



FTMS
Filipino Tribe
Mission
Sweden



NEWSLETTER

No.2 2013

NEWS IN THIS NEWSLETTER

1. Annual meeting Sweden finished - the new Board
2. Annual meeting Philippines finished - the new Board
3. Project CYP1101 – A blind eye can see again
4. Follow-up on projects from 2012
5. Miscellaneous

PREFACE

We have conducted our annual meetings both in Sweden and in the Philippines, and we show in this issue the members and functions on our new directors. For more information see our board members at **FTMW** and **FTMS** at our webpage www.tribemission.com.



Thor kept together with Joey Dauz (left on picture) a mini seminar about how **FTMS** and **FTMW** can be helpful, and what is needed to know to apply, account and execute projects one is involved in.

FTMW has opened a small department in their office in the Philippines, which is offering tribal to sell their quality products, locally, and worldwide, to any who want to order. The products will initially be handicrafts in rattan which Mamanwa themselves uses in their daily life. They offer you to buy from them what you need to your.

During the month of March has our patient, we told about earlier, got her cornea transplant. The surgery was

successful, and now we tell more in this newsletter.

Several projects are ongoing. We work to give nourishment and clothes to the tribal and your contributions are highly appreciated to this work, no matter what size your contribution is.







1. FTMS Annual Meeting in Sweden, April 11

FTMS annual meeting was held on Thursday, April 11 and the following points are completed:

* Rosauero Maniquis, Per Olsson and Anton-Fredrik Klaveness was re-elected, while Andreas Eklund was elected as a new alternate in the board of FTMS. Thor and Jovelyn Klaveness have yet another year on their mandate.

* 31 250 SEK has been transferred during the year 2012, while a transfer was delayed until January 2013 due to problems in the Philippines because of miscommunication between Metro Bank and Cantilan Bank. Our annual costs in the bank compares to 3,7 %. We are evaluating which bank can be most appropriate to help us with secured transfers from Sweden. NORDEA has, unfortunately, a too expensive and unreliable service in comparison to what we need. We are still too small to be of interest on the Swedish bank market. NORDEA has put a fee to use Autogiro on 1000 SEK annually. Earlier this service was included in the "company-package", to which we, additionally, has paid double to keep both a EURO and a SEK-account. We has overseen and changed these agreements to lessen our costs in the bank.

After the Board has been constituted, it looks as follows:

	Thor Klaveness	Chairman
	Rosauero Maniquis	Secretary
	Per Olsson	Treasurer
	Jovelyn Klaveness	Director
	Anton-Fredrik Klaveness	Alternate
	Andreas Eklund	Alternate

Thank you for the confidence.

2. FTMW Annual meeting in the Philippines, January 26

FTMW annual meeting was held on Saturday, January 26 and the following points are completed:

* New Board members was elected to the Board of FTMW, which was Joey Daus and Dr Chris Buniel, while Jeniffer Y. Urquia, Jovelyn Klaveness, Lorenzo T. Quintas and Thor Klaveness were re-elected.

* The economy has been handled through FTMS. Three new accounts has been opened, which project managers uses and are accountable to.

After the Board has been constituted it looks as follows:

	Jovelyn U. Klaveness	President
	Juralyn A. Urquia	Secretary
	Jeniffer Y. Urquia	Treasurer
	Thor M. Klaveness	Auditor
	Lorenzo T. Quintas	Director
	Dr Christopher O. Buniel	Director
	Joey G. Daus	Director

3. Project CYP1101 – A blind eye can see again

Here is a brief recap of how efforts to help Marita getting sight back on her eye started and until her transplant operation in Davao City.



2009 the teacher of Marita told us that there was a child in her class who had difficult to follow along with the lessons because she was blind in one eye and had impaired vision on the other due to spots on the eyes.

We followed Marita and her mother to Cantilan; our nearest town with several clinics. In Carrascal is only one health centre.



We found an optometrist named Christopher "Chris" Buniel which has own practice in Cantilan, as well as working on a schedule for Madrid's Hospital some days.

He noted that Marita had a blemish on the cornea of one eye a doctor needs to treat. He recommended us to Dr. Jaimenito Go at the private hospital in Surigao City Surigao Medical Center.



Dr. Go noted that Marita is suffering from post-measles Keratitis, a stain that occurs due to vitamin A deficiency related to the measles.

He gave the treatment with supplements of vitamin A in the eyes, but only one eye went able to save. The other eye was already too far advanced, and he recommended us to the Davao Medical Center in Davao City.

It is only in Davao and in Manila that one can transplant corneas in the Philippines, according to Dr. Go.





FTMS started up a fundraiser to Marita could get her sight back on her left eye, and in February 2011 we had reached the amount that is estimated to be able to perform the operation.

A prerequisite for the operation to be implemented was that we were able to inform Marita's parents were and how this would happen.

To send a tribal child of the Mamanwa to Davao from Taganito, Surigao del Norte, a journey by bus on 1000-km round trip, is for them to send someone to the moon. They have absolutely no experience of urban civilization.



Thor Klaveness travelled to DMC with the then President of **FTMW**, Cholly Bat-ao. Cholly also works at NCIP, the National Commission on indigenous peoples in the Philippines and is keen that the girl being treated without a hint of discrimination.

Thor photographed for educational purposes the different stations that Marita would need to go through in order to obtain a new cornea.



This is operation-chamber, where all eye-surgery's are carried out in DMC, Davao City.

In order to avoid that Marita and her parents would be afraid of the sterile environment and hospital-trim it was important that they saw these images before they accepted to undergo this operation.

Dr. Go on SMC in Surigao City has always been available to **FTMW** to explain to the family of procedures and anaesthesia's and which treatments are given both before and after transplantation.



Thor Klaveness has special permission from the Chief of Hospital, Leopoldo J. Vega, to take pictures within the premises of the Ophthalmology Department.

This condition is important to keep patient's integrity safeguarded, and Thor has the right to picture staff and treatments. Patients who can be seen in the pictures have given consent to the images to be published.



Thursday, 20 October, 2011, Thor met together with **FTMW** Treasurer, Jeniffer Urquia (right on the picture), teacher Edalina Peraz (left on the picture) and teacher Melly Dagasdas (teachers represented TMC, Taganito Mining Corporation who employed them previously) and representatives from NCIP (National Commission on Indigenous Peoples) pastor Elpidio Montenegro and Evelyn Maceren, NCIP's office in Bad-as, who took over responsibility for further education to Mamanwa tribal after that TMC finished mining on Mamanwa site.



Teacher Edalina and NCIP officer Elpidio in TMC bus which drove us up to the Mamanwa site.

Pictures below show our arrival and negotiations with the parents of Marita about letting her come for a cornea transplant in DMC hospital in Davao.





Marita and her most defected eye shown on the top of the page. On the larger picture is shown from left; Evelyn Maceren, head of NCIP Bad-as in 2011, Marquita, mother of Marita, Jeniffer Urquia (behind Marquita), Nancy, sister of Marita, Lorenzo, father of Marita, pastor Elpidio Montenegro, NCIP officer, Marita herself and teacher Edelina Peraz, TMC. The man to the far right is a, to us, unknown member of the tribe.

The picture is taken after that Marita's parents agreed to that Marita should be allowed to undergo a cornea transplant to restore her sight on her left eye. The sight on her right eye where already cured by Dr. Jaimenito Go on SMC, Surigao Medical Center, in Surigao City.

It was agreed, at the same time, that Marita on following Sunday, October 23, should travel with Thor and Evelyn to DMC to conduct agreed reading on Monday, October 24.

Finally, on October 24, 2011, we could start our first trip to DMC, Davao City, to undergo needed examinations to approve a cornea transplant.



Once we arrived at the hospital in Davao City, Sunday afternoon, we were fortunate enough to that Dr. Jaimenito Go was on a private family gathering together with his wife. He came and did a final check that everything was as it would, or if he would need to issue a new Doctor's Certificate, but he found that everything was in order to Marita to get her transplantation approved.



Early on Monday morning, before we could go to the Ophthalmology Department, the patient must be registered as the patient in the hospital. We then had to fill in various forms and present our case in a number of gaps, pay a number of fees for registration and wait for a number of times on information before we finally got a time for examination on the Ophthalmology Department



Finally, all the papers were in order and all fees paid so that we could sit in the waiting room to wait for our turn to hit the ophthalmologist.

In the Philippines it is not plain to you, as in Sweden, where you can go to a reception, but here everything is done manually, which is why we are channelled between different departments before all the documents as a doctor, as well as finance, needs is at hand.



Finally, our patient could enter, all of the papers were checked and the examination could begin.

In a case such as Marita, when she speaks a tribal language, not at all English, very little understanding of Tagalog, but decent Visaya spoken in Davao, we needed NCIPs assistance to interpret and explain to Marita what is happening and what she is expected to do in the various tests on her eye.



It was soon found out that no one was quite experienced or prepared to examine a patient with small language skills. NCIPs educational assistance was not trained, nurses, which was pupils at a nearby health education college, had no patience at all but responded in frustration over not to be understood.



Thor appealed to the departmental nurse officer to let experienced personnel take care of the whole examination, why Marita got assistance by a doctor who controlled the whole following examination.

Now the investigation went much more smoothly. Marita was unable to describe right, left, up and down, why the doctor used her hands and images to make it easier for Marita to convey herself.



Marita's eye behind the cornea was examined with ultrasound. This is to see that it was healthy and that a cornea transplant really would improve her sight.



Unfortunately, we had a bad experience of the nursing students who practiced at the Department. They were curious about Marita because they never saw anyone from her darker coloured tribe before, and they came forward to give the eye drops and perform the actions that the doctor asked them to do. The problem was that they were completely disrespectful toward the patient. They spoke not to the patient but grabbed her hair and pulled her head back to do what they should. It was done suddenly and scared Marita.

Thor asked experienced staff to rebuke the behaviour, but it is uncertain if they understood the point of being mild in the treatment since "she's just tribal!"

We hope that this information can be passed on to those working in care; that information and gentle approach cures better than the brusque "it is I who is knowledgeable"!



Finally, we had a certificate in our hand, saying that Marita was a good candidate for a cornea transplant. And here Thor is posing together with Evelyn, Marit and her mother Marquita outside the entrance.



The last task that remained was to speak with the hospital's social worker to find out which funds, grants and opportunities available for Marita to get as good care as possible, and how it can be financed.

This can be compared with the Swedish social insurance agency. In Sweden, we get our medical allowance paid per own application, but in the Republic of the Philippines is hard to find in the miscellaneous funds in order to cover the costs incurred.



In April 2012 when Thor visited Mamanwas settlement in Taganito together with Jeniffer Urquia, and volunteer Nerissa Rivera, they were met by a macabre sight; Mamanwa's entire village was completely demolished, including school, toilets and drinking water well.

According to TMC, this was not their original site, which they said 2009, but now they have been moved further away. This time to a place named Punta Naga. For that they would not come back here ordered TMC everyone in the tribe to demolish their own houses, schools and all around the building. This is because they would be aware that there was nothing to come back to. The new settlement in Punta Naga has fancier houses but is further from their plantations.



We found Marita's mother and father along with their older children engaged in collecting firewood, which they then sold.

They told us that moving out were a shock for them and it was very sad to have to demolish their own homes. They did not feel that they got a better home, even if it was fine, but that it was now more difficult to make a living because they got 10-15 km farther to go to get to their plantations and to the forest to collect firewood.

The new home is situated by the sea, but no one is trained to fish, and they have no taste for it either. They thrive better in the mountains.



NCIPs, regional director Dominador Gomez, pointed to a number of people within their own organisation as incompetent, and warned us to cooperate with them.

Unfortunately, he had no name of competent people who could assist us. NCIP is under an act called IPRA, which shall ensure that tribal, or indigenous peoples of the Philippines, have access to the same rights as all other citizens, rights such as: health care, primary education, vocational training, access to trade etc.



In autumn 2012 a nurse on ophthalmology department claimed that Marita never had been on a study. There were no records that show on her results, nor that she was registered as a patient in the hospital.

There was an interesting post, and brave of her to lie to us straight in the face, even to Dr. Jaimenito Go who personally examined her at the hospital the day before we registered her. Since we had all receipts and pictures of this, we tried to make her look a little extra, but we were met by a total wall; patient is unknown.

Thor therefore went, on 21 January 2013, to DMC and personally met the Chief of Hospital and presented these facts. The Chief of Hospital took immediate action and Marita were called to a complementary control in February before transplantation could be.



Already on 28 February DMC returned with news that transplantation would take place on Thursday 7 March and that therefore the patient should come for admission on Monday 4 March.

Jeniffer assisted Marita during these trips because NCIP's manager Maceren had retired and the official Elpidio referred to the fact that a new application must be submitted with the new treatment time. We referred to him that we already have an approval since 2011, and that this is a special case because the transplantation must take place within 8 days and there is no time for further processing. On 2 March was also a Saturday and he directed us to come back the following Monday 4 March. Since this was not possible in practice we have been temporarily abandon our cooperation with NCIP because they had not

completed their obligations toward its member. We hope to be able to register this matter with them later.

We report on the next pages how transplant and aftercare worked. We can see that we also received increased knowledge and experience due to the fact that we are forced into situations which would normally have been taken care of by other parties. We are grateful for the friends and individuals who came when we asked for assistance and helped us, relieved our staff and assisted Marita in different ways when it was needed. We are also grateful for our sponsor's generosity so that we have a surplus, because it really went to the after-work that occurred when NCIP did not assisted their tribal member as agreed.

Request of FTMS 2011 for assistance of NCIP to their member in Mamanwa:

PROJECT
On cornea transplantation for Mareth Zalazar
FTMS 2011/2012

Adlay, Carrascal October 20, 2011

To:
NCIP Office
Bad-as
Surigao Del Norte

Attention: **Inquire to NCIP for help in assisting Mamanwa youth to examination and surgery at DMC, Davao**

Due to agreement during negotiation with Mamanwa parents to child in Taganito, Claver, suffering from post-measles Keratitis, following inquire is sent for help in assistance.

FTMS has since 2005 ran different medical, livelihood and godchild projects in the CARAGA region. During an annual check-up in early 2009, a sibling to one of our godchildren in the Mamanwa group of Taganito was found suffering from damage in her cornea due to lack of A-vitamin in connection with having measles.

FTMS brought her to SMC, Surigao Medical Center, Ophthalmologist Dr Jaimenito Go, for further examination. Dr Go found the child suffering of blindness caused by the lack of A-vitamin and told that he could only save one eye by medical treatment through eye drops, while the other eye already was too damaged to be restored only by eye drops, but was in need of cornea transplantation. He recommended DMC, Davao Medical Center, since they are the only hospital in Mindanao in capacity for such surgery.

FTMS sent Thor Klaveness to negotiate and find out with DMC, about how this transplantation could be effectuated and which needs which was required from the hospital. The hospital ophthalmology section informed Thor that they could handle the whole operation through the care of DSWD, who are available at the hospital if the child have document showing that she belongs to the community of Taganito, Claver and have proofs that she is tribal.

Due to above given statement, Thor took contact to the teacher of the child to find a continuation. The father of the child has been ignorant and afraid what this operation could do to the child, why he has neglected the child to receive the help offered. Eventually he has too threatened the teacher, why the teacher wanted the help by NCIP Bad-as.

On Wednesday, October 12, 2011, Thor visited Evelyn R. Maceren to find out if NCIP office could be helpful in this case. An agreement to meet all parts and negotiate with the parents and follow up on the child was agreed to be held Thursday, October 20. In this meeting was agreed, as a part for the safety of the child and to secure the parents for good care that NCIP officer Evelyn R Maceren should accompany the child and its tribal companion as a guide, interpreter and comforter.

The project by FTMS, as agreed in 2009, and sponsored by sponsors in Sweden, Europe, cover following:

- Fare for child and companion during examination, surgery and follow up
- Food for child and companion during examination, surgery and follow up
- Lodging for child and companion during examination, surgery and follow up
- Costs for cornea and its preparation (estimated by DMC to a total of p40,000 per cornea)

In connection with this, costs for hospitalization, surgery and treatment of child is to be covered by DSWD regulated by law and local agreements on Indigenous People's Right and hospital's mission.

Dr Jaimenito Go, SMC, has been examining the child for free and offered further consultations if needed.

Conclusion: Approval

It is the hope of FTMS that NCIP will approve assistance to the child to make it possible to get her sight back on her blind eye, and finish the treatment on her minor defected eye.

Prepared by

Thor Klaveness

FTMS Treasurer

P3, Adlay, Carrascal
8318 Surigao del Sur
Philippines

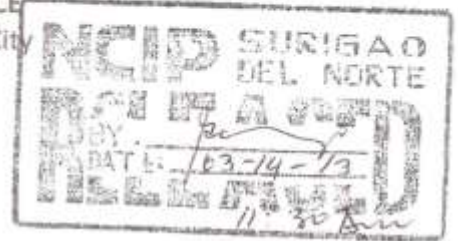
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S213 63 Malmö
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Certification given to FTMW by NCIP on 14 March 2013, with the help of our board member Joey Daus:



Republic of the Philippines
OFFICE OF THE PRESIDENT
NATIONAL COMMISSION ON INDIGENOUS PEOPLES
Caraga Administrative Region
SURIGAO DEL NORTE PROVINCIAL OFFICE
3RD Floor Abrea Bldg., Port Area,, Surigao City
Tel. No. (086) 826-1134



CERTIFICATION

To Whom It May Concern:

This certifies that **MARIETTA BAGO SALAZAR**, 18 years old, single and a resident of Punta Naga, Brgy. Cagdianao, Claver, Surigao is a bonafide member of the Mamanwa tribe in the above-mentioned community.

This certification is issued in connection with the medical attention that she urgently need.

Done this 14th day of March 2013 at NCIP Surigao del Norte Provincial Office, Port Area, Borromeo Street, Surigao City.


VICENTE B. BALDOZA, JR
Provincial Officer

/gep

The above certificate operates as an authentication for the patient, that she is a member of the Mamanwa tribe and hence on a number of laws, regulations and agreements relating to assistance to tribal peoples and indigenous people.



On 7 March the transplantation was performed as planned. The operation was successful and the patient was taken care of by our representative Jeniffer Urquia which took responsibility for the aftercare since NCIP has not appointed anyone to do this, or to cover the costs of an additional companion.



The Patient needed after operation, three different kinds of eye drops every hour, around the clock for four days.



It was demonstrated that Jeniffer did not have the support she counted with during these first four days and the situation was critical on a number of occasions due to the difficulty of explaining how aftercare should be managed to achieve a successful result.

Marita's mother had initially accused Jeniffer for kidnapping because someone in the tribe told her that we would now adopt the girl. We took care that the mother could come as quickly as possible to the hospital, and she was there as early as Sunday evening, the day before enrolment.

During the preliminary investigations, the mother was positive, but once the surgery was completed, she said she did not want to help give eye drops because she was worried about giving the wrong because she could not read and therefore could not verify that she took the right. We wanted to mark the bottles she would give in a simple way, but then she said she also could not the clock and was afraid to miss a time or give too often.

The result was that Jeniffer dared not sleep on these four days out of fear that she would also miss the medication. On the third day the mother wanted to interrupt the treatment and bring their daughter home to the mountains. This was in a very critical time when the eye was likely to dry out and the cornea would loosen, why an intense negotiation started,

which also included several doctors and nurses who told about the treatment's benefits and consequences. The mother finally gave in after telephone conversations with Jovelyn Klaveness, who called in particular from Sweden, and we went out with a search to bring relieve to Jeniffer so she would get some sleep.



On Monday, 11 March, was Marita discharged from the hospital and she went with her mother and Jeniffer to Mavel Banluta, which contacted Jovelyn Klaveness to be set up as a volunteer.

Her task was to take care of Marita during the next four weeks, as Marita needed to be back twice a week for the post-control.

When the four weeks was over, it was time to move to Jeniffer in Adlay, about 450 km from Davao City.



The following weeks assisted Mavel Marita to the hospital DMC, Davao Medical Center, but now that Marita finally come to rest so we discovered new things that must be considered. Marit proved to be undernourished and a process to get to her eating right began. We also noticed that she hears badly which we examined closer.



Suddenly, we got a picture that shows that Marita eat fast food at Jollibee, a restaurant chain like McDonald's.

That a girl from the deepest rainforests learns to eat fast food was not something that was good. When she later comes back home so there is not this food, additionally, she will put on the fat that is not useful and get the flavour of food products that she cannot live by at home.

She will be hungry, irritated, and in the worst case, fall out with her family and friends in the tribe.

We therefore asked that Marita would learn cooking as she can find at home in the rainforest. Food and fruit that she can pick and cook herself, but at the same time give her the nutrition she needs. In this way, we hope that she will also inspire her family and friends in the tribe to eat her food and be well-fed instead of malnourished.

We are grateful that we found Mavel which was easy to work with, and who was willing to adapt her help after the needs that arose.



Marita heard bad when you spoke to her. She had difficulty understanding what the doctors and nurses asked her and interpreters had trouble explaining what was going on. Many were frustrated that she reacted completely wrong when spoken.

FTMS asked Mavel to take her to an ear clinic, and well there was discovered that she had no ear drums. She hears in other words best by the hearing leg and has significantly reduced hearing in both ears.

We are investigating if this is congenital due to malnutrition or if she got hit on her ears when she was younger, and so got them cracked and not properly healed.

In some cases, one can make an eardrum transplantation, in some cases not. The future will show if possible. We hope so, and that we'll be able to afford it if so.

Thank you for your contribution to Marita!

4. Follow-up on projects from 2012

Following focus was agreed to intensify during the year 2012:

<u>Project:</u>	<u>Place:</u>	<u>Responsible Director:</u>
Surgery of Cataract	SMC Surigao Medical Center	Jeniffer Y. Urquia/Thor Klaveness
Cornea transplantation	DMC Davao Medical Center	Jeniffer Y. Urquia/Thor Klaveness
Adult education Mamanwa	Adlay, Carrascal, SdS	Juralyn A. Urquia/Jovelyn
Sitio Development Project	San Agustin, AdS	Lorenzo T. Quintas
Godchild Surigao provinces	Provincial	Jeniffer Y. Urquia/Juralyn Urquia
Godchild Agusan provinces	Provincial	Lorenzo T. Quintas
Administration/updates FTMW	BIR, SEC and Metro bank	Jeniffer and Juralyn
Preschool utilities	Prosperidad, AdS	Lorenzo T. Quintas/Jovelyn
Feeding projects	Adlay Elementary and NHS	Thor and Jovelyn Klaveness

Of the above we can see that the projects for cataract surgeries, adult education to Mamanwa, development of housing, equipment to preschool and school meal's project is ongoing, while the godchildren are depending of the godparents being continuous in their commitments to help a godchild. Regarding administrative and internal training, it can also be considered as continuous but are constantly adapted to the level required to get staff and volunteers more knowledgeable and efficient in the work we do. Adaptation also intends to show the surroundings, the local and regional departments that we are dependent on, as well as to seek other organizations operating in the region, for a more efficient work through increased interaction.



In 2012, we have had three patients aged 60+ who we assisted to Surigao Medical Center to check their eyes, in the event that they had cataract. Unfortunately, since cataract is a relatively, today, easily curable ailment, had not these patients this. Two of the patients were found to have suffered from the same lack of vitamins in their youth as our young cornea patient. We have therefore intensified our vigilance on the intake of A, C, and vitamin D among tribal peoples.

In 2012, our ambition has been to assist adults to better understanding of reading and acquire more knowledge of professions they are interested in, and which are of importance to them. Since Mamanwa is a complex tribe covered this work to help them on several projects under one roof. This also means that we regularly update us on what is important to them in terms of nutrition, housing, clothing, etc. Unfortunately, they often become victims of fraud because they can not read and write. When mining companies open open-cast mining and destroy their plantations, they may rarely, we have not heard of it, get help to cultivate elsewhere, but they are only given new land to stay. This land, which in Adlay, was not fertile for their crops, so they had to start again elsewhere with growing tests. This is hard on them because they are missing out on harvests in the near time, in addition, some of the cultures shows to be on non-fertile land so they have to start again elsewhere. It is paid out a cash compensation for this to each registered tribal member. But because they do not know and understand the meaning and the size of the amounts, they have on several occasions been tricked to "sign" proxies through thumbprint, which then their "ombudsman" takes care of.



INTERNAL EDUCATION

In order to increase the understanding of those who help **FTMW** in its work, and that they should be able to give account for works carried out correctly to **FTMS**, we have in cooperation **FTMW/FTMS** sent two employees on guided tours to other tribal peoples in the provinces of Agusan, Bukidnon and Misamis, this to increase their experience and take note of how tribal people are assisted from other organizations. The Organization we worked with on these trips is called Arise Ministries and is based in Cagayan de Oro. To understand the situation of street children and tribal people in the big cities, we have cooperation with the Angels in the Street which is based in Butuan City.

4. Miscellaneous

CLARIFICATION

It have been a clarification in connection with the last newsletter mailings in English to that the house shown on picture in the exposition of the mining companies and leaders in society's lack of transparency are not part of the tribal chief mentioned but owned by his younger sister. She lives in the United States and contacted us because she wants everyone to know that the house has been built by her and her husband and not by her brother.

We thank you for this information. In many places in the Philippines private and public properties are mixed together. Especially since many citizens are illiterate, while government officials do not report what they do with public money. This leads to that many rumours go that talks about what the money is used to. **FTMS** would, however, emphasize that the alleged owner who contacted us had shown no proof of ownership, but refers to a builder they hired on the spot. The problem of the family is still present, however, because no accounting has been received by us on the use of the 160, 000 pesos intended for repairs of Mamanwas houses.

INFORMATION

For more information about events, see information and follow the links from our website at www.tribemission.com. There you can too fill out a form to be a sponsor to a child or a project. You can too send us a mail to our address as stated on the last page.

Lectures/Events



If you want to book us to come, and that you will know more about the Philippines, and our local work there, please contact us on given numbers or e-mail as shown last in this newsletter.

Observe that we are pleased to come, if so only, for the sake of the information, for instance, the life in the Philippine provinces, and about how to help to own support. Information which can be well for use to, for instance, school youth, scouts etc.



It is you that decide the theme in cooperation with us, for instance, in connection with the UN-day, or any international engagement, or theme day at your work. School – Organization – Company, does not matter.

I ask our deepest and warmest thanks from me and our co-operators for your engagement. Please, talk with a friend about the possibility to be a sponsor to a child or to any of our many projects in the Philippines.

God's peace

Thor Klaveness

Offices:

FTMW Philippines:
P3, Adlay, Carrascal
8318 Surigao del Sur
Philippines

FTMS Sweden:
Ekgatan 7B
213 63 Malmö
Sweden

Sponsorship fee

The monthly fee for a godchild is €20/SEK200 or €15/SEK150 for group sponsor and can be paid as follows:

1. By autogiro
2. By payment card/bill which can be paid monthly, quarterly, half year or own choice.

When paid within Sweden, payment can be done to account shown lowest this page.

Payment outside Sweden but within

Europe, pay to: **NORDEA Sweden**

IBAN: SE31 9500 0099 6042 0418 2960

SWIFT: NDEASESS

Internet pages:

Homepage for the network:

www.tribemission.com

Filipino Tribe Mission Sweden's homepage:

See **FTMS** in task bar

Filipino Tribe Mission Welfare's homepage:

See **FTMW** or Philippines in task bar

Godchildren:

See **Child sponsor** in task bar

FTMS FILIPINO TRIBE MISSION SWEDEN

Reg. No: 802422-2393

Att: Klaveness
Norreväg 11/46
233 39 Svedala
Sweden

Chairman: Thor Klaveness:
Treasurer: Per Olsson:

ftms@tribemission.com

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Account information:

Pg: 418296-0

Bg 5495-2361

Bank account: 9960 420418 2960

IBAN: SE31 9500 0099 6042 0418 2960

BIC-Code (SWIFT): NDEASESS

NOTE

This Newsletter is written to reach people not common with the Filipino culture. To tell about the way Filipino's lives and give an opportunity to help where help is needed.

We are in no way participating in any political movements, but are involved to lift the knowledge to have patience and ability to live side by side with one another. Notwithstanding if it belongs to be to Filipino's or other.

If you want to contribute with your own experiences and/or knowledge, please feel welcome. News in our newsletters is solely based on facts from Filipino's and experiences from other within the Philippines itself. We belongs to different cultures, therefore it is sometimes different viewpoints on the news.

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Mamanwa children sit together with Inday, our first student, and her son. Her husband deceased in illness.