

Medical Report Philippines

2018

Medical Checks for Children



General introduction into the 2018 mission, the team, the local organizations and their staff, and the overall proceedings of the mission

From the 10th of November till the 16th of November 2018 a team of Medical Checks for Children (MCC) visited for the 7th time Manila, The Philippines. It was the 1st time the checks were held in the Baseco area, Manila.

The checks were performed at the Evacuation Centre right in the middle of Baseco. Baseco is one of the slum areas in the North/Centre part of Manila.

Baseco area health conditions

Children of Baseco (only) were invited for the checks. Baseco is located at the Manila port area and is regarded as one of the most extended poor urban areas of the Philippines, housing up to 100.000 people. (2018-guided tour by Smokey tours, World Experience Philippines (WEP)). Baseco is situated next to Tondo , the MCC 2017 check area; the two areas are separated by the very busy highway of North Manila, very dangerous to cross.

The Baseco compound is very susceptible for flooding, extreme weather conditions and fires. The families live in self-constructed houses of wave plate, cardboard and wood. The first houses made of brick stones arise but are still exceptional. Recently an effort has been undertaken to spread electricity and water, all in private hands and so only available for those who have a little money to spend. There are very little latrines and if available, the feces emerge directly into the water of the port of Manila; children play and dive in the water directly next to it. One large septic tank has recently been constructed by the government. Among the main sources of income are scavenging, garlic peeling and charcoal production. Air pollution is an important cause of concern in Baseco and Manila in general. In Baseco there is very little infrastructure in the field of general health care. This in contrast to Tondo, an older slum, where there has been made significant progress in this field.



Due to these living conditions and the very low incomes the general health situation of the children is poor. The main part of the pathology however is - under better basic health conditions - preventable and treatable: underweight, wasting, anemia, airway infections, worm infections and very poor dental health.

(See for further details MCC-Philippines medical report 2017.)

Team MCC-mission 2018

The Dutch team consisted of 11 members:

Shirly Martens, medical leader (pediatrician/neonatology); Hanneke Wennink the other medical leader (pediatrician, recently retired); Yvonne Verdonk, organizing leader (neonatal nurse); Dorien Jacobs (pediatric nurse); Inge Verbeek (pediatrician); Nadia Toumi (general practitioner); Dominique van Hattum (resident in gynaecology); Christine Linders (physiotherapist specialized in disabled children); Arie Jan Vos (manager Ministry of Home Affairs, recently retired); Michiel Palthe (financial expert); and Kitso Maragelo (project manager Letcee organisation South Africa). Kitso took full part in the checks and had a special interest in observing the carousel-formula.



Hosting. Local organizations and staff

The 7th medical mission of MCC in Manila was organized in close collaboration with (like in former years) Bless the Children Foundation, located in Tondo, headed by Mrs Eunice Cheng Chua, Executive Director, and with (this year) World Experience Philippines (WEP), headed by Mrs Juliette Kwee, Executive Director, operating mainly in Baseco.

The team stayed at the Blulane Hotel in Chinatown. This was arranged for by Mrs Eunice Cheng Chua. Last year's accommodation in Tondo Medical Centre was occupied by other activities and in Baseco no accommodation is available. The transport to the Evacuation Centre was very well arranged by Bless the Children. The distance and travel time were fine. All technical supplies, toothbrushes and children's clothes were brought from the Netherlands by MCC team members. Medication was ordered at a local generic drug company and paid for by MCC.

A Baseco slum tour of 2 hours was organized by WEP for all team members. This was an impressive experience for all, visualizing the hard living and working conditions of the local community. On the other hand there were hopeful signs of change like initiatives to bring electricity and water to the neighbourhood, the septic tank, the first brick stone houses and last but not least the sense of social cohesion and the children happily playing together.

Support from Bless the Children and WEP

The mission would have been impossible without the support of Bless the Children and WEP. Their support included:

- Prior announcement of the mission in Baseco
- Selection and invitation of the children
- Arranging the lodging of the team
- Transportation in Manila
- Ordering medication before and if necessary during the mission
- The furnishing of the checking area
- Communication with and organization of the contributions of the different groups of volunteers
- Interpreters where needed
- Guiding patients and caretakers to local hospital in case of further diagnostics
- Organizing and helping to implement specific workshops in asthma care (for caretakers and health workers) and basic life support (for all volunteers)
- Arranging communication and collaboration with local hospital for medical follow up of the checks for some children; making an inventory of further costs of treatment
- Providing a healthy meal for the children after the checks
- For taking very good care of our team by serving wonderful lunches, water, hugs and motivating talks, answers and questions.

The Philippines team consisted of some 60 members of different organizations:

- The experienced and well organized representatives of Bless the Children
- The workers of WEP, experienced especially as tour guides for slum tours
- Interns and volunteers of these organizations
- Local health workers from Baseco Barangay; a relatively new position; so not (yet) well organized and experienced.

Proceedings of the mission

The children were checked for the first time at the Baseco Evacuation Centre. The empty ground floor of this large concrete building was furnished for the checks. There were separated areas for intake, for measuring/weighing, for blood testing and for dental care; the doctors station and the pharmacy were in the same room, helpful for mutual communication.

At the end of the ground floor was a big hall for hygiene and healthy food education, for children's feeding and for tooth brushing.

For the success of the mission the contributions of the Bless the Children organization were very important. They did an excellent and unrelenting job before, during and after the mission. During the mission it showed to be difficult to permanently involve the local health workers from Baseco, due to their lack of experience, motivation and the (too) large number of volunteers. Their appearance was not well manageable. As a consequence it seems to be uncertain and at least very laborious to provide for a local feeding program for malnourished children. A feeding program operates very well in the Tondo area, giving care to up to 600 children.

The WEP is an organization focusing on empowerment of the inhabitants of the slum area by organizing guided tours (Smokey tours) for all "outsiders" who want to experience life in a different culture. They employ local guides. Revenues are invested into the neighbourhood. An important aim is to provide for a local health center in Baseco; until now this is not successfully realized.

During the mission we transferred as much knowledge as possible to work with the WHO growth charts. We could contribute to the knowledge and experience of the Bless the Children staff. Their attendance and enthusiasm was unwavering all over the mission. Mrs Connie May Torre was an essential link in the organization of the checks, supported by nurse Nova, Nalyn and other members of the staff.

Although we experienced enthusiasm too by the WEP/Smokey Tours staff, their individual attendance was too rambling and irregular to really train them on the job in the basic knowledge of child growth evaluation and child health promotion related to the different stations of the carousel. The same goes - even stronger- for the local health workers.

This year the medical mission was extended with a dentist mission performed by two local Philippine dentists, mother and daughter, covering alternately all days of the mission. The collaboration and personal relation was excellent and warm. Supplies for the dentist mission were organized by the dentists themselves. They even sent out someone for surgical knives for abscess incision, providing their dentist chair for the procedure.

Children with actual pain due to caries and children with extended caries in their secondary teeth were selected and treated instantaneously. Every child received a new toothbrush and instruction for tooth brushing was given by volunteers from Baseco.



We continued our focus on child asthma treatment. The asthma project was started in 2015 and follow up is performed by local nurse Mrs Connie May Torre with great diligence. During the mission an interactive workshop was given by Connie and Hanneke Wennink for the children with asthmatic complaints and their caretakers, and for other interested workers, including some of the health care workers from Baseco. Basic knowledge about triggers, need for chronic treatment and ways of administering the medication was explained. Medication and aerochambers were individually provided. The children were admitted to “the asthma class” for follow up by Connie at Centro Salvador, home of Bless the Children in Tondo. Aim (and hope) is that this follow up eventually can be performed by local health workers in Baseco itself.

Medical Checks for Children on location in Baseco 2018

The carousel

The children were checked, free of costs, in the MCC carousel:

1. Registration and basic medical complaints in English medical terms.
2. Height and Weight, including WHO cut-off values.
3. Blood test (hemoglobin), including WHO cut-off values.
4. Medical consultation (doctors station):
 - discussing social, psychological and medical problems
 - Feeding habits and fluid intake
 - Physical examination
 - Discussing handwashing, tooth brushing, deworming and need for actual medication.
5. Pharmacy.
6. Education on hygiene, handwashing, tooth brushing and practicing with the new toothbrush.
7. Feeding station with free meal for every child.
8. Dentist for selected cases of caries with pain.



Data collection

Each child was accompanied by a caretaker, mostly a parent (99%), sometimes an adult sibling or a neighbor. Caretakers were asked to bring medical reports of previous diseases. Local nurses (Bless the Children) and English speaking volunteers from Baseco were assigned to the stations as translators. The aim was to have them co-running the different stations of the carousel as well.

At the pharmacy the caretakers and children received the medication prescribed by one of

the doctors. The first dosage was given instantaneously while explaining how to administer the medication and possible side effects.

During and at least at the end of each day the data of the checked children were plotted into the MCC-databank on a pc, added on by a specific file for children who needed follow up.

Results: medical

Number, gender, age

In total 960 children were checked, all at the Baseco Evacuation Center. 90% of the children were checked by MCC for the first time.

Table 1: Number of checked children per day

Check location	10/11/18	11/11/18	12/11/18	13/11/18	14/11/18	15/11/18	16/11/18	Total
Baseco	101	146	150	154	153	143	113	960
Total	101	146	150	154	153	143	113	960

The children were preselected and invited by local nurses and health workers, focusing on special needs, chronic complaints, nutritional status and asthma. The high-risk group under 5 years was equally represented as older children. Especially the youngest children under 1 year were highly represented (even double of 2017 in Delpa). Gender distribution was equal.

Table 2: Summary of checked children by age and gender

Age	Baseco	
	960	
	N	%
<=1 year	186	19%
>1 en <5 years	255	27%
<5 years	441	46%
>=5 en <=10 years	438	46%
>10 years	80	8%
Gender		
Boy	471	49%
Girl	487	51%

Disease prevalence of main diagnoses

The main alleged diagnoses were underweight (N=253; 26%), stunting (N=213; 22%), anemia (N=183; 19%), active worm infection (N=165; 17%), caries with pain (N=166; 17%), skin diseases (N=214; 21%) and respiratory diseases (N=94; 10%).

Table 3: Disease prevalence among all children

	Baseco	
	960	
	N	%
Underweight	253	26%
Stunting	213	22%
Wasting	69	7%
Anaemia	183	19%
AIDS	4	0%
Malaria (suspected)	4	0%
vitamin deficit (clinical signs)	31	3%
syndrome n.o.s.	2	0%
pneumonia (clinical)	30	3%
tuberculosis (clinical)	1	0%
tuberculosis (X-ray confirmed)	8	1%
bronchitis	21	2%
BHR/asthma	34	4%
gardia (suspected)	2	0%
dysentery	1	0%
dehydration : chronic diarrhoea	1	0%
diarrhoea without dehydration	23	2%
constipation	7	1%
active worm infection	165	17%
active lintworm	1	0%
otitis media acuta	30	3%
otitis media with effusion	8	1%
otitis externa	10	1%
tympanic perforation	4	0%
(adeno)tonsillitis	9	1%
candida stomatitis	2	0%
sinusitis	1	0%
hearing impairment	2	0%
other	58	6%
cariës n.o.s.	381	40%
pain n.o.s	3	0%
fluorosis	2	0%
caries with pain	166	17%
wounds n.o.s.	15	2%
eczema n.o.s.	28	3%
dermatomycosis	31	3%
Impetigo/furunculosis	18	2%

	Baseco	
	960	
	N	%
lice	26	3%
scabies	22	2%
wounds infected,	30	3%
insect bite	1	0%
other (psoriasis etc)	33	3%
psychomotoric retardation	15	2%
hypertonia	1	0%
hypotonia	2	0%
epilepsy	2	0%
migraine/headache	2	0%
refractory problem	3	0%
strabismus	4	0%
keratoconjunctivitis	2	0%
amblyopia	1	0%
inguinal hernia	1	0%
urinary infection	6	1%

The children with diagnosis tuberculosis were sent to the local hospital for further testing and treatment.

Active caries was seen by more than half of the checked children (57%) and 17% suffered of pain caused by caries. This is in line with the results of the 2017 mission in Delpan.



Treatments

Most of the diagnoses made could be treated on the spot. Medication dispensing mainly consisted of multivitamins (N=434; 45%), anti-worm medication (N=456+172=628; 48+18=66%), antibiotics (N=90; 9%) and creams (N=145; 14%).

Table 4: Treatment among all children

	Baseco	
	960	
	N	%
ferro	52	5%
mother iron	24	3%
multivitamins	434	45%
anti-worm	456	48%
acute worm	172	18%
anti-lice	2	0%
anti-scabies	21	2%
amoxicillin	63	7%
augmentin	19	2%
2e lijns antibiotica	1	0%
metranidazol	3	0%
cotrimoxazol	4	0%
paracetamol	121	13%
ORS	4	0%
eardrops	19	2%
nystatine	1	0%
mupirocine=Bactroban	1	0%
hydrocortisone cream	37	4%
dactarin cream	28	3%
dactacort cream	3	0%
fusidin cream	37	4%
sudo cream	2	0%
neutral cream	27	3%
iodine	2	0%
eyedrops	2	0%

Follow-up

During the week all files for follow-up patients were assembled in order to write referrals for hospital or to assign them to the asthma class or the feeding program. A total of 159 children (15%) needed continued care after our departure.

Table 5: Follow-up of all children

	Total	
	960	
	N	%
Dentist	150	16%
Specialist in hospital	13	1%
Revisit	27	3%
X-thorax	10	1%
ECG	1	0%
Bloodtest after 3 months	2	0%
Other...	134	14%

This number is in line with the results from 2017 mission. As in former years Bless the Children (i.e. Mrs Connie May Torre) will assist these families with their children and will make efforts to find additional funds for priority cases in short term. In 2018 earmarked donations for this purpose were already deposited by several MCC team members.

Dental referrals

In total 150 children (16%) were referred to the Philippine voluntary dentists and were treated on the spot, free of costs. Criterion for referral was caries with pain.

Asthma

Childhood asthma often is an underdiagnosed and undertreated disease in low income settings. A number of negative environmental factors in Baseco contribute to the disease burden: crowding, airway infections and air pollution (charcoal burning, heavy traffic, dumpsites) are the main triggers for asthma exacerbations and hospitalization. Access to medication, preventive administration and adherence to medication are cornerstones for successful treatment. Continued education by health workers is essential.

On the spot medication was delivered to each child including a device (aerochamber or Volumatic), free of costs. Follow up compliance will be checked by nurses Connie and Nova at the Tondo Health Center, Centro Salvador.

Worth mentioning is that corticosteroid (preventive medication) inhalators are very expensive and not affordable for the people in this area. For the coming year this medication will be provided at Centro Salvador.

Growth restrictions and feeding

Malnutrition has been related to poor cognitive development and school performance. Especially anaemia and caries with pain contribute to these factors even more. Factors like poverty, overcrowding, lack of protein, iron and low vitamin intake are the main culprits. Malnutrition is considered to account for one third of total under five mortality. For this reason growth assessment is a very important issue in the MCC missions.

We used the following WHO criteria:

- Underweight= weight for age < 3rd percentile, indicating malnutrition and disease
- Wasting = weight for height < 3rd percentile, indicating acute malnutrition
- Stunting = height for age < 3rd percentile, indicating chronic malnutrition.

In Baseco the prevalence (in this high risk, preselected population) for stunting was 22 %, for wasting 7-9% and for underweight 26%.

Table 6: Prevalence of length/age at or under P3 (stunting) by age and gender

	Baseco	
	960	
	N	%
Stunting	213	22%
No stunting	744	78%
Unknown	3	0%
Stunting children per age		
<=1 year	31	17%
>1 en <5 years	63	25%
<5 years	94	21%
>=5 en <=10 years	103	24%
>10 years	16	20%
Stunting children per gender		
Boy	117	25%
Girl	96	20%

Table 7: Prevalence of weight/length at or under P3 (wasting) by age and gender

	Baseco	
	960	
	N	%
Wasting	69	9%
No wasting	675	91%
Unknown	216	23%
Wasting children per age		
<=1 year	17	9%
>1 en <5 years	18	7%
<5 years	35	8%
>=5 en <=10 years	32	11%
>10 years	2	22%
Wasting children per gender		
Boy	38	10%
Girl	31	8%

The results are in line with data from the 2017 mission. In Baseco the typical diet consists of rice (carbohydrates), street food/junk food and candies. This is deficient in proteins, vitamins and iron. Although vegetables and fruits are available (and mostly affordable) these foods are not popular with the children.

Main protein sources are eggs, chicken and fish, but more expensive and not affordable on a daily base. Embarrassingly children of a young age were already suffering from caries, not only from no tooth brushing but mainly from having one or two pesos a day to buy candies, the only thing affordable for this money.

We treated children with growth restrictions with multivitamins to be used for three months, we educated caretakers about the necessity of fruit and vegetables in their child's diet and if possible egg, fish or chicken. Exclusive breastfeeding for babies up to six months was advised.

During the checks all children received a warm meal donated by Bless the Children. All growth restricted children were admitted to the feeding program after approval of their caretakers.

Anaemia

The prevalence of anemia in the preselected group of children in Baseco was 19%, in line with the 2017 mission. Especially recurrent and ongoing worm infections, infectious diseases and the deficient diet account for the numbers of anaemia. Slight anaemia was treated with multivitamins and if necessary with anti worm medication. More severe anaemia was treated with iron medication, and intake of Vit C (ie. Fruits) was emphasized. One child had a very severe anaemia (Hb 2,9 mmol/l) and was referred to local hospital for further diagnosis.

Table 8: Prevalence of anaemia by age and gender

	Baseco	
	960	
	N	%
Anaemia	183	19%
No anaemia	760	79%
Unknown	13	1%
Hb <5,0 mmol	3	0%
Anaemia per age		
<=1 year	52	28%
>1 en <5 years	38	15%
<5 years	90	20%
>=5 en <=10 years	79	18%
>10 years	14	18%
Anaemia per gender		
Boy	87	18%
Girl	96	20%

Worm infections

The prevalence of acute, active worm infections was high (N=172; 18%), in line with the 2017 results. In one case the worms were crawling in the diaper of the toddler. The children were treated with Mebendazol during three consecutive days. Personal hygiene was emphasized.

Preventive treatment was given to 456 children (48%). Many children were already enrolled in a local bi-annual anti worm campaign at school.

Inadequate sanitation is the main cause of the recurrent worm infections. They lead to malnutrition, anaemia, stomach pain and growth restriction. As a consequence school attendance and performance might be at stake.

MCC continues to hold on to the world wide protocol of advising the bi-annual deworming program in endemic populations.

Table 9: Prevalence preventive anti-worm treatment in the last half-year by age and gender

	Baseco	
	960	
	N	%
Anti-worm	177	18%
No anti-worm	776	81%
Unknown	7	1%
Anti-worm per age		
<=1 year	9	5%
>1 en <5 years	55	22%
<5 years	64	15%
>=5 en <=10 years	105	24%
>10 years	8	10%

Respiratory diseases

In total 94 children (10%) were treated for lower respiratory tract disorders like bronchitis (N=21; 2%), pneumonia (N=30; 3%) and asthma/wheezing (N=34; 4%). Tuberculosis cases (N=9; 1%) were referred to local hospital for further treatment.

Air pollution is a main risk factor for asthmatic attacks. As for the 34 children who were diagnosed with asthma, on the spot administration of Salbutamol by metered-dose-inhaler with spacer or by nebulizer was followed by personal instruction of medication and by admission to the asthma class during the mission and the ongoing program. This year asthma class was attended by 14 patients and their caretakers, joined by local health workers. Some children presented with chronic asthmatic symptoms and were provided with inhalation corticosteroids next to salbutamol intervention therapy. The children who joined the asthma program will be evaluated by nurses Connie and Nova of Bless the Children in Tondo.

Cardiac problems

Remarkably no children were presented with severe congenital heart diseases this year. One child was diagnosed with a systolic heart murmur grade 2; not haemodynamic significant; most probably a small ventricular septum defect. No need for intervention.

Skin diseases

Skin diseases were very common (N=214; 21%) this year. Specific diagnoses included infected wounds (N=30; 3%), scabies (N=22; 2%), dermatomycosis (N=31; 3%), impetigo (N=18; 2%) and eczema (N=28; 3%).

This is almost double the number of cases seen in the 2017 checks. This might be due to even poorer living and housing conditions of this year's population checked in Baseco and to lack of shoes or flipflops (barefoot walking).

Infected wounds were treated with Fusidin cream or with antibiotics. In one case an abscess on the hairy head was incised with a surgical knife, provided thanks to the dentists, and cleaned. Daily follow up showed a good healing.

Table 10: Skin disease prevalence among all children

	Baseco	
	960	
	N	%
wounds n.o.s.	15	2%
eczema n.o.s.	28	3%
dermatomycosis	31	3%
Impetigo/furunculosis	18	2%
lice	26	3%
scabies	22	2%
wounds infected,	30	3%
insect bite	1	0%
other (psoriasis etc)	33	3%

In some cases all members of one family were treated for scabies with Ivermectine tablets and provided with new clothes. The “old” clothes and bed linen were put inside plastic bags to rest for three days in the burning sun.

Neurological problems

Some children with developmental disorders were checked. Diagnosis included Down’s syndrome (N=1), severe psychomotor retardation (N=15; 2%), hypertonia N=1), hypotonia (N=2), epilepsy (N=2), and migraine (N=2).

The severely retarded children were seen by Christine Lindner, the specialized physiotherapist in our MCC-team, and diagnosed for further physiotherapy treatment. They were admitted to the special needs program of Bless the Children in Tondo. Bless the Children foundation puts a lot of effort and attention into these children by physiotherapy and extra feedings (most of them are malnourished) and engages in community rehabilitation services. The children are locally called “special children”.

Results: dental

A high prevalence of caries was observed (N= 381+166=547; 55%). This is even more than seen in 2017. Caries with pain (N=166; 17%) was equal to 2017.

Dental hygiene and tooth brushing was emphasized in all checks. Banning of candies and sugar beverages was explained to all caretakers. We are well aware that sweet treats (or a few pesos to buy them) are given by caretakers to please and console their children in these harsh living conditions. So we tried together to find an alternative solace in banana, mango and carrots, well available in Baseco.

Structured oral health promotion activities by health workers should be encouraged in all slums.

During the checks all children were provided with a colorful tooth brush and local volunteers performed educational activities how to use them.

Conclusions and recommendations

1. We fully support the conclusions of the 2017 Medical Report about the excellent work of Bless the Children foundation. Again we were impressed by the motivation, the knowledge and experience, and the learning curve of the staff of Bless the Children.
They took a significant role in the preparation, the organization and the implementation of the 2018 checks in Baseco They were part of the team and not just volunteers who gave support to the MCC team.
Their primary focus during the year however is understandably on the (extended) Tondo area. They are most willing to support any initiative in Baseco but it is unrealistic to expect them to take over Baseco too.
2. The checks themselves were successful. Almost 1000 children were checked. The carousel in general went very smoothly. The cooperation in the team was good all week long. The carousel formula proved to be efficient and effective.
Special advantage of this year's team was the good balance between the number of doctors (5) at the doctors stations and the other stations. It gave the doctors time to communicate with children and caretakers on medical, social and educational issues. Moreover it enabled regular, mutual consultation on specific cases and knowledge. A number of children were selected for further diagnosis and further treatment. Thanks to Bless the Children the follow up was, is or will be initiated on short notice.
3. The two Philippines dentists (mother and daughter) contributed to the success of the mission. They gave immediate treatment to the children who were diagnosed for "caries with pain". They gave comfort to the children while treating them effectively and at high speed.
4. An important aim of MCC is to educate and empower the local communities, caretakers, and the health workers of the hosting local organizations.
During the mission the following activities in this respect appeared to be very successful:
 - a. Information (and practice) about dental health care. All children received a tooth brush and were very motivated to learn how use it in a proper way.
 - b. Information about healthy feeding.
 - c. The asthma class for children and their caretakers, and for some Baseco health workers.
 - d. The (first time) training in Basic Life Support for all volunteers. Education and practice and empowerment all in one.Our recommendation is to make this training part of every mission. It takes at the most an hour and is a relatively simple way to contribute to a sense of being empowered by the volunteers.
 - e. In general the time that doctors could spend on each child, empowering the caretakers in their care.
5. Before the mission our team was well aware of the importance of the (im)possibilities to empower the local organizations and volunteers in Baseco itself. As explained above our conclusion is that we did not succeed enough in empowering the staff of WEP and the Local Health Workers in taking a prominent role in (the follow up of) this mission and in successfully hosting and organizing a new mission in 2019 by themselves instead of Bless the Children. The level of education, experience,

organization and personal motivation on this part is too low to expect such a significant role.

The initiative taken in 2017 by WEP to start a small Health Center (see Medical Report 2017) was not successful. Bless the Children put a lot of effort in recruiting a nurse who, supported by Connie May Torre of Bless the Children, would be the spindle in this Baseco Health Center. Unfortunately all candidates eventually decided to leave.

6. Our recommendation is

As organizational and medical leaders of the 2018 Manila mission of Medical Checks for Children we would advise the board to postpone a next medical mission to Baseco at least for one year.

As mentioned in last year's conclusion we think that the organization of Bless the Children has the capabilities to extend and develop local child health in line with the vision of Medical Checks for Children. Bless the Children is able to perform the carousel independently. Every year big steps are made improving local health, and big efforts are made to reach out to other organizations and children of other areas. In our opinion the level of performance of Bless the Children is very high and they could be a great partner to another organization within Baseco.

However at this moment there seems to be no such organization in Baseco that can offer such continuity and sustainability. WEP doesn't have the manpower nor the finances, and the Health Workers in Baseco are not that well organized, educated and (therefore) motivated yet to be a good partner for Bless the Children.

Bless the Children has tried to find another nurse or good educated health worker, besides Connie, with Baseco as a focus-area. Her/his first year's salary can be paid by donations through a sponsored event. However up till this moment all 4 candidates who applied for this job have left to work abroad.

Bless the Children is certainly willing to support a future organization but isn't able to take all the responsibility for another slum area. Hopefully this coming year steps will be made to come to a more sustainable solution within the Baseco barangay.

7. A special word of thanks goes to Mrs Eunice Cheng Chua who for so many years is "the mother" of all Manila missions. She has built an experienced team of health - and social workers. Many of them work for Bless the Children for several years. This makes them more and more experienced. Mrs Connie May Torre headed the Bless the Children team this year in Baseco, supported by Nova, Nalyn and all other members of the staff. We were (again) impressed by their motivation and their love and good care for the children.....and for our team.

Mrs Juliette Kwee was co-hosting this mission. We very much appreciated her hosting and her deep motivation to empower the society of Baseco, and her efforts to recruit a team of people from this barangay to guide slum tours for people from outside.

Last but not least and most of all we would like to thank the children and their parents and caretakers for their trust and warm, interesting presence. The Taghalog-language may be a problem for us but eye and body language bridge that gap easily.

