

PROJECT PROPOSAL

Project Title	METRO OASIS CARE CENTER COMPLEX
Type of Project	Residential care for various clientele groups / Disaster management
Proponent	Jesus the Heart of Missions Team, Inc. (JHMT)
Head of Organization	Bishop Rodante L. Veluz Chairman and National Director Jesus The Heart of Missions Team, Inc.
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Potential Partners	Various churches nationwide
Target Beneficiaries	<p>For 10 years of program implementation:</p> <p>A. <u>Disaster Management</u></p> <p>1. Operation Kabalikat</p> <ul style="list-style-type: none"> ➤ 120,000 individuals (1,000 average per month) converging at the Metro Oasis Coliseum (auditorium) for purposes of attending disaster training / seminar ➤ 5,000 individuals temporarily housed for evacuation purposes at the Metro Oasis Coliseum on a per calamity emergency need basis ➤ 50,000 victims of natural and man-made calamities assisted through conducting of rescue operation utilizing state-of-the-art rescue vehicles and equipment and / or through the provision of relief goods <p>B. <u>Residential Care for Various Clientele Groups</u></p> <p>1. Care Home for the Elderly</p> <p>400 elderly composed of:</p> <ul style="list-style-type: none"> ➤ 100 males and 140 females ➤ 80 couples (or 160 elderly) and 240 individuals (or 240 elderly) <p>2. Rose of Sharon - Home for Unwed Mothers</p> <ul style="list-style-type: none"> ➤ 100 unwed mothers (pregnant women) <p>3. Crossings – A Home for Street Children</p> <ul style="list-style-type: none"> ➤ 100 abandoned and neglected street children <p>4. Bethel Lighthouse – A Transit Home for Street Families</p> <ul style="list-style-type: none"> ➤ 100 individuals belonging to street families

	<p>5. New High – A Rehabilitation Center for Drug Dependents</p> <ul style="list-style-type: none"> ➤ 100 clients (90 males and 10 females) <p>6. Metro Oasis Academy - Elementary / Secondary Education for Children Needing Educational Sponsorship / Assistance</p> <ul style="list-style-type: none"> ➤ 650 students (50 students per academic level from Kindergarten to Grade 12)
Area of Coverage	<p>The Metro Oasis Care Center Complex is located in Quezon City (Phase 1) but it has a nationwide implementation covering:*</p> <ul style="list-style-type: none"> ➤ 3 major island groupings/clusters – Luzon, Visayas, Mindanao (Phase 1) ➤ 17 regions (NCR, CAR, I, II, III, IV-A, IV-B, V, VI, VII, VIII, IX, X, XI, XII, XIII / CARAGA and ARMM (Phase 2)) ➤ 80 provinces (Phase 3) ➤ 143 cities (Phase 4) ➤ 1,491 municipalities (Phase 5) <p>The prototype facilities are in Quezon City but the project will be replicated nationwide that the establishment of same facilities at the regional level and provincial level will be carried out as part of project expansion.</p>
Project Duration	14 years (4 years pre-operational / construction and 10 years actual project implementation benefitting the clients)
Requested Amount	<p><i>Fourteen Billion Three Hundred Seventy Three Million Six Hundred Forty Two Thousand Four Hundred Nineteen (P14,373,642,419.00) or USD 320,840,232.57@ Php 44.80/1 USD as of November 03, 2014</i></p> <p>Note: The entire cost includes 5-Hectare Land Acquisition, Construction of all Building Structures and Site development and 10-Year operational Costs.</p>

* From the Department of the Interior and Local Government (DILG) website

I. INTRODUCTION / BACKGROUND

A. Occurrence of Disasters

The Philippines has been depicted as a country prone to natural disasters per article posted at **the DW Top Stories on-line**. The reports detailed that *“the country has suffered from an inexhaustible number of deadly typhoons, earthquakes, volcano eruptions and other natural disasters. This is due to its location along the Ring of Fire, or typhoon belt – a large Pacific Ocean region where many of Earth’s volcanic eruptions and earthquakes occur.”*

The Philippine Atmospheric, Geophysical and Astronomical Services Administration (PAG-ASA) said that an average of 19 to 20 typhoons enter the Philippine Area of Responsibility (PAR) annually. The Philippines is in fact the country most exposed to tropical storms in the world.

In the last decade, a number of earthquakes, volcanic eruptions, typhoons, cyclones and other natural disasters have struck the country leaving thousands of people dead or missing; and the country's infrastructure and economy in huge devastation. Some of the most destructive of all the disasters ever-recorded are as follows:

Table 1: Most Destructive Calamities of the Decade

Disaster	International Name for Typhoon	Affected Areas	Date	Affected Population	Damage to Houses	Damage to Infrastructure and Agriculture
Typhoon Mario	Fung-Wong	Ilocos, Cagayan Valley Central Luzon Mimaropa Cordillera Metro Manila	September 17, 2014	18 dead 16 injured 4 missing	2,256 totally damaged 9,335 partially damaged	P3.3 B
Typhoon Glenda	Rammasun	Ilocos Region Central Luzon Calabarzon Mimaropa Bicol Eastern Samar National Capital Region	July 20, 2014	98 dead 630 injured 5 missing	102,363 totally damaged 394,913 partially damaged	P10.8 B
Typhoon Yolanda*	Haiyan	Eastern Visayas	November 8, 2013	6,092 dead 27,665 injured 1,779 missing 4,095,280 families 16,078,181 persons	1,140,332 houses flattened or damaged	P89.5 B
7.2 Magnitude Earthquake*		Bohol	October 15, 2013	222 dead 976 injured 8 missing 671,103 families 3,221,248 persons	14,412 totally damaged 58,490 partially damaged	P2.2 B
Typhoon Pablo*	Bopha	Davao Oriental	December 4, 2012	1,047 dead 2,662 injured 841 missing 711,682 families 6,243,998 persons	66,469 totally damaged 101,758 partially damaged	P24.1 B
Southwest Monsoon (Habagat)*		Metro Manila Cavite, Laguna, Batangas & Quezon (CALABARZON)	August 14, 2012	92 dead 30 injured 4 missing 761,189 families 3,457,777 persons	625 totally damaged 1,206 partially damaged	P616.3 M

Disaster	International Name for Typhoon	Affected Areas	Date	Affected Population	Damage to Houses	Damage to Infrastructure and Agriculture
		Bulacan, Pampanga and Bataan (Region III)				
Typhoon Sendong*	Washi	Cagayan de Oro and Iligan	December 16 – 17, 2011	1,257 dead 6,081 injured 182 missing 120,233 families 1,141,252 persons	4,705 totally damaged 37,052 partially damaged	P1.4 B
Typhoon Ondoy*	Ketsana	Metro Manila Bulacan Rizal	September 26, 2009	464 dead 529 injured 37 missing 993,227 families 4,901,234 persons	30,082 totally damaged 154,992 partially damaged	P11 B
Guinsaugon Landslide**		St. Bernard, Leyte	February 17, 2007	139 dead – buried (identified and unidentified) 980 dead –missing (including 248 pupils and teachers trapped in a school) 3,850 families 18,862 persons		

* From the Update / Situation Report of the National Disaster Risk Reduction and Management Council (NDRRMC)

** From the report titled *St. Bernard Landslide, Southern Leyte, Field Report of Jesse C. Felizardo, FCSEC, DPWH; Yoshio Tokunaga, JICA Chief Adviser and Watatu Sakurai, JICA Sabo Expert*

Moreover, in the **Philippine Star on-line** on June 7, 2014, Asian Development Bank economist David Anthony Raitzer said that *“the Philippines is in the top of the list of countries in Southeast Asia most affected by climate change.”* He added that *“Manila is the second most vulnerable city in the world, and the Philippines is sixth most vulnerable country globally.”*

B. Situation of the Marginalized Groups

1. The Elderly

The **2010 Census of Population and Housing** conducted by the Philippine National Statistics Office in 2010 revealed that the Philippine household population (or non-institutional population) was at 92.1 million.

The elderly (also called senior citizens) are those aged 60 years and above as defined by Republic Act 9994 or the Expanded Senior Citizens Act of 2010. They constitute 6.8% of the household population or

6,262,800. Among the elderly, there were 3,494,642 females (55.8%) who outnumbered the 2,768,158 males (44.2%).

The report recorded that there were eight regions that had proportion of senior citizens higher than the national figure: Region I (9.0%), Region VI (8.7%), Region VIII (8.2%), Region VII (7.8%), Region II (7.3%), Region III (7.0%), and Caraga and Cordillera Administrative Region (6.9% each). Meanwhile, the Autonomous Region of Muslim Mindanao had 2.9%, the lowest proportion of the elderly.

As quoted from the paper written in 2008 by Nicamil Sanchez titled **The Filipino Senior Citizen: At a Glance**, *“the Philippines age structure is generally younger than that of the developed countries but still significantly older than that of the developing countries.”*

Meanwhile, according to the **World Population Review**, the population of the Philippines has been steadily growing for many years. And in 2014, it has a population of 98,734,798 and is the 12th most populated country in the world, between Mexico and Ethiopia, and continues to grow at a rate of 1.89% per year. This shows that the phenomenon of ageing is evident both in developed countries as well as in developing countries. This can be attributed to declining fertility rate and increasing life expectancy.

The last census was undertaken by the Philippines National Statistics Office in 2010 but the figure 98.7 million was arrived at by projecting the grow rate of 1.89%. The next census is scheduled in 2015 that will show a bigger population and a bigger percentage of the elderly.

2. Unwed Mothers / Women who have Unintended / Unwanted Pregnancy

Unintended Pregnancy and Induced Abortion in the Philippines: Causes and Consequences by Susheela Singh, et al, enumerated the many reasons why women opt for abortion. There is a common perception that women who wish to hide the dishonor of a non-marital pregnancy resort to abortion, but there are actually overlapping reasons for attempting to end an unintended pregnancy. These reasons include (1) inability to afford the economic cost of raising a child, (2) unmet need for family planning: they have enough children or the pregnancy occurred too soon after the last one, (3) potential damage to the health of the mother, (4) the husband, partner or relatives do not want the pregnancy, (5) problem with the partner: partner has abandoned the wife, it was not the husband or was not deemed to be a good father, and (6) pregnancy resulted from forced sex or rape.

The aforementioned shows that married and unmarried women do engage in abortion when pushed to the wall. Meanwhile, it is also noteworthy to focus on the alarming situation of teenage pregnancy. Per news article in the **GMA News on-line** titled *“Number of Pinay teenagers giving birth up by more than 60 percent in 10 years, 3rd highest in ASEAN,”* the national statistics office reported that from 2000 to 2010, the number of live births by teenage mothers in the Philippines rose by more than 60%. This rise in statistics also appeared in the 2011 annual report of the **United Nations Population Fund (UNFPA)-**

Philippines showing that teen pregnancy in the Philippines went up by 70% from 114,205 in 1999 to 195,662 in 2009. The statistics show that more and more female teenagers are giving birth and becoming mothers at an early age. These adolescent girls also face high levels of illness, injury and death due to unsafe abortion.

3. Street Children

The **Workshop Survey on Children Needing Special Protection (CNSP) in Selected Areas in the Philippines** conducted by United Nations Children’s Fund (UNICEF) and University of the Philippines (UP) Manila defined street children as children who stay most of the time (four hours and above) on the streets and in public places and are engaged, while in the streets, in varied types of activities other than engaging in economic activities to earn a living.

Protecting Filipino Children from Abuse, Exploitation and Violence: A Comprehensive Program on Child Protection (CPCP) 2012 – 2016, Building a Protective and Caring Environment for Children of the Department of Justice (DOJ) is the accompanying document of the National Plan of Action (NPAC) 2012 – 2016. CPCP has significant data on street children.

CPCP states that there are an estimated 246,000 children who live and work on the streets or roughly 3% of the 0 – 17 year old (child and youth) population in Metro Manila. They usually come from large families, are out of school youth, and more likely to be engaged in high risk behaviors such as drug use and substance abuse, early and unprotected sex, vagrancy and other anti-social activities.

They survive on the streets through begging selling newspapers, cigarettes, flowers and chewing gums, washing and watching cars, shining shoes, carrying baggage for grocery and market goers, scavenging for recyclable materials, and even pickpocketing, snatching, and involvement in drug pushing and in prostitution. Majority of street children (70% - 75%) have families and go home regularly, around 15% - 20% have families but do not go home regularly and stay most of the time on the streets, and only 5% are abandoned or without families.

4. Street Families

As mentioned in **Administrative Order No. 08, Series of 2009 titled Standards for Community-Based Services for Street Children** of the Department of Social Welfare and Development, the problem of street children in Metro Manila has turned into a social nightmare with more and more poor families now invading the streets in order to survive. The street families look at the streets as a lucrative venue for livelihood.

The problem of street children and the problem of street families are linked together. According to **The Challenge of Street Children and Their Families**, a research by Jeff Anderson, in most cases, the families

of these children migrated to Metro Manila from poor provinces to look for work. Lacking urban skills and with the tremendous competition for employment opportunities, family members find themselves unemployed or underemployed. The result is that all family members must work to help support the family.

The aforementioned is supported by the claim of **DSWD – National Capital Region** that there is no truth to the thinking that street children are being used by syndicates to beg or sell in the streets. There is no syndicate running the operation of these street children. The media is just sensationalizing it. Social workers who immersed on the streets know for a fact that the parents are the ones sending their children to the streets to beg for their daily sustenance. To put it bluntly, the parents are the first to exploit their children. They make them look pitiful so that these would make more money. They thrive on people's emotions. The children earn more from begging than the parents do.

Ours to Protect and Nurture: The Care of Children Needing Special Protection, research by the Dela Salle University (DLSU) - Social Development Research Center, stated that these street families dwell in makeshift houses along the sidewalks or in wooden pushcarts moving from one place to another.

5. Drug Dependents

The Dangerous Drugs Board (DDB) reported, based on the figure estimates their **2008 National Household Survey on the Nature and Extent of Drug Abuse in the Philippines**, that there is an estimated 1.7 million drug users in the Philippines. The drug users have an average age of 28 years old, mostly single, unemployed, high school level, with an average monthly household income of P16,290, and they live in urban areas. The profile of drug uses also show that for every 10 male drug users, there is 1 female drug user.

In addition, the drug use is usually more than six months. The nature of drug use is polydrug-use (use of two or more psychoactive drugs in combination to achieve a particular effect). The commonly abused substances include Methamphetamine Hydrochloride (Shabu), Cannabis (Marijuana), and Inhalants (Contact Cement).

6. Children Needing Educational Assistance

The **Profile of Out-of-School Children in the Philippines** by Jose Ramon G. Albert, et al, Discussion Paper Series No. 2012 – 01 of the Philippine Institute for Development Studies stated that traditionally, Filipino families put a high premium on having their members earn an education. In particular, basic education is viewed as a human right: the Philippine Constitution declares that primary education is compulsory and that the State shall establish and maintain a system of free public education in both primary and secondary levels.

However, in reality, even if primary and secondary education is supposed to be free, it is the incidental fees of education: transportation and meals (*baon*), school projects and contributions that contribute to the problem of sending children to school for some families.

This is supported by **GMA News on-line** when it said that while tuition is free in public elementary and high schools, average expenditures for student amount to P15,000 - P20,000 per year, an estimate in 2009. The amount covers tuition (or miscellaneous fees), books and other educational materials, not to mention clothing and transportation expenditures.

As quoted from the latest **Philippine Human Development Report**, out of 1000 children who enter grade 1, by grade 2 some 140 will have dropped out, and by grade 4 another 100 will have dropped out. Out of these 760 children who reach grade 4, only 670 will make it to grade 6, and only 650 children will actually complete the full elementary cycle of six years.

Of those 650 who finish elementary school, only 580 will go on to high school. Seventy will drop-out of these 580 and only 420-430 will graduate from high school.

II. RATIONALE

A. Occurrence of Disasters

The Philippines is bracing itself for the occurrence of disasters this year and the coming years. Related to climate change, the **PAG-ASA** is monitoring the occurrence of El Niño phenomenon in the country. El Niño is characterized by prolonged warming in the Pacific Ocean sea surface temperatures when compared with the average. This results to dry spell but also causes strong typhoons.

On the other hand, the **Metro Manila Earthquake Impact Reduction Study (MMEIRS)**, a study undertaken in 2002 – 2004 by the Japan International Cooperation Agency (JICA) in coordination with the Metropolitan Manila Development Authority (MMDA), claims that a big earthquake is due to happen anytime in Metro Manila. As reported in **Inquirer.net**, a 7.2 earthquake predicted to hit Metro Manila could kill up to 33,000 people and to injure 114,000 others if no adequate preparations are made.

The situation in the Philippines is not getting any better. Natural disasters are getting more intense and more devastating. This makes disaster management that covers (1) disaster prevention, (2) disaster preparedness, (3) disaster relief, and (4) disaster recovery very timely, as enumerated from the website of **World Confederation of Physical Therapy**.

Meanwhile, it is noteworthy that disasters and the elderly are related to each other, in the sense that when disasters strike, the elderly are one of the most vulnerable groups to be greatly affected because of their ill physical condition.

B. Marginalized Groups

1. The Elderly

This year, the country has to deal with 6.2 million senior citizens that constitute 3,494,642 females and 2,768,158 males. This pertains to the *“feminization of ageing.”* There are more females than males because females outlived the males with a higher projected female life expectancy at 73.14 years compared with males at 67.61 years as reflected in the website of the **Philippine Commission on Women.**

The paper of Sanchez also listed the four categories of senior citizens as follows:

- a. Active Senior Citizens** – They are capable of doing Activities of Daily Living (ADL). ADL as defined by **Investopedia** is the *“routine activities that people tend to do every day without needing assistance.”* There are six basic ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence.

In addition, senior citizens under this category are independent and contribute in the community by participating in Senior Citizens Organizations (SCOs), taking care of family members and doing household chores.

- b. Senior Citizens at Risk** – They are capable of doing the basic ADL and would need assistive devices. They are still healthy but have limitations on their physical activities and mostly stay at home.
- c. Inactive Senior Citizens** - They require continuous medication and are fully dependent on others for their ADL for a prolonged period.
- d. High Risk Senior Citizens** - They need specialized high-cost medication to ease their pain and they have life-threatening disease. They are fully dependent on others for their performance of their Activities of Daily Living.

In addition, the paper of Sanchez mentioned that *“the Philippine Government is one of the signatories to the Madrid International Plan of Action for Older Persons and also in the forefront in the conceptualization and ratification of the previous international plans (e.g. Macau Plan of Action for Older Person 1998 and Shanghai Implementation Strategy 2002).”* It was also highlighted in the paper that the

Philippine constitution recognizes the positive role of the elderly in the society; encouraging them to contribute to nation-building and to develop community organization as well as providing support to Non-Government Organizations (NGOs) working for senior citizens.

The Philippine Constitution stipulates that *“it is the duty of the family to take care of its disabled members while the State may design program of social security for them and it shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. These shall be priority for the needs of the underprivileged, sick, elderly, disabled, women and children.”*

Given this, the Philippine laws like Republic Act 7432 (The Senior Citizens Act) issued in 1992 and Republic Act 9257 (The Expanded Senior Citizens Act of 2003) and Republic Act 9994 (The Expanded Senior Citizens Act of 2010) give entitlements to senior citizens such as discounts in medicines, basic commodities, health services and socio-recreational activities as well as the establishments of the Office of the Senior Citizens Affairs (OSCA) to be headed by a senior citizen.

On top of this, the Department of Social Welfare and Development (DSWD) operates four centers called Haven for the Elderly / Home for the Aged / Home for the Elderly that cater to the needs of senior citizens. These are located in Rizal (Region IV-A), Zamboanga City (Region IX) and Davao Oriental (Region XI). The last one called Golden Reception and Action Center for Elderly and for Special Needs (GRACES) for bedridden elderly is in Quezon City (National Capital Region).

There are other 13 Home for the Aged / Home for the Elderly that are operated by Non-Government Organizations (NGOs) and other religious groups that operate in Pampanga (Region III), Rizal (Region IV-A), Laguna (Region IV-B), Cebu (Region VII), Cotabato (Region XII), and in Quezon City, San Juan, Pasay and Marikina (National Capital Region). However, not all elderly needing residential care can be admitted in the available centers due to (1) limited number of these facilities, (2) congestion in the centers, and (3) some of these centers require some fees that the impoverished elderly cannot afford.

Majority of the elderly lives in their own home or community. This can be attributed to the closely-knit family ties of Filipinos which is inherent in the culture. On the other hand, the level of the physical functioning and circumstances of the elderly are affected by poverty.

In another light, with poverty as a factor, there are also categories of senior citizens cited such as: resource, minimal resource, dependent or burden. Those who have the capacity to pay can access medical services and acquire quality care. On the other hand, remaining active in the community and in engaging in household activities can delay becoming a burden for the elderly.

In the Philippines, successful ageing is the fulfillment of the desire of the elderly for a more comfortable life not only for themselves but also for their children. And this is not always a reality to most of the elderly.

2. Unwed Mothers (Women with Unintended / Unwanted Pregnancy)

Abortion is a reality for women – married and unmarried, for various reasons earlier cited. With the rise of teenage pregnancy for the unmarried women, more young women are exposed to unsafe abortions. These young women who may opt for abortion are (1) those who themselves are not ready for the responsibility of being a mother or those who are expected by their parents to finish their studies to be able to support their siblings and families in the future, (2) those who have been left by their boyfriends / lovers, and (3) those who have been impregnated by their abuser / rapist.

Being of help to these unwed mothers (pregnant women) is but a noble intention. It is a way of assisting these women to abide by the 6th commandment as stated in Exodus 20:13 --- *“Thou shall not kill”* and also upholding the fundamental right of children which is the *“right to be born / right to life.”*

The young women will be enlightened on how to proceed with their pregnancy if adequate support services are available.

3. Street Children

DLSU research revealed that living and working on the streets expose children to numerous hazards and they become vulnerable to different risks. They fall prey to abuses from their fellow street children and exploitation from adults particularly syndicates.

In addition, a record from the Metropolitan Manila Development Authority (MMDA) shows that 5,800 pedestrians were run over along Metro Manila's streets in 2013. One of the casualties highlighted in the media was that of a *“batang hamog”* (another label attached to street children who commit petty crimes on the streets).

4. Street Families

The streets of Metro Manila are dangerous and this situation poses a risk to families who live on the streets. Being families, they represent the parents as well as young children. Needless to say, all members of the family are exposed to possible harm and exploitation while on the streets.

Since most street families have roots in the provinces and just left their hometown because of poverty, assistance can be provided to bring them back to the provinces and provide the necessary services for them to live a decent life.

5. Drug Dependents

Drug dependents are said to be not on their right mind due to substance abuse. They ruin their lives because of this and at the same time, they can also be violent enough to harm people around them.

As cited in the **Dangerous Drugs Board website**, addiction is when a person becomes dependent on or craves a drug and believes he needs the drug to live. All an addicted drug user can think about is getting the next dose after getting high.

Professional help through interventions like counseling, treatment and rehabilitation are needed to help someone struggling with the compulsion to use addictive substance.

C. Establishment of an Educational Facility

1. Children Needing Educational Assistance

As Jose Rizal, the national hero once declared *“The youth is the hope of the nation.”* But how can this be realized if the youth / children of today are not equipped with good education and have not acquired the values of being a good citizen / leader in schools? It is for this reason that ensuring that children obtain elementary and secondary education is a must for their future, and accordingly, for the bright future of the nation that will eventually contribute to nation building / development.

The school will be known for producing good graduates but also graduates who are well-mannered, law-abiding citizens and most of all God-fearing.

III. THE PROPONENT

Jesus the Heart of Missions Team, Inc. (JHMT) is an international network of Christian leaders and workers engaged in advancing the Kingdom of God. It is a Body Ministry Team that was established in 1993 to build up, edify and equip the Church for the Holy Spirit's great outpouring and end time global harvest per inspiration from the Scriptures, as follows:

Then Jesus came to them and said, “All authority in heaven and on earth has been given to me. Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have

*commanded you. And surely I am with you always, to the very end of the age.”
(Matthew 28:18-20)*

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He said to them, “Go into all the world and preach the gospel to all creation. Whoever believes and is baptized will be saved, but whoever does not believe will be condemned. And these signs will accompany those who believe: In my name they will drive out demons; they will speak in new tongues; they will pick up snakes with their hands; and when they drink deadly poison, it will not hurt them at all; they will place their hands on sick people, and they will get well.”

After the Lord Jesus had spoken to them, he was taken up into heaven and he sat at the right hand of God. Then the disciples went out and preached everywhere, and the Lord worked with them and confirmed his word by the signs that accompanied it. (Mark 16:15-20)

In the face of the past major calamities, JHMT through its Operation Kabalikat (OK) was one the agencies that catered to the victims of Ondoy (September 2009), Sendong (December 2011), Pablo (November – December 2012) and just recently Yolanda (November 2013). *(Please refer to Annex 1 – Video and Annex 2 –JHMT brochures)*. It also reached out to the earthquake victims of Bohol (October 2013).

During the last tragedy in the Visayas, particularly super typhoon Yolanda, Operation Kabalikat together with its partners has distributed **P3.5 Million Pesos** of goods and monetary aid. Apart from this, through the network of Operation Kabalikat churches, there were construction of 16 houses and 7 churches; and donations of 20 chain saws, 7 sets of carpenter tools for repair and clearing operations, food, 50 personal water purifiers, 2 family water purifiers, 15 cellphones, 35 solar lamps, kitchen utensils, beddings and many more.

JHMT will strengthen the efforts of OK in anticipation of future disasters. On the other hand, it seeks to be a channel of blessing for the elderly through the establishment of a residential care center, since this sector is one of the most vulnerable when disaster strikes.

In addition, JHMT would also like to reach out to other marginalized groups like unwed mothers (women with unintended / unwanted pregnancy), street children, street families, and drug dependents. It also has a heart for the underprivileged but deserving children who have difficulty obtaining an education.

IV. PROJECT OBJECTIVES

General Objective

The Metro Oasis Care Center Complex as a haven for various clients, aims to address the needs of the potential / victims of natural calamities; and also the needs of elderly, unwed mothers (women with unintended / unwanted pregnancy), street children, street families, drug dependents and children needing educational sponsorship / assistance.

Specific Objectives

1. Provide assistance to potential / victims of calamities in the context of disaster response network from preparedness, recovery and management;
2. Provide state-of-the-art residential care facilities that cater to the psychosocial needs of the elderly, unwed mothers (women with unintended / unwanted pregnancy), street children, street families, and drug dependents;
3. Provide educational facilities for the deserving poor children with proper recommendation and approval; and
4. Generate funds from the public use of commercial store spaces available in the Metro Oasis Care Center that can defray the cost of program implementation and for purposes of project sustainability possibly beginning on the 11th year of program implementation.

V. THE PROPOSED METRO OASIS CARE CENTER COMPLEX

The Metro Oasis Care Center Complex is a multi-purpose center which will serve as a convergence area for “caring” activities for the potential / victims of natural calamities and the marginalized groups of elderly, unwed mothers (women with unintended / unwanted pregnancy), street children, street families, and drug dependents as well as children needing educational sponsorship / assistance.

It will have Operation Kabalikat Network National Headquarters that has an accompanying (1) Metro Oasis Coliseum as a venue for disaster orientation and possible space for evacuation, and (2) Operation Kabalikat Relief Center and Food Bank (huge warehouse) for storage of relief goods and stuff.

It will also have residential centers / homes namely **Cedar Care Home** (for the elderly), **Rose of Sharon** (for unwed mothers), **Crossings** (for street children), **Bethel Lighthouse** (transit home for street families) and **New High** (for drug dependents). There will also be **Metro Oasis Academy** that offers elementary and secondary education for those needing assistance / sponsorship.

The structures / facilities in the complex (*Please refer to Annex 3 – Care Center Architectural Design*) will include the following:

1. **Operation Kabalikat National Headquarters and Metro Oasis Care Center Complex Main Office**
– This is a 5-storey building that will serve as the main headquarters of OK as well as the seat of

management for the whole complex, where all departments will hold their office and where official transactions will be done.

2. **Operation Kabalikat Relief Center and Food Bank** – This is a modern warehouse that satisfies the International Organization for Standardization (ISO) quality. The center will contain various disaster response vehicles and equipment like amphibian truck, fire truck, ambulance, motor speed boat, inflatable life boat, jack hammer, chain saw, and life vests, among others. The two helicopters for relief and rescue operations will be in the complex helipad. In addition, the center will have packed relief goods available for distribution for 2,000 persons at any given time.
3. **Cedar Care Home** – This is a 4-tower residential center with 10 floors each, with 160 rooms, catering to 400 elderly, with its own clinic, cafeteria, function rooms, mini theatre and spa center. Its clinic with basic necessary medical equipment shall be for physical and physiological needs of the elderly. It will also have a jogging path.
4. **Rose of Sharon** – This is a facility for unwed mothers with 4 residential 2-storey buildings for a total of 100 clients for the Home. Each building will have a chapel, staff room, supply room and a private bathroom, communal bathroom for the clients, receiving area / living room, dining area, kitchen, work area and prayer area. In addition, other facilities of the Home includes separate structures for isolation area, laundry area, a bigger work area that can accommodate clients of nursery, day care center, backyard garden, social service / administration building, and small huts for group sharing.
5. **Crossings**– This is a 4-storey building that can accommodate 200 street children at 6 children per room. Rooms will be on the 2nd and 3rd floors. It has staff room cum supply room and with a private bathroom, communal bathroom, laundry area, leisure / recreation rooms, receiving area / living room, dining area, kitchen, work area, prayer room, backyard garden and social service / administration room. The only feature of this Home that is not present in other Homes is the mini-library.
6. **Bethel Lighthouse** – it is a two 2-storey transit home-building that can accommodate 100 individuals coming from street families at one time. There will be 20 rooms – 15 rooms that can accommodate families with 4 members and 5 rooms that can accommodate families with 5 members or more. It has staff room cum supply room and with a private bathroom, communal bathroom for clients with a child-friendly bathroom, laundry area, receiving area / living room, dining area, kitchen, work area, prayer room and roofing garden.

7. **New High** – Just like the Transit Home for street families, this is a two 2-storey building that can accommodate 100 drug dependents (90 males and 10 females). But this has 10 rooms and each room can accommodate 10 clients. It has staff room cum supply room and with a private bathroom, communal bathroom for clients with a child-friendly bathroom, laundry area, receiving area / living room, dining area, kitchen, work area, prayer room and roof top garden.

8. **Club House** – this is a structure that is strategically located at the center of all the Homes in the Metro Oasis Care Center. The club house is accessible to all the clients on a per request basis, following approved schedules. It will have the following facilities: swimming pool, basketball court, playground, landscaped garden, jogging area / bicycle lanes, function rooms, mini theater, and chapel among others.

9. **Metro Oasis Academy** – A 4-storey school building that can provide Kindergarten to Grade 12 (K-12) education. It has 13 rooms for each specific academic level, laboratory rooms, two faculty rooms for elementary and high school teachers, a library, guidance office, principal’s office, meeting room and auditorium. It also has a vast school grounds for the flag ceremony and other extra-curricular activities / programs.

10. **Metro Oasis Coliseum** – This multi-functional coliseum can be utilized for disaster preparedness, response and management trainings, for conventions and seminars, and for evacuation center as necessary, as well as a sports center whenever available. It has a 5000+ seating capacity.

11. **Upper Room Mission House** – This is a two 10-storey building for full time missionary staff, executives, visiting sponsors and guests.

This will ensure availability of staff during emergencies for timely disaster response and to allow accessibility of staff for urgent concerns in the different centers in the complex that operate 24/7. *(Please refer to Annex 4 – Organizational Chart)*

12. **Business Center** – The complex will allocate 1,000 sq. m. in the property fronting EDSA for commercial space. The earning from the rental will be saved to contribute to project sustainability on the 11th year of program implementation. Targeted tenants are those from the banks, restaurants, laundry shops, salons, boutique and convenience stores. The target consumers will be the (1) staff working at the Oasis Metro Care Center and the people / guests visiting the complex to attend conferences, training, seminars and other activities; (2) the unit owners / occupants of the nearby Ayala-Landmark condominium buildings; and (3) the general public in the vicinity.

VI. PROGRAM DETAILS

The details of the program of the Metro Oasis Care Center Complex are as follows:

A. Disaster Management

1. Operation Kabalikat

The Operation Kabalikat is a project that caters to the potential / victims of natural calamities. OK will primarily be focused on the three stages of disaster response network --- preparedness, recovery and management.

The Metro Oasis Coliseum will be maximized for the conduct of disaster trainings as well as available evacuation center, if needed. The location of the Metro Oasis Care Complex is in the vicinity of EDSA corner Quezon Avenue and corner Agham Road, near Quezon City Circle, University of the Philippines and the Veterans Memorial Medical Center (VMMC) Golf Course in West Avenue, that has been identified by the Metropolitan Manila Development Authority as one of the evacuation centers in case the “big one” --- a strong earthquake takes place.

On the other hand, the Metro Oasis Relief Center and Food Bank is the storage for relief goods and a place to keep disaster relief and rescue equipment and vehicles.

B. Program for Marginalized Groups

1. Cedar Care Home

The Care Home for the elderly will cater to 400 clients, 65 years old and above who lack support from their immediate families and who do not have their own place to stay. Specifically, the Home shall admit 320 Active Senior Citizens and 80 Senior Citizens at Risk. Moreover, the 400 clients shall be composed of 80 couples (160 individuals), 140 females and 100 males.

Elderly years start at 60 years old. However, the Cedar Care Home opts to provide services to 65 years old and above since they are less physically fit compared to the 60 years old.

Inspired by the services offered by DSWD as reflected in their website, the Cedar Care Home shall provide the following services to its elderly clients:

- a. Social Services** – This is an interdisciplinary approach in case management. The interdisciplinary team is composed of the social worker, the doctor, the psychologist, the nurse, the nutritionist, and the caregiver, among others. The team on a monthly basis will hold case conferences where specific cases of the elderly are discussed.
- b. Residential Care Services** – This is the provision of appropriate family life that offers comfortable living quarters, adequate food, clothing and beddings, among others.
- c. Occupational Therapy Services** – This is the provision of varied occupational and recreational activities that enhances the senior citizens' capacity to learn and also to earn.
- d. Health and Medical Services** – This is the provision of consultation, treatment and referral for physical and psychiatric exam to promote the physical, psychological and mental well-being of the clients.
- e. Dietary Services** – This is the provision of appropriate, balanced and nutritious meals.
- f. Socio Recreational Services** – This is the provision of various opportunities for social interaction, recreation and leisure.
- g. Value Formation and Spiritual Growth Services** – This is the provision of opportunities to strengthen and deepen the faith and relationship with God.

2. Rose of Sharon

The Rose of Sharon for unwed mothers with unintended / unwanted pregnancy will cater to 100 pregnant women who are expectant single mothers, who are in difficult circumstances and might be contemplating on aborting their babies in the absence of support services. The center will encourage the mothers to keep their babies in the spirit of God's love and will guide the women on how to proceed after the pregnancy. Options shall be made available to the mothers that include surrendering their children for adoption, if necessary.

The following are the holistic and rehabilitative services for unwed mothers:

- a. Social Service** – This is an interdisciplinary approach in case management. The interdisciplinary team is composed of the social worker, the doctor, the psychologist, the nurse, the nutritionist, and the caregiver, among others. The team on a monthly basis will hold case conferences where specific cases of the unwed mothers are discussed.

- b. Residential Care Service** – This is the provision of appropriate family life that offers comfortable living quarters, adequate food, clothing and beddings, among others.
- c. Psychosocial Service** – This is the provision of counseling therapy, psychological testing, etc. This is part of the case management of the clients. It is meant to guide and support the clients. The counseling is focused on family preservation and permanency planning for the child.
- d. Health and Medical Service** – This is the provision of medical care (pre-natal, childbirth, post-natal through the hospital).
- e. Dietary Service** – This is the provision of appropriate, balanced and nutritious meals that will ensure proper nutrition of both the mother and the unborn child.
- f. Character Building / Value Formation and Spiritual Growth Service** – This is the development of values and good moral character. This is the provision of opportunities to strengthen and deepen the faith and relationship with God.
- g. Socio-Recreational Service** – This is the provision of various opportunities for social interaction, recreation and leisure.
- h. Skills Training and Personality Development Service** – This enables the clients to develop self-confidence and to acquire marketable skills necessary to land a job.
- i. Family Therapy** – Family therapy is based on the belief that the family is a unique social system with its own structure and patterns of communication. Sessions with the family is necessary to allow the integration of the client after the pregnancy.

3. Crossings

Crossings will cater to 100 street children.

The following are the services for the street children mainly sourced from the prescribed standards of the **Department of Social Welfare and Development**:

- a. Social Service** – This is an interdisciplinary approach in case management. The interdisciplinary team is composed of the social worker, the doctor, the psychologist, the nurse, the nutritionist, and the caregiver, among others. The team on a monthly basis will hold case conferences where specific cases of the street children are discussed.

- b. Residential Care Services** – This is the provision of appropriate family life that offers comfortable living quarters, adequate food, clothing and beddings, among others.
- c. Psychosocial Services** – This is the provision of counseling therapy, psychological testing, etc. This is part of the case management of the clients. It is meant to guide and support the clients.
- d. Health and Medical Service** – This is the provision of professional health services (medical examination and interventions).
- e. Dietary Service** – This is the provision of appropriate, balanced and nutritious meals that will ensure proper nutrition of the clients.
- f. Character Building / Value Formation and Spiritual Growth Service** – This is the development of values and good moral character. This is the provision of opportunities to strengthen and deepen the faith and relationship with God.
- g. Socio-Recreational Service** – This is the provision of various opportunities for social interaction, recreation and leisure.
- h. Formal and Non-Formal Education** – This is the provision of or access to formal and non-formal education like the Alternative Learning System) that is appropriate to the client’s age, developmental capacities and needs.
- i. Family Therapy** – Family therapy is based on the belief that the family is a unique social system with its own structure and patterns of communication. Sessions with the family is necessary to allow the integration of the client to the family after discharge.

4. Bethel Lighthouse

The Transit Home for street families will cater to 30 to 50 families with the aim of getting them out of the streets with an option to go back to their provinces equipped to have a decent life.

The following are the services for the street families:

- a. Social Service** – This is an interdisciplinary approach in case management. The interdisciplinary team is composed of the social worker, the doctor, the psychologist, the nurse, the nutritionist, and the caregiver, among others. The team on a monthly basis will hold case conferences where specific cases of the street families are discussed.

- b. Residential Care Service** – This is the provision of appropriate family life that offers comfortable living quarters, adequate food, clothing and beddings, among others.
- c. Psychosocial Service** – This is the provision of counseling therapy, psychological testing, etc. This is part of the case management of the clients. It is meant to guide and support the clients.
- d. Health and Medical Service** – This is the provision of professional health services (medical examination and interventions).
- e. Dietary Service** – This is the provision of appropriate, balanced and nutritious meals that will ensure proper nutrition of the clients.
- f. Character Building / Value Formation and Spiritual Growth Service** – This is the development of values and good moral character. This is the provision of opportunities to strengthen and deepen the faith and relationship with God.
- g. Socio-Recreational Service** – This is the provision of various opportunities for social interaction, recreation and leisure.
- j. Skills Training and Personality Development Service**– This enables the clients to develop self-confidence and to acquire marketable skills necessary to land a job.
- h. Family Therapy** – Family therapy is based on the belief that the family is a unique social system with its own structure and patterns of communication. This aims to prepare the family in living a new life after discharge.
 - a. Parent Effectiveness Seminar** – Sessions to develop the parenting capability of parents of street families.
 - b. Reintegration to the Community** – This is the provision of transportation assistance for the families to go back to their provinces coupled with livelihood assistance to start anew.

5. New High

The rehabilitation center named New High will cater to 100 drug dependents. A rehabilitation center can admit both drug dependents and alcohol dependents. Initially, however, the center will limit its clients to drug dependents.

The rehabilitation center named New High will cater to 100 drug dependents and will provide the following services:

- a. Social Service** – This is an interdisciplinary approach in case management. The interdisciplinary team is composed of the social worker, the doctor, the psychologist, the nurse, the nutritionist, and the caregiver, among others. The team on a monthly basis will hold case conferences where specific cases of the drug dependents are discussed.
- b. Residential Care Service** – This is the provision of appropriate family life that offers comfortable living quarters, adequate food, clothing and beddings, among others.
- c. Psychosocial Service** – This is the provision of counseling therapy, psychological testing, etc. This is part of the case management of the clients. It is meant to guide and support the clients.
- d. Health and Medical Service** – This is the provision of professional health services (medical examination and interventions).
- e. Dietary Service** – This is the provision of appropriate, balanced and nutritious meals that will ensure proper nutrition of the clients.
- f. Character Building / Value Formation and Spiritual Growth Service** – This is the development of values and good moral character. This is the provision of opportunities to strengthen and deepen the faith and relationship with God.
- g. Socio-Recreational Service** – This is the provision of various opportunities for social interaction, recreation and leisure.
- h. Skills Training and Personality Development Service**– This enables the clients to develop self-confidence and to acquire marketable skills necessary to land a job.
- i. Family Therapy** – Family therapy is based on the belief that the family is a unique social system with its own structure and patterns of communication. Sessions with the family is necessary to allow the integration of the client to the family after rehabilitation.

The following treatment modalities as mentioned in the **Dangerous Drugs Board website**, shall be employed during the treatment depending on what is suited for the clients.

Treatment Modalities

- a. **Drug treatment modality** is the model or approach in the treatment of drug dependents utilized by treatment and rehabilitation centers.
- b. **Multi-disciplinary Team Approach** is a method in the treatment and rehabilitation of drug dependents which avails of the services and skills of a team composed of psychiatrist, psychologist, social worker, occupational therapist and other related disciplines in collaboration with the family and the drug dependent.
- c. **Therapeutic Community Approach** views addiction as a symptomatic manifestation of a more complex psychological problem rooted in an interplay of emotional, social, physical and spiritual values. It is a highly structured program wherein the community is utilized as the primary vehicle to foster behavioral and attitudinal change. The patient receives the information and the impetus to change from being a part of the community. Role modelling and peer pressure play significant parts in the program.

The goal of every therapeutic community is to change the patients' self-destructive thinking and behavioral pattern, teach them personal responsibility, develop their self-image, create a sense of human community and provide an environment in which human beings can grow and take responsibility and credit for the growth.

- d. **Hazelden-Minnesota Model** views addiction as a disease, an involuntary condition caused by factors largely outside a person's control. The program consists of didactic lectures, cognitive-behavioral psychology, Alcoholic Anonymous principles / Twelve Steps Principles and biblio-therapy. It aims to treat patients with chemical dependency, endorsing a set of values and beliefs about the powerlessness of people over drug taking and turning to a Higher Power to help them combat the disease. In this modality, counsellors and patients collaborate in defining the path to recovery.
- e. **Spiritual Approach** uses the Bible as the primary source of inspiration to change. It views drug addiction as a sin and encourages the patients to turn away from it and renew their relationships with the Lord.
- f. **Eclectic Approach** aims at applying a holistic approach in the rehabilitation program. The spiritual and cognitive components of the Twelve Steps complement the behavioral aspects of the Therapeutic Community. The skills and services of rehabilitation professionals and para-professionals are made available. In doing so, different personality aspects of drug dependents are well addressed geared towards their rehabilitation and recovery.

C. Metro Oasis Academy

The school inside the Metro Oasis Care Center Complex will admit 650 students at 25 students / class by two classes per grade or year level from K-12.

The school will get accreditation from the Department of Education and will follow the prescribed curriculum.

In addition, the Alternative Learning System that will be available for the street children is also coursed through the school.

VII. VISION FOR 2014 – 2022 FOR THE PROGRAM

It is envisioned that there will be two phases of program implementation as follows:

Phase I: Pilot Implementation

The Metro Oasis Care Center Complex in EDSA, Quezon City at the National Capital Region (Metropolitan Manila) will constitute the pilot implementation of programs. For the first 10 years, Operation Kabalikat will cater to potential / victims of natural calamities; residential center will accommodate elderly, pregnant women, street children, street families and drug dependents. The school will also start with its operation catering to children needing sponsorship / educational assistance.

There will be a program implementation review and planning workshop on the 5th year to see the progress of the implementation and to improve it, if necessary. This will also highlight the lessons learned from the pilot implementation and to do the planning for Phase II.

Phase II: Program Replication at the Regional and Provincial Levels

Depending on the availability of funds, the programs will be replicated in other locations nationwide on the 6th year in 16 regions (CAR, I, II, III, IV-A, IV-B, V, VI, VII, VIII, IX, X, XI, XII, XIII (CARAGA) and ARMM).

The replication aims to further provide a quicker disaster response network through better accessibility; to bring the facilities of the elderly, unwed mothers, street children, street families and drug dependents closer to the affected population where they will not be so distant from their loved ones; and to provide academic facilities that will provide educational opportunities to target children and youth.

In line with this, a prototype of Metro Oasis Care Center Complex will be established in different regions and provinces in the country. Priority will be in the regions that are often devastated by natural calamities and the regions that need more services for marginalized sectors.

The basic facilities / amenities for replication include centers for the elderly, unwed mothers, street children, street families and drug dependents, school, a Mission House, an office and a multi-purpose warehouse for relief goods and disaster response operations. These basic facilities and amenities will be constructed at the provincial level. However, at the regional level, the construction will include the basic facilities / amenities plus 2,000 seating capacity multi-purpose auditorium and commercial stores.

It should be emphasized that the pilot implementation at the national level is based in Quezon City at the National Capital Region. On the other hand, the replication will happen initially at the regional level, followed by the provincial level.

VIII. BUDGETARY REQUIREMENTS

The proposed Metro Oasis Care Center Complex that will cater to the needs of potential / victims of disasters and the elderly as proposed by the Jesus the Heart of Missions Team, Inc. (JHMT) entails a budgetary requirement of ***Fourteen Billion Three Hundred Seventy Three Million Six Hundred Forty Two Thousand Four Hundred Nineteen (P14,373,642,419.00) or USD 320,840,232.57*** broken down as follows:

Table 2: Scope of Work with Budget

Stage	Description	Budget	Target Year
1. Land Purchase and Acquisition	Completion of sales contracts Land title transfer	4,000,000,000	Year 00
2. Securing of Permits & Pre-Operation	Demolition works and hauling services Soil testing Concrete testing (for current immovable improvements) Architectural fees Acquisition of barangay permits Acquisition of building permits Acquisition of Environmental Compliance Certificate (ECC) Dewatering works (especially during rainy season) Excavation permits (prior to excavation works) Excavation works Drainage system Perimeter fencing and riprap works Lot monumenting works Office expenses during pre-construction phase Other necessary expenses	567,733,800	Year 00

Stage	Description	Budget	Target Year
3. Land Development		175,000,000	Year 00
4. Actual Construction			
➤ Phase I completion (75%)	Completion of: <ul style="list-style-type: none"> ➤ Roads and open spaces ➤ Operation Kabalikat National Headquarters ➤ OK Relief Goods and Food Bank ➤ 4-Care Home for the Elderly ➤ Generator Set Room ➤ Function Room for the Elderly ➤ Swimming pool with Spa ➤ 50-Seater Private Theater ➤ 2-Upper Room Mission House ➤ Sanctuary/Function Room ➤ Clinic ➤ Physical Therapy Facilities ➤ Business Center ➤ Meralco Sub-Station ➤ Parking I ➤ Ramps ➤ Open Space/landscaping 	1,694,850,600	Year 01 – 02
➤ Phase II completion (25%)	Completion of: <ul style="list-style-type: none"> ➤ Metro Oasis Coliseum ➤ Garden area ➤ Rose of Sharon ➤ Metro Oasis Academy ➤ Parking II 	1,171,395,200	Year 03
➤ Phase III	Completion of: <ul style="list-style-type: none"> ➤ Bethel Lighthouse Transit Home ➤ Crossings ➤ New High ➤ Covered Tennis Court ➤ Covered Basketball Court ➤ Motorpool 	302,000,000	Year 03-04
5. Furnishing the Center	The facilities are ready for occupancy / use	(Amount integrated in the construction cost)	Year 03
6. Actual Program Implementation	Assistance provided to victims of natural calamities and the elderly for 10 years <ul style="list-style-type: none"> ➤ Operation Kabalikat* ➤ Cedar Home Care for the Elderly 	1,457,151,396.00 839,347,544.00	Year 04 – 14

Stage	Description	Budget	Target Year
	<ul style="list-style-type: none"> ➤ Rose of Sharon (for unwed mothers) ➤ Crossings (home for street children) ➤ Bethel Transit Home (for street families) ➤ New High (a rehabilitation center for drug dependents) ➤ Metro Oasis Academy ➤ Clinic 	<p>217,528,000.00</p> <p>312,487,960.40</p> <p>356,745,012.00</p> <p>379,377,500.00</p> <p>350,470,808.40</p> <p>116,654,996.00</p>	
7. Logistics Support	<ul style="list-style-type: none"> ➤ OK Rescue vehicles and equipment* ➤ Gen. Services Vehicle Requirement ➤ Gen. Admin-Human Resources ➤ Executive Budget ➤ Admin & Financial Management ➤ Asset & Property Management ➤ Marketing & Communication ➤ Pre-Implementation 	<p>269,045,000</p> <p>39,090,000</p> <p>223,273,711</p> <p>330,760,000</p> <p>112,269,760</p> <p>498,797,848</p> <p>75,497,084</p> <p>93,560,000</p>	Year 04 - 14
8. Contingency		1,358,340,000.00	
,Grand Total		14,373,642,419.00	

** Please refer to Annexes for detailed computations*

IX. RECOMMENDATION

The proposed establishment of the ***Metro Oasis Care Center Complex*** amounting to ***Fourteen Billion Three Hundred Seventy Three Million Six Hundred Forty Two Thousand Four Hundred Nineteen (P14,373,642,419.00) or USD 320,840,232.57*** that will implement two major programs, namely, Operation Kabalikat for potential / victims of natural disasters, and centers for the elderly , pregnant women, street children, street families and drug dependents, and a school, is strongly recommended due to its urgency. It can help in mitigating the effects of disaster thereby saving more lives, and at the same time providing the much-needed care to the elderly population.

*Metro Oasis Care Center Complex Project Feasibility Study
Submitted by Bishop Dante Veluz, November 5, 2014*