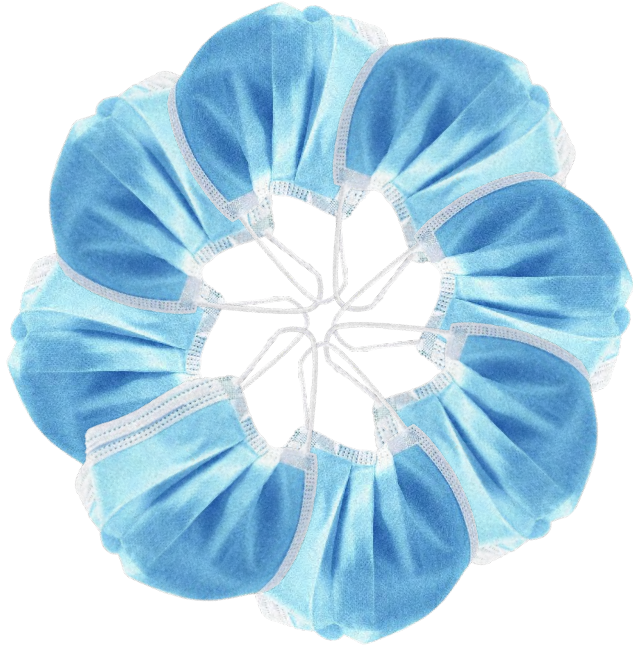




THE RUTH FOUNDATION
for Palliative and Hospice Care

2



2



ANNUAL REPORT

-  **Message from the Executive Director** P4
-  **Introduction** P6
- 
Overview of the Organization P8
 - Vision, Mission & Philosophy P9
 - Board of Trustees P10
 - Organizational Chart P11
- 
Accomplishments & Challenges P12
 - Patient Care P13
 - Social Work P17
 - Training P27
 - Communication & Special Projects P34
 - Volunteer Work P40
 - Operations & Quality P42
-  **2021 Goals** P46

ABOUT THE FOUNDATION

Launched in 2012, actual operations of the Ruth Foundation began in January of 2013. Since then it's been seven life changing years of service with the constant goal of enhancing the quality of life for those facing advanced illness and age, through skilled and compassionate home-based care, palliative and hospice care education and advocacy.

Contact hope@ruth.ph or visit www.ruth.ph

Copyright © 2020 by The Ruth Foundation for Palliative and Hospice Care Inc.
This "Annual Report 2020" is typeset in Georgia and Neutra Text and printed on coated matte stock.
Printed in the Philippines.

Message from the Executive Director



“The way out of the storm and mud of suffering, the way back to freedom on the high edge of strength and courage, is through the power of compassion.”

JOAN HALIFAX

In as much as 2020 may have seemed like a never-ending story, the reality is, it's over. Thus, I finally write, to give justice to the fact that it was truly a year like no other and that it deserves a proper and reflective farewell. Looking back on how began with a volcanic explosion, it brought its first wave of frenzy and devastation to our immediate community. Homes were buried in lava and ash and along with them, countless hopes and dreams. And while the volumes of toxic air lingered, little did we know, that an even more vile airborne enemy was approaching our country's borders. We were knocked down and locked down, by a complete stranger - COVID19-a virus the entire world was not prepared for. What remained then of last year, will be marked in history as a deluge of fear, destruction, loss, indescribable pain, isolation and grief.

Yes, 2020 imposed on us new depths of suffering, but it also demonstrated ingenious heights of human compassion, proving once again that there can always be beauty from ashes. With this I recall a quote by re-known author and anthropologist, Joan Halifax. “The way out of the storm and mud of suffering, the way back to freedom on the high edge of

strength and courage, is through the power of compassion.” (Standing at the Edge: Finding Freedom Where Fear and Courage Meet). This truth was clearly lived out by many a selfless hero, throughout the year of seemingly endless assaults. As a foundation, we saw, shared and lived out this very same truth- the power of compassion- with our patients, their family, our community and with each other. Apart from continuing to serve the palliative care needs of our patients in innovative and virtual ways, The Ruth Foundation became channels of support for different sectors amidst the pandemic. We also shared hope with communities badly hit by the Taal Volcano eruption and the massive Cagayan Valley flooding. One of our greatest battles by far, however, was alongside the members of our team who were personally hit by the dreaded virus. But with good medical care, the support of family and friends, coupled with strength of spirit and faith, they recovered, and we became stronger, together.

With immeasurable gratitude,

Dr. Mae Corvera
President/CEO

Introduction

Many challenges faced us in 2020. We were more than able to survive, but we thrived through it. Major adjustments made were how we did our services. Instead of face-to face care encounters, The Ruth Foundation embraced Telehealth services. This initially posed as a difficult transition, since most patients had difficulty connecting to online video services, but then again, more adjustments were made, which made our care teams follow-up, assess and assist through phone calls, text messages and other online platform services. New office protocols were also put in place by our Management Committee to keep our staff safer and with this ushered the new normal, our everyday routine. Upon seeing the numbers in the next few pages, kindly keep in mind that there were months wherein TRF was mandated to stay at home due to local lockdowns, which directly affected the numbers across each chart. What is remarkable is that in spite of the situation, transition and major changes, TRF was still able share hope.



Overview of the Organization

VISION, MISSION & PHILOSOPHY

Vision

The Ruth Foundation for Palliative and Hospice Care, Inc. envisions competent and compassionate palliative and hospice care for individuals needing it most.

Mission

Our mission is to enhance the quality of life for those facing advanced illness and age through skilled and compassionate home-based care, palliative and hospice care education and advocacy.

Philosophy

The philosophy of palliative and hospice care are depicted in the values which the Foundation is grounded on:

- DIGNITY
- COMPASSION
- TRUSTWORTHINESS
- EXCELLENCE
- PARTNERSHIP

BOARD OF TRUSTEES



Dr. Rumalie A. Corvera



Atty. Peter Irving C. Corvera



Napoleon H. Vasay



Lt. Col. Roderick P. Aguto Sr.



Angelita J. Laborte

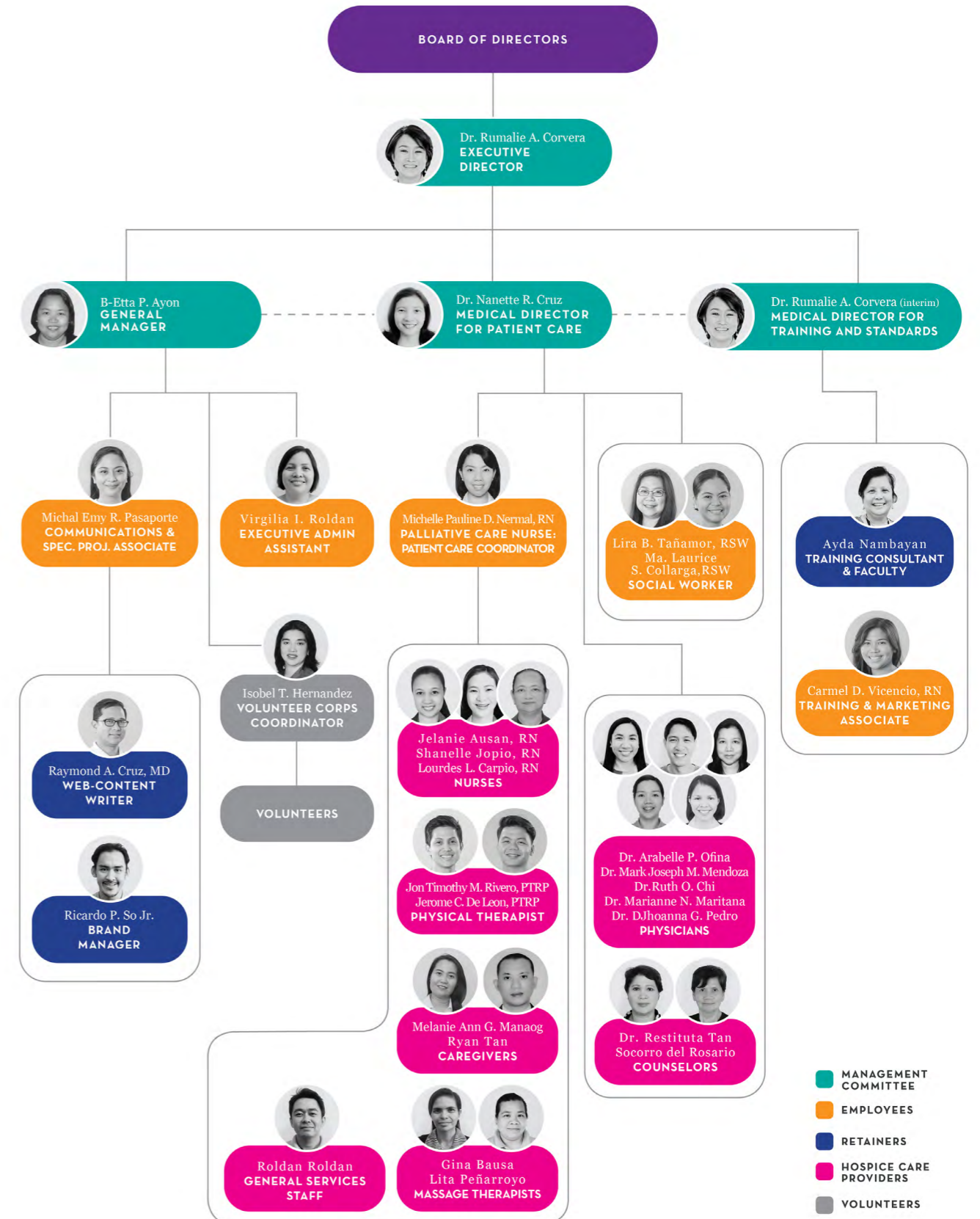


Michael R. Trinidad



Joel R. Zobel

ORGANIZATIONAL CHART



- MANAGEMENT COMMITTEE
- EMPLOYEES
- RETAINERS
- HOSPICE CARE PROVIDERS
- VOLUNTEERS

ACCOMPLISHMENTS AND CHALLENGES

Patient Care

Accomplishments and Challenges

Figure 1 - Summary of Patients Statistics

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	T	AVE
LIVING PATIENTS PER MONTH	109	105	102	105	105	109	108	109	107	105	106	104	-	106
ADMISSIONS	7	0	2	3	1	5	1	5	4	2	2	1	33	3
EXPIRED	4	2	5	0	1	1	2	4	6	3	0	1	29	2
DISCHARGED	0	2	0	0	0	0	0	0	0	1	1	2	5	1

The figure above shows the summary of patient statistics for the year 2020. The Patient Care department was able to serve a total of **33** new patients with an average of at least **2 to 3** patients enrolled per month but lost **29** patients due to death and **5** were discharged, making the average of living patients around **106** per month.

Figure 2.a - Basic Services (Actual Home Visits)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	T	AVE
PHYSICIAN CONSULT	21	15	4	7	0	4	0	0	0	0	0	0	51	17
NURSING CARE	61	74	21	7	0	5	0	0	0	0	0	0	168	56
PHYSICAL THERAPY	30	39	10	0	0	2	0	0	0	0	0	0	81	27
REFERRAL TO DR. PEDRO*	0	0	0	0	0	0	1	0	0	0	0	0	1	0

**Dr. Djhoanna G. Pedro serves as our Palliative Care Specialist for patients we are not able to serve through face to face visits because of geographic service limitations. She directly connects with the patients in need and attends to them independently, while the foundation remains her partner in care.*

Physician consult, **51**, Nursing Care, **168**, and Physical Therapy, **81**, services were divided by **3 months**, before the ECQ (Enhanced Community Quarantine) was set in the middle of March 2020. Actual home visits were still done for urgent cases in April and June, which were accomplished by Dr. Mendoza and Nurse Quilaton. In June, Physical Therapy visits were also included to be able to assess the urgency of cases, as well as new admissions. Dr. Pedro had **1** patient referral through an actual home visit in July.

Figure 2.b- Basic Services (Actual Home Visits)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	T	AVE
PHYSICIAN CONSULT	0	0	0	0	4	4	11	15	10	9	10	7	70	7
NURSING CARE	0	0	69	86	224	224	247	225	234	303	200	126	1938	204
PHYSICAL THERAPY	0	0	0	9	11	11	9	20	26	14	20	1	121	13
REFERRAL TO DR. PEDRO*	0	0	0	0	0	0	0	1	0	0	0	0	1	0

The figure above shows telehealth services divided by **9.5 months**, since these services started mid-March 2020. Physician consult are at **7** per month on average, Nursing Care, **204** per month on average, and Physical Therapy, **13** per month on average. Dr. Pedro had **1** patient referral through telehealth services in August.

Figure 4.a - Complementary Care Services (Actual Home Visits)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	T	AVE
ART THERAPY	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BEREAVEMENT VISIT	1	1	0	0	0	0	0	0	0	0	0	0	2	0
COUNSELING	1	3	1	0	0	0	0	0	0	0	0	0	5	1
FAMILY CONFERENCE	0	1	0	0	0	0	0	0	0	0	0	0	1	0
FUNERAL VISIT	1	1	0	0	0	1	0	0	0	0	0	0	3	1
HAPPY ROOM	0	0	1	0	0	0	0	0	0	0	0	0	0	0
MESSAGE THERAPIST	27	57	16	0	0	0	0	0	0	0	0	0	100	33
MUSIC INFUSION	0	0	0	0	0	11	0	0	0	0	0	0	0	0
RESPITE CARE	5	4	0	0	0	0	0	0	0	0	0	0	9	3
SPIRITUAL CARE	6	9	8	0	0	0	0	0	0	0	0	0	23	7

The figure above shows the complementary services given to our patients through actual home visits. The computation for these services were the same as the actual home visits for the basic services which is at **3 months**. It shows that therapeutic massage is the most given service to our patients with a total of **100** procedures rendered, averaging to **33** patients on average per month. It is followed by spiritual care, with a monthly average of **7** patients. We had a total of **2** bereavement visits, **5** counselling sessions, **1** family conference, and **9** respite care sessions. Among the **3** funeral visits recorded, the visit done in June was rendered by Nurse Quilton.

Figure 3 - Procedure Done (Actual Home Visits)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	T	AVE
WOUND CARE	0	0	2	0	0	0	0	0	0	0	0	0	2	0

The figure above illustrates that only **2** wound care procedures were done, since this can only be during actual visits.

Figure 4.b - Complementary Care Services (Telehealth)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	T	AVE
ART THERAPY	0	0	0	0	0	0	0	0	0	0	1	1	2	0
BEREAVEMENT	0	0	0	0	0	0	5	0	0	2	4	0	11	1
COUNSELING	0	0	3	3	4	8	6	4	4	7	5	3	47	5
FAMILY CONFERENCE	0	0	0	0	1	0	0	0	2	0	0	1	4	0
FUNERAL VISIT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HAPPY ROOM	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MESSAGE THERAPIST	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MUSIC INFUSION	0	0	0	0	0	11	0	0	0	0	0	0	0	0
RESPITE CARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SPIRITUAL CARE	0	0	0	3	4	8	6	15	16	9	4	5	70	7

The figure above shows the complementary services given to our patients through telehealth services for the year 2020. The figure above shows telehealth services divided by **9.5 months**, since these services started mid-March 2020. It shows that spiritual care is the most given service to our patients with a total of **70** sessions rendered, averaging to **7** patients on average per month. It is followed by counselling, with a monthly average of **5** patients. We had a total of **11** online bereavement sessions, **2** art therapy sessions, and **4** online family conferences.

Figure 5 - Patient Overview

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AVE
GENDER	Male	47	47	47	48	48	52	52	52	52	51	51	52	50
	Female	62	62	55	57	57	57	56	57	55	54	55	54	57
AGE	Pediatric	18	18	18	18	18	20	20	21	21	22	23	24	20
	Adult	36	34	35	36	35	44	35	36	35	38	31	31	36
	Geriatric	55	53	49	51	52	45	53	51	51	45	52	49	51
CATEGORY	Hospice	2	1	1	1	1	4	1	2	0	0	2	2	1
	Palliative	87	84	83	85	85	86	83	80	76	74	72	69	81
	Supportive	20	20	19	19	19	19	24	26	31	31	32	33	24
LOCATION	Muntinlupa	63	62	60	60	60	63	63	61	62	63	65	64	62
	Las Piñas	5	5	5	6	6	7	7	8	9	8	8	8	7
	Parañaque	13	10	11	13	13	13	11	12	11	11	11	10	12
LOCATION (Beyond Borders)	Laguna	5	5	5	6	6	7	7	8	9	8	8	8	7
	Cavite	13	10	11	13	13	13	11	12	11	11	11	10	12

The figure above shows our patient overview. Leading in numbers for gender are females at **57**; for age, geriatric patients, **51**; for functional category, palliative, **81**; and for location, Muntinlupa residents, **62**.

ACCOMPLISHMENTS AND CHALLENGES

Social Services

Figure 6 - Social Services

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	T	AVE
NO. OF PATIENTS SERVED	14	14	42	18	12	13	5	16	11	11	16	8	-	15
INTAKE INTERVIEW	3	2	0	5	1	2	1	5	4	2	2	0	27	25
TELEHEALTH	0	0	45	42	20	13	11	18	11	13	16	9	198	17
REFERRALS & OTHER SERVICES	0	2	6	7	1	1	5	1	4	1	2	0	30	3
BENEVOLENT FUND	25	23	24	33	26	35	33	33	34	34	34	41	374	31
HOME VISITS BEFORE ECQ	14	16	9	0	0	0	0	0	0	0	0	0	39	13

TRF's Social Services Program had provided a total number of **668** services to patients. These services include **198** Telehealth services and **30** referrals and **374** times the patients received their Benevolent Funds within the year. Patients were provided referral services according to their needs which are mostly financial assistance to be able to buy medicine and medical supplies. Our social workers were able to find donors for milk, food, rice and diaper donation spread throughout the year. Patients were referred to the offices of the Department of Social Welfare and Development that provides financial assistance.

The year started with the recreation of the Patient Database on Google Sheets, which acts as a master list of patients we have served since timely memorial. Letters for courtesy calls were sent out and were presented in Brgy. Poblacion and Brgy. Putatan. Preparations for the DSWD Renewal of Accreditation were done in the 3rd and 4th quarter of 2020.

The social workers were able to attend the following trainings and seminars online:

- 1 The Role of the Social Worker in Palliative Care by Pallium India
- 2 Psychological First Aid by MentalHealth PH
- 3 Depressed ka ba or Sad ka lang? by Philippine Women's University School of Arts and Sciences Psychology Department
- 4 Caring for Older Persons Amidst the Covid- 19 Pandemic by UP Open University Faculty and Development Studies
- 5 Stakeholders Consultation and Validation Meeting for the Training Program of the National Palliative and Hospice Care Program
- 6 Art as Therapy: Realigning Our Rhythm in Everyday Life by Rex Bookstore
- 7 (DOH-JBL) Basic Palliative and Hospice Care Training of Trainers
- 8 Understanding Spiritual Issues in the Care of Children with Illness by Ageing and Longevity Medical Webinars
- 9 Every Mind Matters: Mental Health and Its Importance by SLSU-MCC Extension Service and Community Relations
- 10 Towards our Best Selves: Self –Care and Coping by SLSU-MCC Extension Service and Community Relations
- 11 Strength-Based Approach: Journey to Resilience by SLSU-MCC Extension Service and Community Relations

ACCOMPLISHMENTS AND CHALLENGES

Benevolent Fund + Donation Deliveries

July 2020
Milk Delivery



July 29, 2020
CPG Donation



BENEVOLENT FUND + DONATION DELIVERIES

August 07, 2020

Delivery of Donated Rice Milk (2nd Tranche)



BENEVOLENT FUND + DONATION DELIVERIES

August 11, 2020

Donation of High Flow Med Supplies to DLSCM



August 27-28, 2020

BF Delivery



BENEVOLENT FUND + DONATION DELIVERIES

September 07, 2020
Rice Distribution



September 24-25, 2020
BF Delivery (Medicine + Supply)

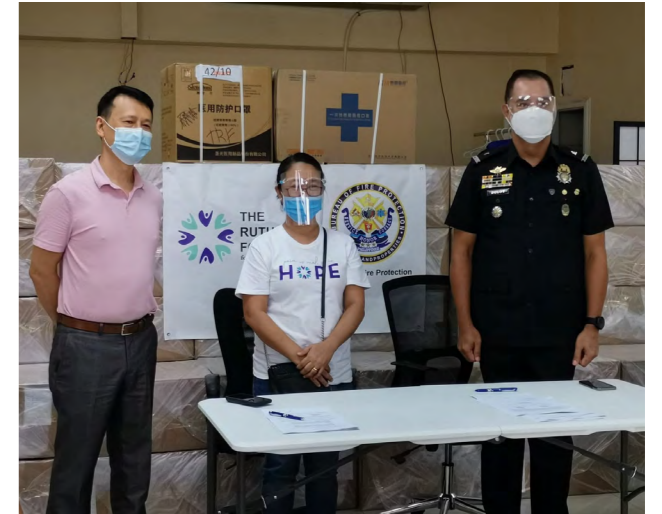


BENEVOLENT FUND + DONATION DELIVERIES

October 06, 2020
Rice Distribution



October 22, 2020
BFP-NCR Donation Turnover



BENEVOLENT FUND + DONATION DELIVERIES

October 22-23, 2020
BF Delivery (Pain Medicines)

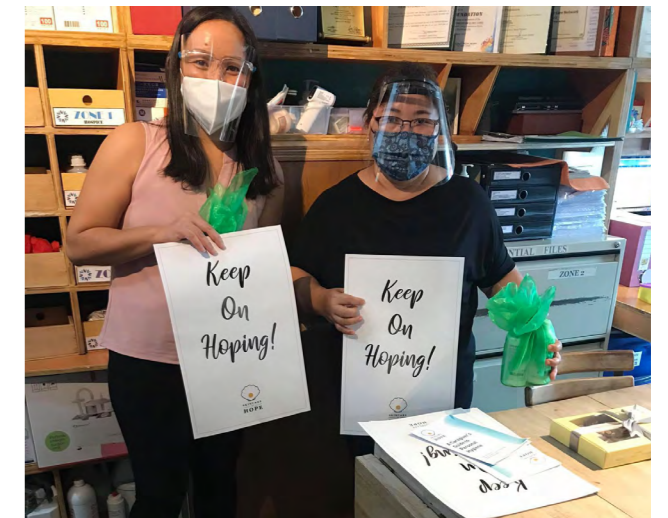


BENEVOLENT FUND + DONATION DELIVERIES

October 30, 2020
Donation Turnover - PGH Palliative Dept.



November 03, 2020
Care Products Donation



BENEVOLENT FUND + DONATION DELIVERIES

November 11, 2020
Rice Distribution



December 18, 2020
Donation Delivery



ACCOMPLISHMENTS AND CHALLENGES

Training (External)

Preceptorship: Trimex College

January 8, 2020

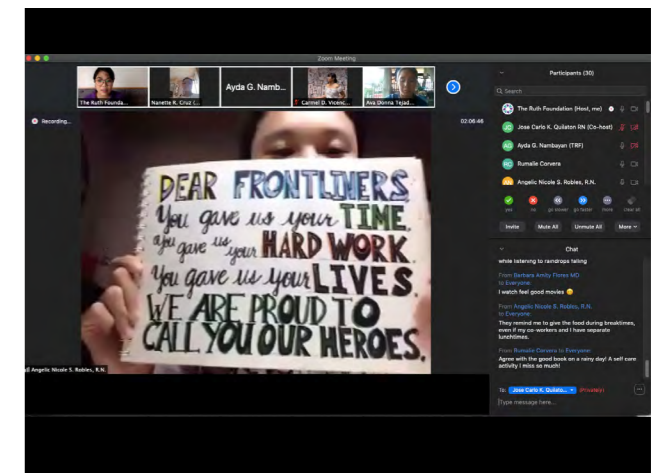
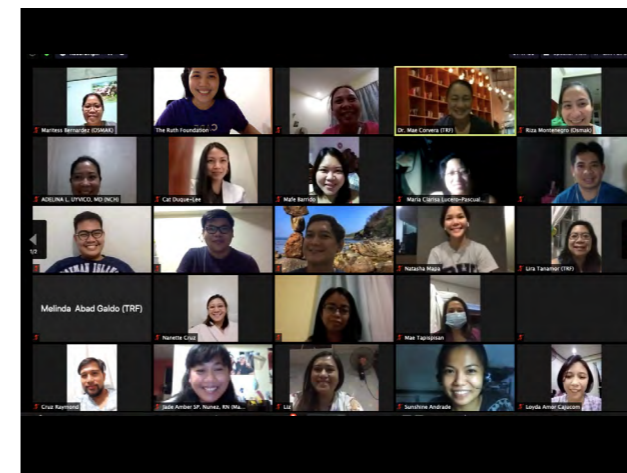
These are scheduled throughout the year, with a Memorandum of Agreement with the partner institutions. These are individual learning methods which involve coming alongside palliative and hospice care specialists, physicians and nurses during actual patient visits. Case-based learning, mentoring, and objective structured clinical examination are utilized. 5 students from Trimex College students were taught to assess and manage palliative symptoms of some TRF patients, with the guidance of Nurse Mamel & Nurse Carlo.



End-of-Life Nursing Education Consortium (ELNEC) COVID-19 Webinar Series

June 15 to July 13, 2020; Mondays & Thursdays only / 2 segments: Live – 12nn-1PM & Replays – 8PM-9PM

This was the first online webinar by the TRF Training Team, COVID-19 contextualized joined by 52 attendees.

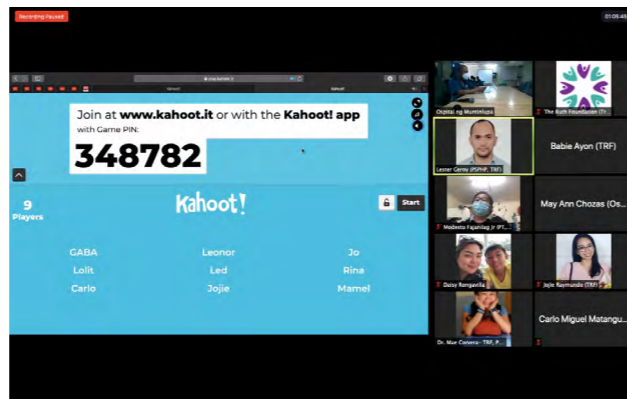


TRAINING

Webinar Series (Short Course) on Palliative Care COVID Response Hospital & Community Guidelines: Integrating Compassionate Communities in Muntinlupa City

August 18 & 25 (OsMun); August 27 (CHO-Muntinlupa)

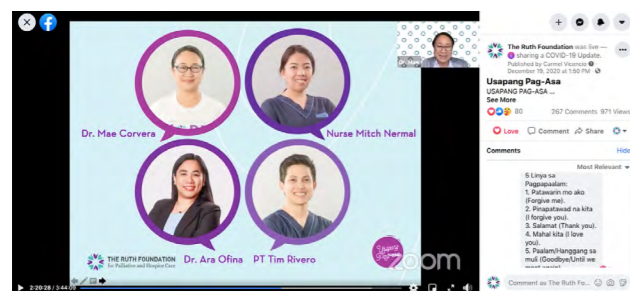
Philippines, as TRF joined the organization and coordination of a series of refresher talks for our Muntinlupa partner. Aside from a refresher talk, our lead coordinators ensured a further growth in Muntinlupa partnerships through discussions of referral programs and example hospitals who already jumpstarted with their own (PHC program). There were 35, 39, 27 attendees respectively. →



Lay Forum: Usapang Pag-asa

December 19, 2020

First online lay forum held for our patients, their family members, and those who need it most. The style of the talk is like a talk show with a doctor. Partnered by a nurse, a PT, a SW, and a Counselor, the doctors discussed looming questions of those who care for chronically-ill patients on how to care and how to face difficult circumstances that they may encounter. 43 live viewers watched at peak via Facebook Live.

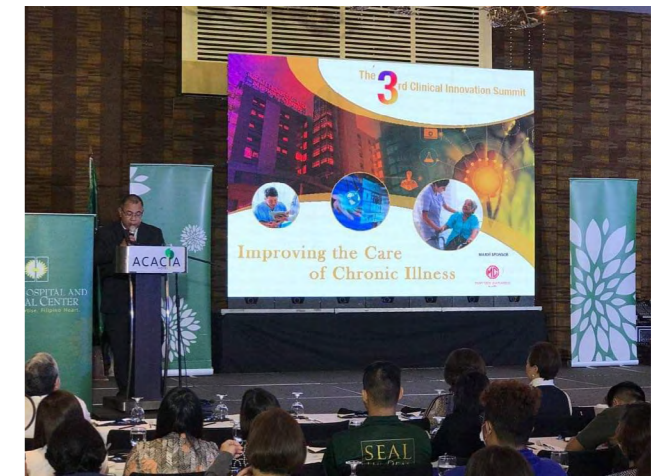


ACCOMPLISHMENTS AND CHALLENGES

Internal Trainings (Staff Development)

AHMC Summit: 3rd Clinical Innovation Summit January 31, 2020

TRF was invited by Asian Hospital and Medical Center, held at Acacia Hotel Manila. 10 staff attended, some manned the TRF booth on site. The theme was “Improving the Care of Chronic Illness”. The summit tackled innovations in chronic illness care, featuring topics on enhancing value-based care for these patients and fostering a culture of resilience and excellence among caregivers and healthcare professionals.” →



DSWD’s Patient Protection Orientation

February 18 to 19, 2020

Further discussed were topics like rights of PWDs, assessment and management of abused, neglected, and exploited children. Brief details about data privacy act were also discussed. 13 and 12 staff attended, respectively, for this 2-day orientation. ↓

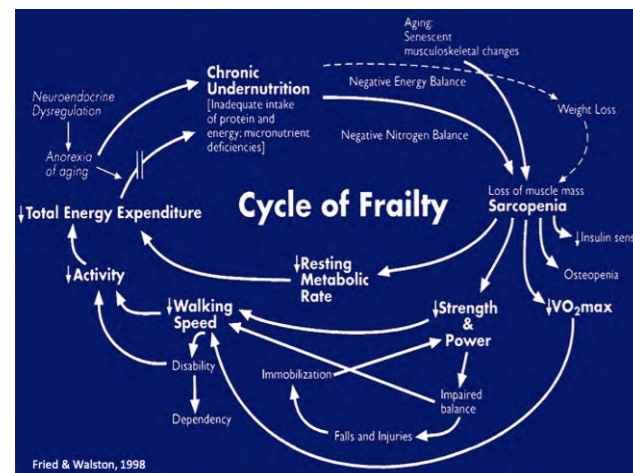


INTERNAL TRAINING (STAFF DEVELOPMENT)

Comms Workshop

March 10, 2020

Comms Team, led by Ricky and Mamel shared the new protocol to calendar activities on TeamUp and and a walkthrough of how-to fill-in data. Aside from TeamUp, the Comms team came up with forms for events and discussed to the whole team how to fill in the forms (as organizer, as attendee); a Compassionate Me workshop where the team were given a chance to reflect on what compassion is for them. This was attended by 7 staff members. →



Online Training: Overview on Frailty

May 6, 2020

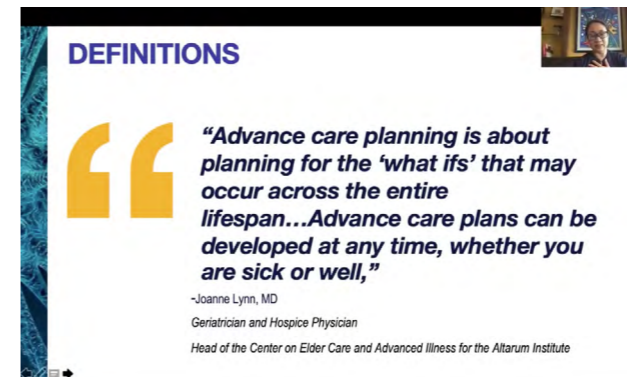
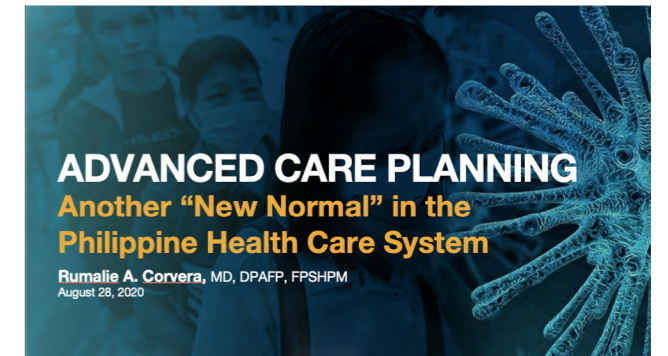
Our PT Tim discussed the difference between aging and frailty, the spectrum of frailty on older adults, the assessment of frailty (its cycle), and interventions to avoid early onset of frailty. In effect, some of our staffs decided to do small routines of exercise for the next few weeks. This was attended by 11 staff members. ←

INTERNAL TRAINING (STAFF DEVELOPMENT)

Online Training: Advance Care Planning (3 Parts)

May 13, 19, and August 28, 2020

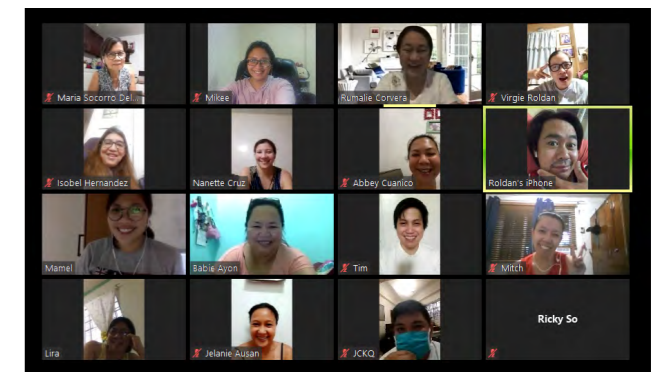
Dr. Mae discussed about the ACP as another new normal in the Philippine healthcare system; she defined what ACP is, what its goal is, its history and future directions, then shared an actual ACP model and guided the team to make their own 5 Wishes, teaching to be brave enough to have conversations that matter (Margaret Wheatley). 13, 13, and 17 staff attended, respectively for this 3-part series. →



Online Training: Wellness Talk - Earn, Burn, Return

May 13, 2020

A health talk by Ricky, wherein the 16 staff and volunteers learned how to live smart and healthily during the pandemic by knowing about calorie deficit and computing each one's basal metabolic rate, and reminding everyone to partner these measures with exercise. →

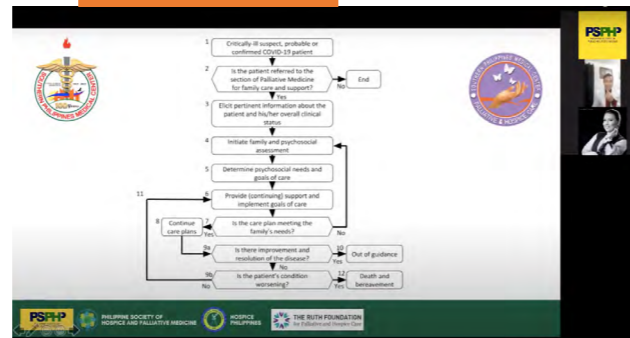
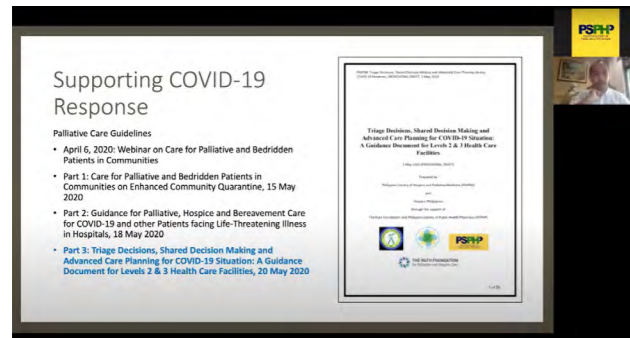
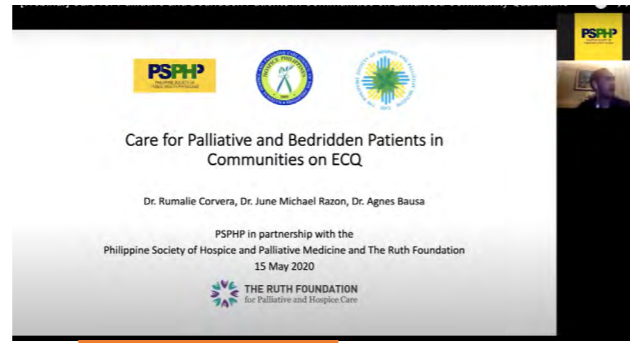


INTERNAL TRAINING (STAFF DEVELOPMENT)

Care for Palliative and Bedridden Patients in Communities on ECQ

May 15 & 20, 2020

A webinar by PSHPM, discussing about basic palliative care as a supporting COVID-19 response. 2 staff attended for each day. →

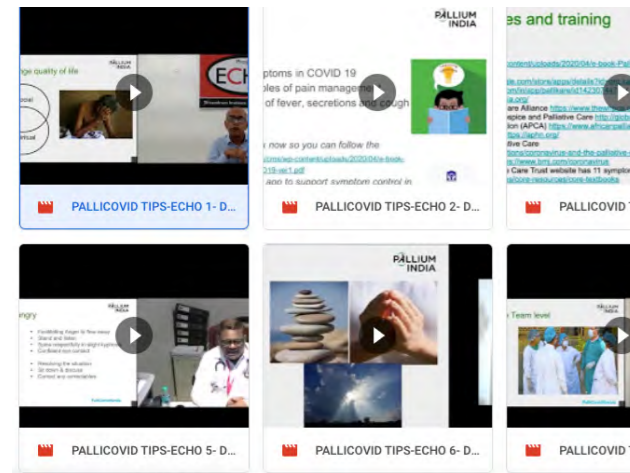


Online Training: PalliCOVID ECHO

August 10 to 14, 2020

A webinar by Pallium India – PalliCOVID ECHO, attended by 4 of our staff, with comprehensive discussions about palliative care; this is where we got the concept of having pre-recorded videos (asynchronous training) for our ELNEC COVID 2nd Run.

←

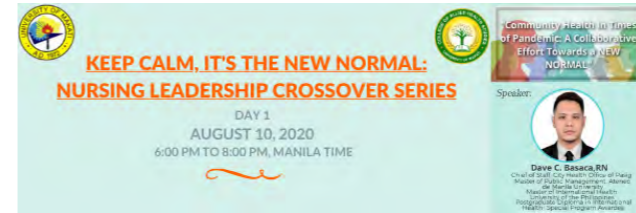
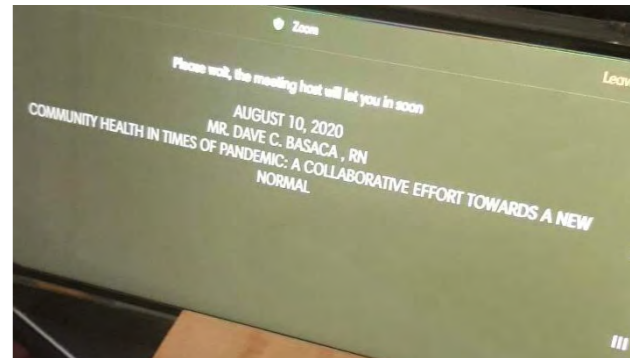


INTERNAL TRAINING (STAFF DEVELOPMENT)

Online Training: Keep Calm, It's the New Normal: Nursing Leadership Crossover Series

August 10 to 14, 2020

A webinar by University of Makati with discussions about community health in times of pandemic, new protocols and guidelines. 3 staff attended. →



Online Training: Data Privacy Act

September 1, 2020

A webinar mainly for TRF staff and partners to recognize and abide by the IRR of the Data Privacy Act, as shared by Dr. Ivy Patdu. 25 staff and volunteers attended. →



THE RUTH FOUNDATION for Palliative and Hospice Care

DATA PRIVACY WEBINAR

via Zoom

with Dr. Ivy Patdu

01 SEPT 2020
Tuesday | 2 to 4 pm

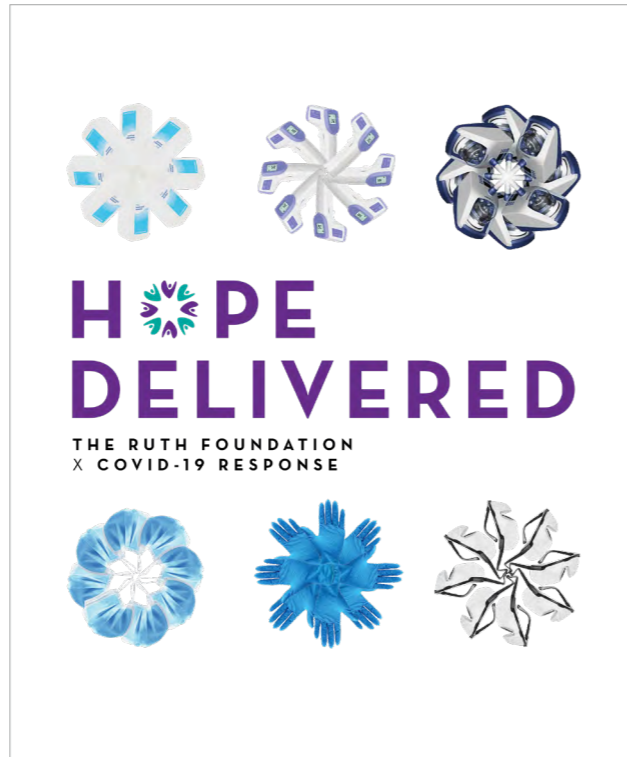
For more info, contact training@ruth.ph

ACCOMPLISHMENTS AND CHALLENGES

Communications & Special Projects

TRF COVID-19 Response: Hope Delivered

Research, Content, Design →



TRF COVID-19 Response: Information Drive

Research, Content, Design ↓



COMMUNICATIONS & SPECIAL PROJECTS

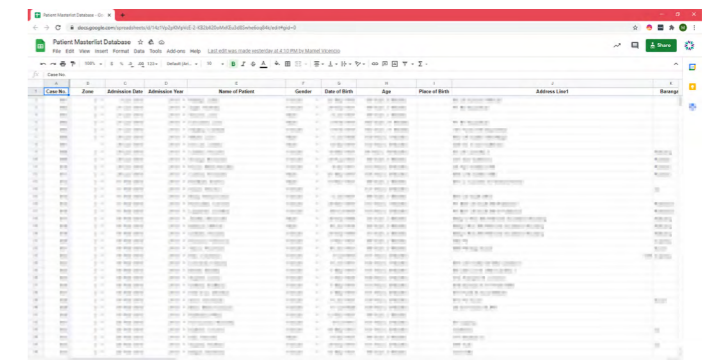
Palliative CoLab

Research, Content, Design →



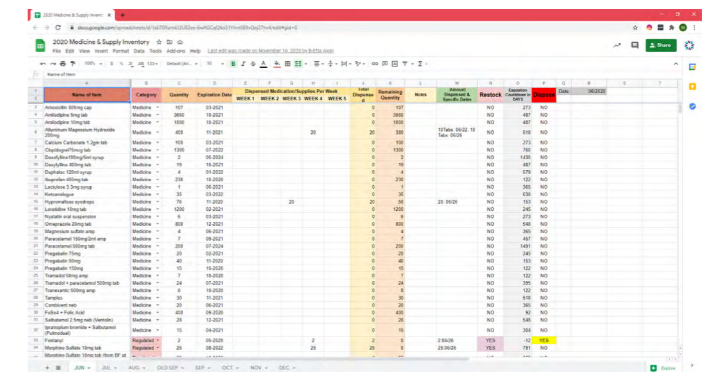
Patient Database (Master list)

Initial content, layout, coding, walk-through, user assistance →



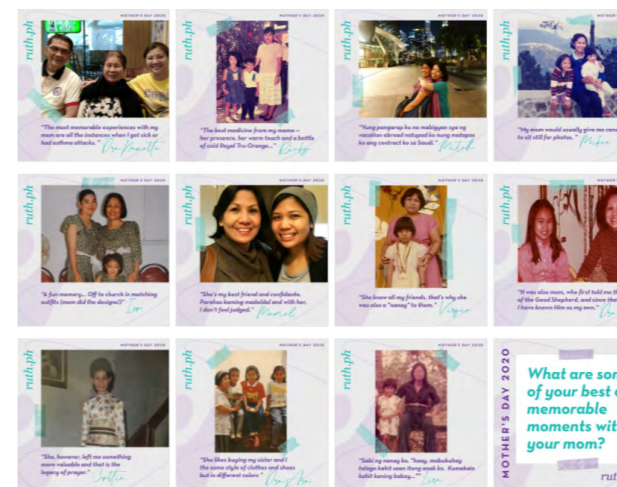
2020 Medicine & Supply Inventory Database

Initial content, layout, coding, walk-through, user assistance →



2020 Mother's Day

Graphics, Social Media engagement ←



COMMUNICATIONS & SPECIAL PROJECTS

2020 Father's Day

Graphics, Social Media engagement



Fact of Myth Game

Graphics, Social Media engagement for Hospice Care Month



Christmas Video for Patients and Benefactors

Content, video editing, graphics



COMMUNICATIONS & SPECIAL PROJECTS

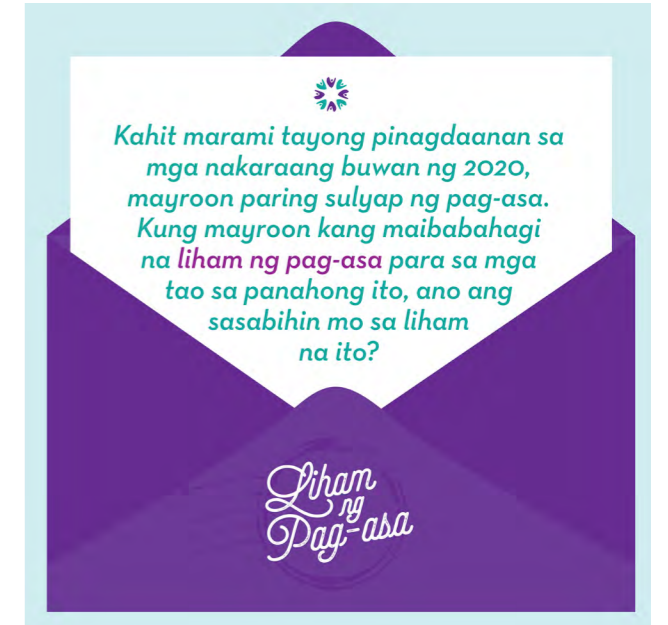
Liham ng Pag-Asa

Editing, Follow-up, graphics



Pasko ng Pag-Asa: Photo Border

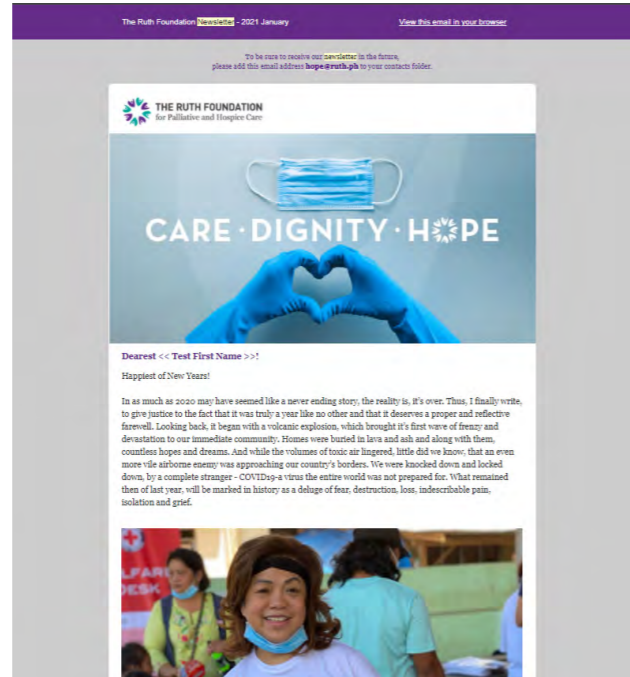
Graphics, Social Media engagement



COMMUNICATIONS & SPECIAL PROJECTS

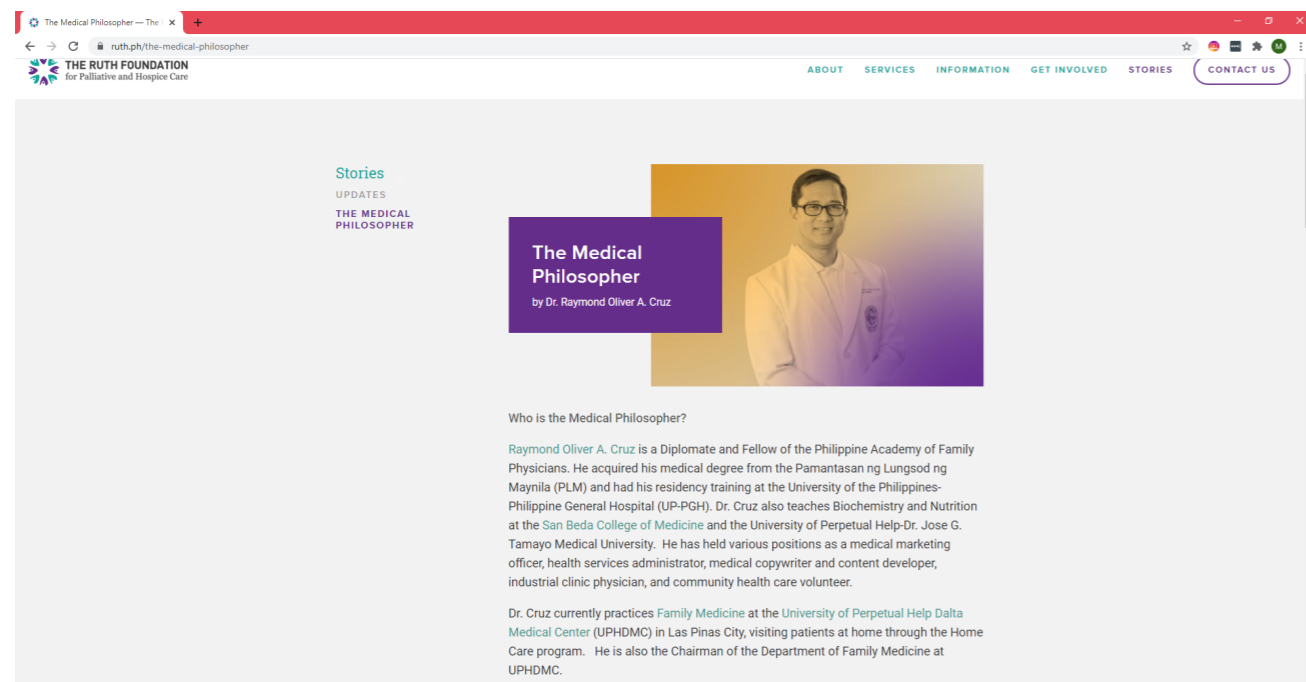
Quarterly Newsletters

Mailchimp distributed newsletters for partners, donors, staff and volunteers.



Monthly Medical Philosopher Articles

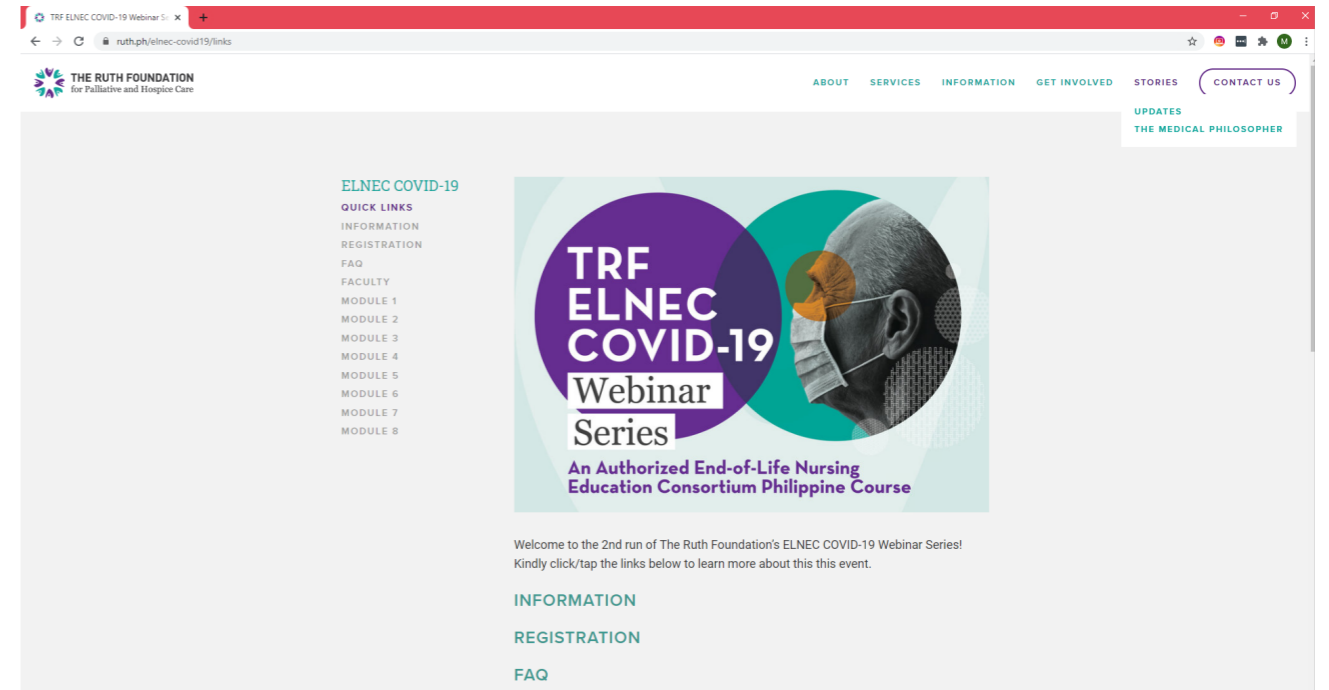
Content by Dr. Raymond Cruz, Comms for web design, social media posting, content editing and graphics



COMMUNICATIONS & SPECIAL PROJECTS

ruth.ph/ELNEC Microsite

Content, video editing, graphics, web design, web layout ↓



ACCOMPLISHMENTS AND CHALLENGES

Volunteer Work



ACCOMPLISHMENTS AND CHALLENGES

Operations & Quality

When year 2020 started, everyone was hoping for a better year, plans were laid out to gain more partners, educate or empower more people in the community and re-align the organization to focus the direction of the organization in the coming years.

But the year turned to be a year where plans were put aside first, and validate the doable that will not compromise the safety of each personnel.

The pandemic had a great effect in the general operations of the foundation, wherein staff had to do work from home, tasks needing face-to-face interactions with patients had to be put on hold. A resignation of a long-standing employee during the early stage of the pandemic also contributed to the distribution of tasks with the limited staff available.

However, this did not stop the foundation to continue caring for patients and extending it to other communities through the effort of donating machines to different institutions, providing goods (food supplies) to patients and their families and even to the staff.

The deliveries were a bit challenging especially when villages and barangays where our patients reside had hard lock downs. Gladly our team was innovative and made sure that donated goods and medicines would reach the patients and their families on time.

In the absence of face-to-face services, innovation embraced to continue the operations, including meetings through a virtual platform. Weekly meetings are scheduled such as, staff meetings, Bible studies and debriefings. This helps the staff and those who attend to deepen the connections, be updated on what needs to be done and it was also good for mental health.

In the middle of the year the staff started to report to the office twice a week, wherein a maximum of four staff come in and are picked up and brought back to their homes for safety using our shuttle. However, towards the end of the year four of the staff were infected by COVID-19 that made us put on hold the regular activities for two weeks, as other employees needed quarantine.

What the foundation accomplished for the year was through the team efforts done by the following:

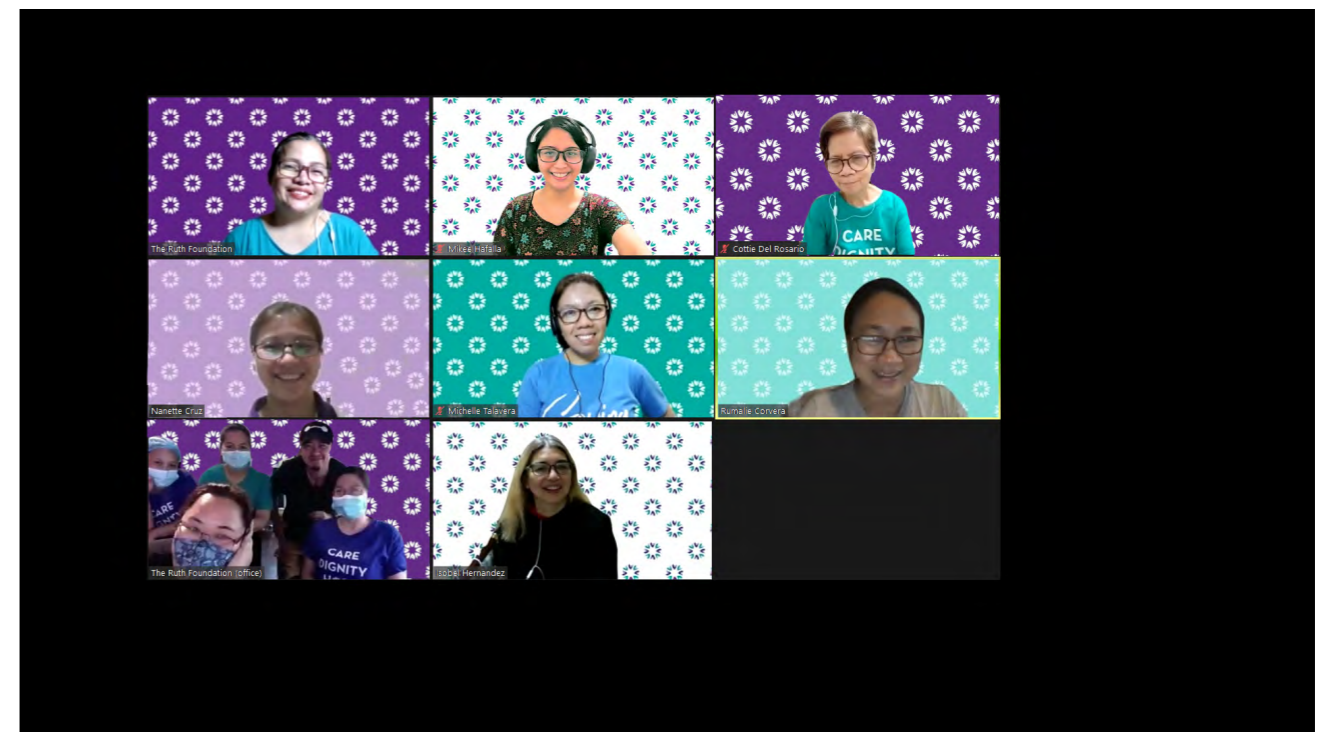


OPERATIONS AND QUALITY

Bible Study



Weekly Meetings

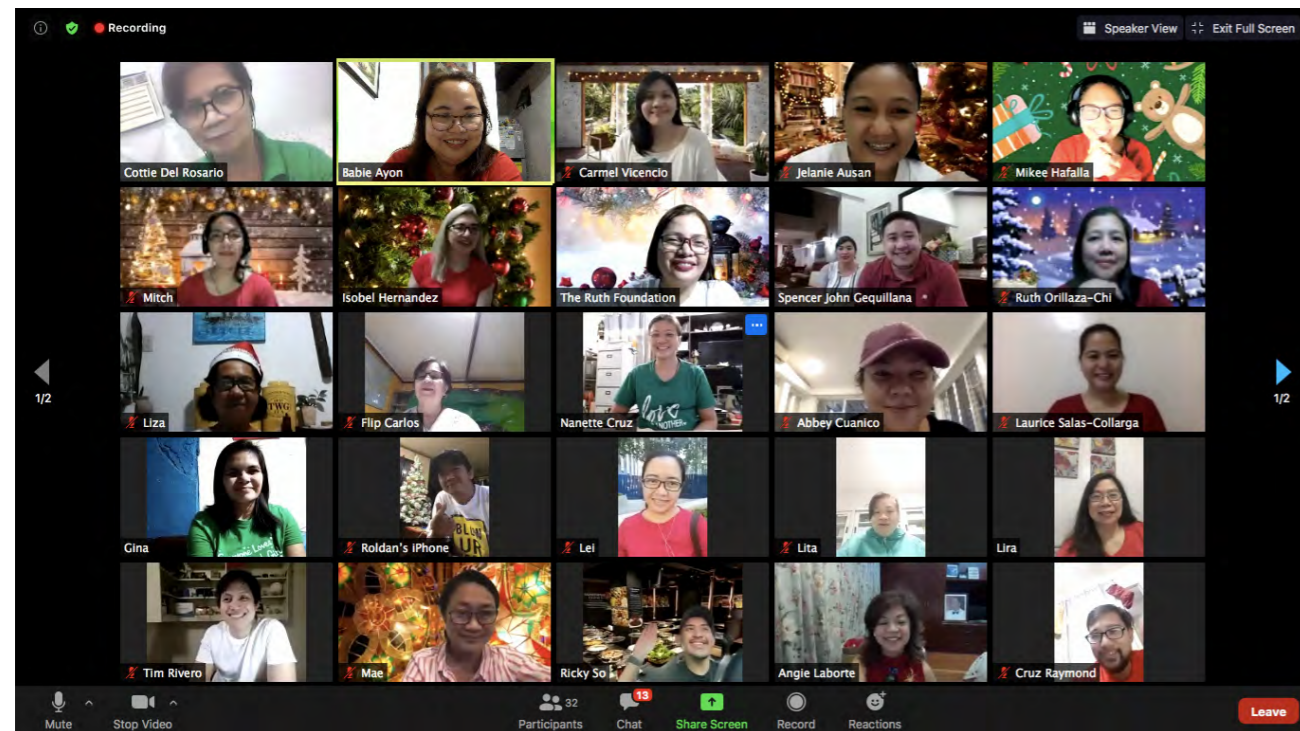


OPERATIONS AND QUALITY

Debriefing



Celebrations



OPERATIONS AND QUALITY

Grateful also to benefactors who faithfully fund us financially and in-kind to support the program, our patients and their families. They may be a handful but their generosity is appreciated so much.

The year may not have turned out to be the usual year of comfort, but it was a year of challenges individually and corporately --- full of learning, but a year of gratitude.

To show how our benefactors continued to support the foundation, in spite of the economic struggle, see the tables below:

Summary of Funds

DETAILS	AMOUNT	PERCENTAGE
PROGRAM	14,118,492.62*	88%
ADMINISTRATATION	1,942,553.52	12%
GRAND TOTAL	16,061,046.14	100%

*(9,436,160.00) purchase of high flow machines for the use of COVID patients.

Budget Comparison & Utilization**

YEAR & DETAILS	AMOUNT	SOURCES OF FUNDS	UTILIZATION
2019 OVERALL BUDGET	7,290,000	7,290,000	7,844,175
2020 OVERALL BUDGET	7,654,500	18,492,300.05***	16,061,046.14****

**Disclaimer: Year 2020 figures indicated above are unaudited as of January 2021. Audited financial statements will be submitted and/or attached in May 2021.

***Based on recorded receipts of donations

****Based on liquidations, FS not available yet

2021 Plans

Plans for 2021

- 1 Revise, seal and strengthen partnership with City Health Offices of Muntinlupa, Ospital ng Muntinlupa, Perpetual Help Hospital- Las Pinas and Philippine General Hospital in relation to Palliative Care.
- 2 Train and mentor health care providers in the community of Muntinlupa.
- 3 Expand, educate and offer trainings to colleges and universities.
- 4 Ensure CPD provider accreditation application.
- 5 Re-alignment of staff/employees based on skills and direction of the foundation.
- 6 Operate based on budget plan for the year.

