprosy as a public health burden has been successful over the years, from 5.2 million in 1985, to 805,000 in 1995, to 753,000 in 1999, and 213, 036 cases in 2008 (WHO factsheet). From 2006 to 2010, the strategy was to further reduce the burden of leprosy and sustain control activities. The national goal was to provide access to quality leprosy services for all affected communities following the principles of social justice.

The study presented milestones of the NLCP, among which were the following:

- 1st National Leprosy Summit where multi-sectors pledged support for the NLCP;
- DOH Order issued in February 2005 instituting the Dr. Jose N. Rodriguez Memorial Award as a tribute to a great leprologist and advocate of leprosy control in the Philippines;
- MOA with the Philippine Dermatological Society and DOH-NLCP declaring the 2nd week of November as *National Skin Disease Awareness Week* during in tandem with leprosy screening;
- 1st National Scientific Forum on Leprosy in 2006 where 10 outstanding leprosy workers were awarded the Dr. Jose N. Rodriguez Memorial Award;
- Workshop on the drafting of a Consensus Statement on the Prevention of Disabilities in Cebu City sponsored by WHO, the American Leprosy Mission, and ILEP;
- Forum on Global Appeal 2007 to eradicate the stigma and discrimination against people affected by leprosy in collaboration with the Sasakawa Memorial Health Foundation;
- Review of reporting, recording, and monitoring systems according to WHO-GLP-NLCP standards;
- Drafting of parameters and guidelines declaring leprosy-free zones developed by regional leprosy coordinators and the NCLP for submission to the Health Policy and Standards;
- CFI-NCLP workshop formulating the LCP Strategic Plan 2010-2013;
- Designation of the Philippines as the 9th country to join the Sentinel Surveillance Network for Drug Resistance;
- Operational Research to develop a protocol on epidemiological surveys in hyper-endemic areas and those reporting zero cases;
- UST-Ophthalmology Department study among patients with multi-bacillary leprosy at the UST, Jose Reyes Memorial Medical Center and Jose Rodriguez Medical Center;
- Leprosy and Human Dignity-South East Asia Program of the Nippon Foundation that included the Philippines;
- 1st International Leprosy Convention in Manila on the theme Strengthening Bridges, Embracing Cultural Diversities; and
- Inclusion of the NLCP in leprosy researches of the Neglected Tropical Diseases Research Group

Leprosy and TB Control

Sustaining TB Control and Ensuring Access to Comprehensive Quality TB Care. This project aims to reduce the prevalence, incidence, and mortality of TB in the Philippines. In July 2012, CFI was commissioned by PBSP as a sub-recipient to implement the project focusing on advocacy, communication and social mobilization through community-based organizations.

The project worked to develop linkages among different stakeholders and partners. Activities consisted of orientation sessions, recruitment, and training of community members. Case finding and holding activities were initiated after training.

CFI was expected to contribute 1,600 case referrals and enrollees for treatment. However, only 288 or 18% were involved due to factors like extreme weather conditions that affected volunteer work. This notwithstanding, CFI conducted series of planning sessions with project teams and partners to ensure that deliverables were met.

Secretariat to the 1st National Workshop on People Affected by Leprosy Organizations in the Philippines. CFI staff assisted in the conduct of this workshop. An initiative of Dr. Arturo C. Cunanan, Jr. in cooperation with NLCP-DOH and Sasakawa, the workshop tackled relevant topics such as the stigma attached to the disease, roles of government agencies and NGOs in the promotion of patient rights, human rights approaches to advocacy, empowerment and reintegration of cured patients, and knowledge-sharing of best practices and experiences in managing patients by NGOs and sanitararia.

National Coalition Building Workshop. This activity was held March 7-9, 2012 at the Bay View Park Hotel, Manila to jumpstart collaboration in search of better communities and quality of life of people affected by leprosy. This activity firmed up CFI's role as technical assistance provider of the newly-formed Coalition of Leprosy Advocates of the Philippines (CLAP).





THE ROAD TAKEN IN 2013

TB and Leprosy Control

Sustaining TB Control and Ensuring Access to Comprehensive Quality TB Care Service Delivery Area 5: Community TB Care.

In 2013, CFI continued to implement this program in Cavite, Laguna, Batangas and Rizal aided by a grant from GF-PBSP in the amount of PhP28 million. Fifteen municipalities and cities in these provinces were selected based on case detection and treatment success rates.

CFI implemented the project in partnership with the LGUs, DOH 4A Regional Office, community-based organizations, volunteers, and patient groups that helped generate demand for services and provide assistance to patient treatment regimens. These groups were capacitated to provide NTP services at the barangay level. CBO members were actively involved in case finding and case holding activities through IEC campaigns.

The active participation of communities in TB control at the grassroots was expected to contribute positively to treatment success rates. However, the two-and-a-half year project was cut down to one-year-and-a-half due to the shift toward the Global Fund's new funding model, prompting the project teams to peremptorily plan close-out activities. The teams committed to carry on the initiative at their level even with the supervision of program leadership. Exit conferences were conducted during the regional project implementation review and barangay exit conference.

The community-based TB program had two significant outcomes: increase in TB case detection and case holding. Improvements were likewise posted in the municipalities covered by the project that delivered beyond targets set by the Global Fund.



Organizational Development for the Coalition of Leprosy Advocates of the Philippines (CLAP).

This project was completed in March 2013. This was another venue where CFI exceeded the expectations of donor Nippon Foundation through Leprosy and Human Dignity for Southeast Asia (LHD-SA). The end-of-project review was held in Jakarta, Indonesia where Ms. Marla S. Urriza, HR and Administrative Officer was sent as CFI representative who actively participated in the final workshop.



This project was followed by a PhP1.4 million grant from the Sasakawa Memorial Health Foundation, an arm of Nippon Foundation. With this support, CFI was able to provide technical assistance to the Coalition of Leprosy Advocates of the Philippines (CLAP) as a lead organizer of the 1st CLAP Congress. The Congress launched the Coalition as an independent organization. The event was highlighted by a press conference attended by TV and print media personalities. Moreover, the Executive Director, Dr. Ma. Corazon S. Ariosa, was elected as one of the advisers of the Coalition.



NLCP Post-Elimination Phase: Monitoring, Validation and Sub-national Stratification towards Leprosy-Free Zones.

The diminishing cases of leprosy in the Philippines is attributed to the success of the Multiple Drug Therapy (MDT) regimen which paved the way to the eradication of leprosy as a public burden to the country in 1998. Guided by the WHO-Enhanced Global Leprosy Strategy (2011-2015), the DOH is determined to work towards a leprosy-free Philippines through the NLCP roadmap that is region-specific and focused on LGU participation. With its stratification guidelines as a tool, the initiative would be able to identify levels 1, 2, and 3 municipalities, cities and provinces.

To achieve this goal, DOH sought the commitment and collaboration of the public and private sectors. In response to the call for public-private partnerships, CFI took active part in the implementation of the Leprosy-Free Zone initiative. The project assessed more than 35 sites in provinces, cities and municipalities nationwide and the result will be utilized by the DOH as basis for the declaration of Leprosy-Free Zones. Activities were completed in 2013, followed by data analysis. To validate the qualitative indicators and keep these current, a survey of patients was conducted.

Parameter I: 2003-2012 Prevalence Rate (PR) along the validated areas for the National Leprosy Control Program – Post Elimination Phase





Strengthening the Capacity of Civil Society Organizations in the Philippines.

In June 2013, CFI was among the fortunate NGOs given the opportunity to participate in the USAID-project on organizational development. The Ayala Foundation, Inc. and its consortium partners composed of the Association of Foundations (AF), Caucus of Development NGO Networks (CODE-NGO), Philippine Business for Social Progress (PBSP), Philippine Council for NGO Certification (PCNC) and the University of the Philippines Public Administration Research and Extension Services Foundation, Inc. (UPPAF) were contracted by the United States Agency for International Development (USAID) to implement the project .

The project sought to strengthen CSOs through the provision of organization development (OD) interventions to address capacity development gaps that limit the effectiveness of organizations like CFI to achieve sustainable and significant impact, be accountable to their constituents, and effectively compete for and manage donor resources. Mentoring and coaching was ably rendered by Ms. Rory Tolentino. Active participation was led by select CFI board members and officers, Dr. Carlo Irwin A. Panelo, Ms. Marilen G. Picornell and Atty. Reginaldo L. Hernandez who attended the Governance and Leadership Training.

Likewise, capability enhancement opportunities were made available to the management and staff who were sent to various trainings (i.e., training on Program Design, Implementation, Management and Monitoring & Evaluation was attended by Mr. Calixto J. Trillanes, III, Project Manager and Mr. Humphrey V. Agcaoili, Monitoring & Evaluation Officer; training on Resource Development Mobilization was attended by Dr. Ma. Corazon S. Ariosa, CFI Executive Director and Mr. Calixto J. Trillanes, III; Administration Management and Human Resource Development seminar was participated by Marla S. Urriza, HR & Admin. Officer and Dr. Ma. Corazon S. Ariosa; Financial Management seminar was attended by Janeth A. Dequilla, Finance Officer and Dr. Ma. Corazon S. Ariosa.

The successful completion of this initiative in 2014 enabled CFI to propose projects to new funding agencies like USAID.

CULION FOUNDATION INC. FINANCIAL HIGHLIGHTS 2011, 2012 and 2013

Total revenues consistently grew in the three-year period ending December 31, 2013 with combined revenues amounting to more than Php 80 million. Grants and donations accounted for the lion's share throughout the three-year period. Interest income mainly from the Foundation's endowment fund proved to be the most stable and recurring source of revenue.

Aggregate expenses reached more than Php 69.5 million with almost 90% going to programs and projects and consistently posting robust growth throughout the three-year period. On the other hand, general and administrative expenses was well below the 30% as provided in existing laws and regulations. Averaging a shade below 11%, general and administrative expenses represented only 6% of total expenses in 2013. As a percentage of total revenues, general and administrative expenses was likewise a low 5.4% in 2013 and only 9.5% on the average for the three-year period.

Total resources stood at more than Php 59 million at the close of 2013 of which close to P 52.5 million accounted by total fund balance. Unrestricted fund balance reached a high Php 10.7 million in 2013 which is expected to help the Foundation sustain bigger programs and projects as provided in its current strategic plan.

(For details of financials, please refer to the section containing the Foundation's financial statements for the years 2011, 2012 and 2013.)

CULION FOUNDATION, INCORPORATED

STATEMENT OF ASSETS, LIABILITIES AND FUND BALANCES

As of the years ended 2011 to 2013

	2013	2012	2011
ASSETS			
Current Assets			
Cash	12,817,571.00	9,090,592.00	3,967,582.00
Project advances	5,343,329.00	4,667,233.00	3,728,051.00
Receivables	237,011.00	436,243.00	1,040,967.00
Funds Handled by Investmest Managers	40,460,437.00	39,706,319.00	36,889,491.00
Total Current Assets	58,858,348.00	53,900,387.00	45,626,091.00
Noncurrent Assets			
Office Equipment (net of depreciation)	163,282.00	173,599.00	104,040.00
Other Noncurrent Assets	117,205.00	124,428.00	71,428.00
Total Noncurrent Assets	280,487.00	298,027.00	175,468.00
TOTAL ASSETS	59,138,835.00	54,198,414.00	45,801,559.00
LIABILITES AND FUND BALANCES			
Current Liabilities			
Accrued Expense and Other Payables	5,948,600.00	4,902,419.00	1,695,241.00
Funds Held for Specific Purpose	172,637.00	192,637.00	212,637.00
Total Current Liabilities	6,121,237.00	5,095,056.00	1,907,878.00
Noncurrent Liabilities			
Retirement Obligation	553,803.00	222,546.00	54,961.00
Total Noncurrent Liabilities	553,803.00	222,546.00	54,961.00
Total Liabilities	6,675,040.00	5,317,602.00	1,962,839.00
Fund Balances			
Restricted	41,740,778.00	40,455,736.00	37,108,180.00
Unrestricted	10,723,017.00	8,425,076.00	6,730,540.00
Total Fund Balances	52,463,795.00	48,880,812.00	43,838,720.00
TOTAL LIABILITIES AND FUND BALANCES	59,138,835.00	54,198,414.00	45,801,559.00

CULION FOUNDATION, INCORPORATED

STATEMENT OF REVENUES AND EXPENSES

For years 2011 to 2013

	2013	2012	2011
REVENUES			
Grants and Donations	34,597,641.00	25,657,113.00	4,152,859.00
Interest Income	3,354,938.00	3,351,029.00	3,216,216.00
Other Income	1,637,535.00	2,122,858.00	2,085,593.00
TOTAL REVENUES	39,590,114.00	31,131,000.00	9,454,668.00
EXPENSES			
Programs and Projects			
Community Development Assistance Program			
Local Personnel	865,920.00	676,524.00	1,867,414.00
Administration and Management	325,858.00	613,450.00	880,919.00
Current Projects			
Human Resource	9,999,939.00	5,162,469.00	-
Communication Materials	5,049,194.00	1,780,755.00	-
Monitoring & Evaluation	4,735,909.00	360,361.00	-
Trainings	4,530,308.00	12,686,357.00	845,228.00
Administration and Management	2,188,923.00	195,135.00	456,959.00
Planning and Administration	2,173,751.00	576,869.00	-
Living Support to Clients	800,000.00	-	-
Supplies and materials/project sustainability	-	-	147,816.00
Local Personnel	454,441.00	884,373.00	712,275.00
Overheads	1,572,843.00	296,423.00	-
Total Programs and Projects Expenses	32,697,086.00	23,232,716.00	4,910,611.00
General and Administrative Expense	2,131,402.00	2,856,192.00	2,661,300.00
Other Expenses	1,178,643.00	-	-
TOTAL EXPENSES	36,007,131.00	26,088,908.00	7,571,911.00
EXCESS (DEFICIENCY)	3,582,983.00	5,042,092.00	1,882,757.00

Board of Trustees and Officers



Pedro M. Picornell
Chairman 2011-2012
Chairman Emeritus 2013



Alberto G. Romualdez, Jr.
President 2011-2012
Chairman and President 2013



Alberto A. Lim
Trustee 2011-2013
Chairman and President from October 2013



Gil T. Salazar
Treasurer and Trustee



Rose Marie M. Prieto
Trustee



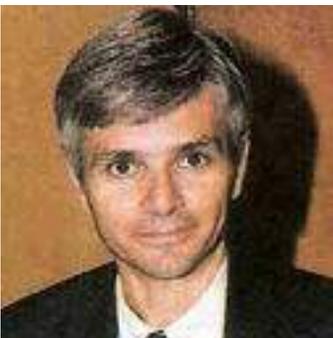
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Members of the Executive Committee *years 2011-2013*

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Chairman (2011-2012)
Chairman Emeritus (2013)

Marilen G. Picornell
Member (2011-2013)

Alberto G. Romualdez, Jr. MD
President (2011-2012)
Chairman and President (2013)

Carlo Irwin A. Panelo, MD
Member (from November 2013)

Eugenio M. Caccam, Jr.
Interim Executive Director (from March to September 2011)

Alberto A. Lim
Chairman and President from (October 2013)

Ma. Corazon S. Ariosa, MD
Executive Director from October 2011

Gil T. Salazar
Treasurer (2011-2013)

CFI Board at Work





CFI Staff in Action



Head Office Staff



Eugenio M. Caccam, Jr.
Interim Executive Director
March - September 2011



Ma. Corazon S. Ariosa, MD
Executive Director



Calixto J. Trillanes, III
Project Manager



Janeth A. Dequilla
Finance Officer



Marla S. Urriza
HR and
Administrative Officer



Humphrey V. Agcaoili
Monitoring and Evaluation
Officer



Antonia M. Villestas
Junior Accountant



Reginald Alain
R. Santos
Interim Monitoring and
Evaluation Officer and
Project Coordinator



Lynn P. Tejano
Finance Assistant



William G.
Asuncion, Jr.
Office Assistant

Field Supervisors and Staff



Palawan Team

Project Officer: Dolina Tabla
Loan Assistants: Danny Datanagan
(Coron)
Teresita Vasquez
(Culion)



Laguna Team

Project Team Leader: Ronald Malig
Project Officers: Kristin Gretel Albufera and Joemil Amerna



Cavite Team

Project Team Leader:
Lilac Corpuz
Project Officers:
Reynaldo Ame, III,
Michelle Arriane Manza
and Denmark Toledo



Rizal Team

Project Team Leader: Frannelli Dalay
Project Officers: Rolven Ciriaco
Joan Aubrey Marie Dajao, Justine
Kenneth Abellera and Elrey Sinnung



Batangas Team

Project Team Leader:
Melinda Buñag
Project Officer:
Lei Pauline Monton

Operations Staff 2011-2013



Jonathan Calbayan, MD
Program Manager



John Noel David
Service Quality Monitoring and Evaluation Officer



Ma. Erzalyn Mallari,
Senior Project Officer (left)
Arlene Quibot
Project Team Leader (right)



Sitti Divina Roxas and Marne Setrina
(Senior Project Officers)



Mark Eusebio Dalay
Project Officer



Czharina Gomez
Project Officer



John Francis Faustorilla
Head Researcher



Aldrin Antivola, PhD
OD Consultant and Interim Program Manager



Rousel Frances Gajete
Team Leader

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