



Visayas Primary Healthcare Services, Inc.

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PROJECT PROPOSAL

I. General Information

Project Title	Emergency Relief and Psychosocial Support for Earthquake Survivors in Northern Cebu
Project Sites	City of Bogu, Municipality of Medellin, Daanbantayan and San Remegio
Total Project Cost	P 8,199,000.00
Amount Requested	P 8,199,000.00
Local Counterpart	None
Project Duration	
Name of Principal Organization	Visayas Primary Healthcare Services, Inc.
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B. Background

On September 30, 2025, at 9:59 p.m. local time, a devastating magnitude 6.9 earthquake struck off the coast of Northern Cebu, with its epicenter near Bogu City. The tremor's severity was gravely amplified by its unusually shallow depth of only five kilometers, which dramatically increased the intensity of ground shaking and the resulting destruction. This was compounded by thousands of strong aftershocks that continued to rattle the region, driving widespread fear and panic.

Widespread Destruction and Human Toll

The destruction was extensive and swift. The hardest-hit areas include the municipalities of Bogu City, San Remigio, Medellin, Tabogon, Tabuelan, and Daanbantayan, though the impact reached surrounding towns as well.

- **Structural Damage:** Houses built of light or semi-concrete materials were reduced to rubble, and even sturdier structures sustained serious, rendering them unsafe. Public buildings, churches, schools, and government facilities—including heritage sites—collapsed or were badly damaged. Landslides were also reported in some vulnerable areas.
- **Infrastructure Collapse:** Critical infrastructure was severely compromised. Roads and bridges were split by fissures or partially collapsed, isolating several barangays and significantly delaying rescue and relief operations for remote or island communities like Gibitngil in Medellin.
- **Human Cost:** As of early October, the human toll is devastating. Official figures reported at least 70-73 deaths, hundreds injured, and over 149,000 families affected across Northern Cebu, with many people still displaced from their homes. The primary causes of deaths and injuries were building collapse, falling debris, landslides, and delayed access to emergency medical care due to blocked roads.

Overwhelmed Health System and Secondary Crises

The healthcare system in the worst-hit areas was immediately overwhelmed.

- **Hospital Surge:** Cebu Provincial Hospital in Bogu and nearby municipal hospitals and Rural Health Units (RHUs) were flooded with trauma cases, including crush injuries, fractures, and lacerations. Staff were forced to move patients outside due to the ongoing threat of aftershocks toppling cracked buildings. Severely injured survivors who could not be managed locally had to be transported to the government tertiary hospital, Vicente Sotto Memorial Medical Center (VSMMC), in Cebu City—a trip that takes hours.
- **Complications:** Displaced and injured patients, particularly children and the elderly, faced secondary issues such as hypothermia, exposure, shock, and complications due to disrupted inpatient care.
- **Water and Sanitation Crisis:** The earthquake caused severe disruption to water systems. Reservoirs collapsed, wells were contaminated, and water supply systems were damaged beyond immediate repair. With power outages and damaged pipelines cutting off regular supplies, thousands of families in overcrowded evacuation centers and open spaces are now relying on limited trucking or unsafe sources such as rivers and shallow wells. This

shortage poses an alarming risk of dehydration, diarrhea, and waterborne disease outbreaks and undermines basic hygiene and sanitation.

- **Isolation and Fear:** Electricity and telecommunications went down across much of Northern Cebu, leaving communities isolated. For days, families have been camping outdoors, too fearful to return to their damaged homes while aftershocks continue, increasing their exposure to the elements.
- **Psychosocial Trauma:** The psychosocial toll is profound. Survivors urgently need psychosocial support to cope with the trauma of loss, the grief of lost relatives and homes, and the anxiety from continuous aftershocks. Children are showing particular signs of distress.

Response and Remaining Gaps

National and local disaster agencies, including the National Disaster Risk Reduction and Management Council (NDRRMC), PHIVOLCS, the Department of Health (DOH), the Armed Forces of the Philippines (AFP), and the Philippine National Police (PNP), quickly activated emergency procedures. Local and international humanitarian agencies, volunteer groups, and civic organizations have mobilized to lead rescue, medical, and relief efforts. The government has pledged assistance and declared areas under calamity status to expedite resource release. Despite this rapid activation, significant gaps remain in immediate basic needs:

- **Access:** Road and bridge damage is limiting the access of relief convoys to remote barangays and island communities.
- **Unmet Needs:** Many affected families still lack essential aid, including emergency shelter (tarpaulins, tents), non-food items (blankets, sleeping mats, kitchen sets), safe drinking water, adequate sanitation facilities, and specialized medical supplies for trauma care and infection prevention.
- **Resource Strain:** Current government relief covers only a fraction of the total need, and local resources are severely stretched.

The situation requires coordinated, donor-supported delivery of basic necessities and temporary medical support to prevent further loss of life and a secondary public health crisis.

II. Project Proponent

The Visayas Primary Healthcare Services, Inc. (VPHCS) has implemented several projects to build community-based health programs (CBHPs) in partnership with people's organizations in several parts in Cebu and Bohol.

Included as beneficiaries are the people's organizations in the earthquake affected areas. Specifically, we implemented a project on December 2017 – December 2019 to develop CBHPs in selected barangays in Medellin and Daanbantayan. This was supported by the Caritas Austria based in Vienna, Austria. From August 2020 to January 2021, we also implemented another project on COVID-19 response in Bogo City, San Remigio, Tabuelan and Medellin, which was funded by the United States Agency for International Development. Even after these two projects terminated, we maintained contacts with the community health workers (CHWs) that we had trained with basic preventive, promotive and curative health skills which they have used to render primary health care services to the members of their people's organizations and non-members as well.

Thus, after the earthquake, the leaders of the people's organizations quickly contacted our office and appealed to us for relief and humanitarian assistance. This proposal therefore aims to provide initial relief to an initial number of severely affected families in Medellin.

III. Project Beneficiaries

The project will target 3,133 families who are members of grassroots people's organizations in three priority municipalities where VPHCS has established partners. These organizations represent farmers, fisherfolk, and rural workers.

Municipality	People's Organizations	Families for Relief
Bogo City	Siocon Rural Workers Association,	50
	Kahugpongan sa Gagmay'ng Mag-uuma sa Gairan	60
	Nagkahiusang Mag-uuma ug Mananagat sa Polambato	41
	Total families for relief	151
Daanbantayan	Nagkahiusang Mag-uuma sa Malingin (Malingin)	80
	Sitio Toril Sugar Workers Association (Toril)	80
	Talisay-Bantaaw Bandera Farmers Association	40
	Gomez Sugar Workers Association	40
	Nagkahiusang Mag-uuma sa Tubohan sa Tinubdan	30
	Nagkahiusang Mag-uuma ug Mananagat sa Malbago	50
	Nagkahiusang Mag-uuma ug Mananagat sa Lasang Bateria	60
	Nagkahiusang Kabus nga Mananagat ug Mag-uuma sa Tominjao	40
	Sitio Sumimbang Rural Workers Association	60
	Paypay Womens Organization	72
	Total families for Relief	552

Medellin	Gibitngil Farmers and Fisherfolks Association (GIFFA)	700	
	Graje Farmers Association	60	
	Antipolo Farmers Association	200	
	Sitio Beverly Rural Workers Association	60	
	Tangke, Baring, Milagro Rural Workers Association	400	
	Kapayawan Farmers Association	60	
	Maharuhay Farmers Association	200	
	Daanglungsod Komon Farmers Association	150	
	Dalingding Sur Farmers Association	150	
	Mahawak Farmers and Fisherfolks Association	200	
	Total families for relief	2,180	
San Remegio	Tambungon Farmers Association	250	
	Total families for relief	250	
TOTAL		3,133 families	

IV. Project Objectives

The general objective is to mitigate immediate suffering, reduce the risk of secondary loss of life, and promote the initial recovery of 3,133 earthquake-affected families in Bogo, Daanbantayan, and Medellin.

The Specific Objectives are:

1. To provide essential nutrition for a minimum of one week to 3,133 families through the distribution of survival food packs.
2. To provide access to safe drinking water and hygiene supplies to prevent dehydration and disease by distributing hygiene kits and water containers to 3,133 families.
3. To ensure basic first aid and medical stability by providing a set of basic medicines and first aid supplies to 3,133 families.
4. To offer basic emergency shelter and non-food items to protect 3,133 families from the elements and increase dignity in displacement.
5. To organize and deliver initial psychosocial support activities for children and adults to help survivors cope with the acute stress, trauma, and grief resulting from the earthquake.

V. Expected Outputs

The project will ensure that 3,133 families receive:

- One survival food pack (approx. 1-week supply).
- One hygiene kit and a 10L water container.
- One set of basic medicines and first aid supplies per family.
- One basic shelter/non-food item kit (blanket, sleeping mat, tarpaulin/shelter sheet).
- Initial psychosocial support services to process trauma.
- Improved health, nutrition, and sanitation conditions for affected families.
- Reduced risk of dehydration, malnutrition, and waterborne diseases.

VI. Implementation

The project remains in two phases: Phase 1: Emergency Relief (7 days) and Phase 2: Psychosocial Support (starting immediately after Phase 1).

Phase 1: Emergency Relief (7 Days)

Upon receipt of funds, the organization will immediately procure the food packs, water containers, hygiene kits, medicines, and shelter items from local suppliers to ensure availability and reduce transport delays. Relief goods will be repacked by staff and volunteers within two days. Distribution will be carried out in coordination with the partner people's organizations who are in the best position to determine those most severely affected.

Given the urgency of the needs, the entire procurement, repacking, transport, and distribution process is estimated to be completed within five (5) to seven (7) days from receipt of funds, ensuring prompt assistance to all 3,133 families.

Phase 2: Psychosocial Support (PSS)

The PSS services will commence one week after the completion of the emergency relief distribution. The PSS Team will conduct focused group sessions across the three municipalities (Bogo, Daanbantayan, and Medellin) to serve all 3,133 families (estimated 15,665 individuals).

PSS Delivery Strategy (Focus Group Sessions)

Component	Assumption / Details
Total Individuals to Serve	15,665 (3,133 families x 5 members/family)
PSS Team Size	30 Psychologists (per deployment)
Session Duration	1.5 hours per session (allowing for breaks/setup)
Working Hours/Day	6 working hours → 4 Sessions per Day per team

Group Size (per session)	10 Individuals per Group (Max 2 families/group)
Total Sessions/Day	30 Psychologists × 4 Sessions/Day → 120 Sessions per Day
Total Individuals Served/Day	120 Sessions/Day × 10 Individuals/Session → 1200 Individuals per Day
Total Days Needed	15,655 Individuals ÷ 1,200 Individuals/Day → 13.05 Days → 13 Days of Sessions

VII. Project Budget Summary: Emergency Relief and Psychosocial Support

Target Beneficiaries: 3,133 Families (approx. 15,655 individuals) in Bogo City, Daanbantayan, Medellin, and San Remegio Northern Cebu.

Phase 1: Emergency Relief Budget (3,133 Families)

This phase covers the procurement and distribution of essential relief goods targeting 3,133 families.

Item	Cost per Family (₱)	No. of Families	Subtotal (₱)	Details
1. Food Packs	1,000	3,133	3,133,000	Rice (10kg), dried fish, canned goods, cooking oil, etc. (approx. 7 days supply)
2. Water & Hygiene Kits	500	3,133	1,566,500	Water container (10L), soap, sanitary pads, toothpaste, etc.
3. Shelter/Non-food Items	500	3,133	1,566,500	Blanket, sleeping mat, tarpaulin/shelter sheet, flashlight/solar lamp
4. Basic Medicines / First Aid	300	3,133	939,900	Paracetamol, ORS, antiseptic, bandages, vitamins
SUBTOTAL: Relief Goods	2,300	3,133	7,205,900	
5. Logistics / Transport/Food (Phase 1)	—	—	500,000	Truck hire, fuel, boat rental to island communities (e.g., Gibitngil), and volunteer meals/incidentals
TOTAL PHASE 1 COST			7,705,900	

Phase 2: Psychosocial Support (PSS) Budget

This phase covers the costs for the deployment of the PSS Team (30 Psychologists) one week after the relief delivery is complete. The deployment is to conduct 13 days of sessions, serving all 15,655 individuals (3,133 families) across the four municipalities in small groups (10 individuals/group).

Item	Unit Cost (₱)	Quantity	Subtotal (₱)	Details
1. PSS Team Food Allowance	₱ 500 / person / day	30 Psychologists × 13 days	195,000	Food allowance for 13 days deployment
2. PSS Team Transportation	₱ 18,000 / round trip (3 vehicles @P6,000)	13 round trips	234,000	Round-trip van rental/fuel for the team's 13-day travel to Bogo, Daanbantayan, Medellin and San Remegio
3. PSS Session Materials	5,000/ day	13 days	65,000	Supplies for focused group sessions (art materials, stationery, guides)
TOTAL PHASE 2 COST			494,000	

Total Project Cost: P8,199,900.00

VIII. Monitoring and Evaluation (M&E)

The Visayas Primary Healthcare Services, Inc. (VPHCS), in close coordination with its partner people's organizations, will establish a monitoring and evaluation system to ensure accountability, timely implementation, and quality of services delivered.

Indicators:

- Number and percentage of families who received complete relief packages (food, water and hygiene, shelter, medicines).
- Number and percentage of families participating in psychosocial support sessions.
- Reported improvements in knowledge, coping mechanisms, and emotional well-being of participants following PSS sessions (through feedback forms or group debriefing).
- Timeliness of relief distribution (completed within 7 days).

Means of Verification:

- Beneficiary distribution lists signed by recipients.
- Attendance sheets from psychosocial support sessions.
- Photographs and activity documentation.
- Progress and completion reports submitted to donor agencies.

M&E Schedule:

- Day-to-day monitoring during relief distribution and PSS sessions.
- Mid-project review after Phase 1 to assess challenges and prepare for Phase 2.

- Final evaluation report upon project completion.

Responsibility:

VPHCS staff, with the support of community health workers and leaders of partner people's organizations, will be responsible for data collection, documentation, and reporting.

IX. Sustainability and Exit Strategy

Although this project is designed as an immediate relief and recovery response, sustainability will be promoted by:

- **Linking with Local Health Structures:** Psychosocial support activities will be coordinated with municipal health offices and the Department of Health (DOH) for continuity of care for identified cases requiring further support.
- **Utilizing Community Health Workers (CHWs):** CHWs trained in earlier VPHCS projects will be tapped to help monitor family health needs and provide basic counseling beyond the project duration.
- **Strengthening People's Organizations:** Partner organizations will be engaged in all stages of the project, enhancing their disaster response capacity and solidarity mechanisms for future emergencies.
- **Knowledge Transfer:** Documentation of lessons learned and best practices will be shared with LGUs and networks to inform preparedness and resilience programs.

X. Risk Assessment and Mitigation

The project recognizes several risks:

- **Access Constraints:** Damaged roads and bridges or bad weather may delay distribution. *Mitigation:* Engage local boat operators, motorcycles, and community volunteers to ensure delivery to isolated sitios and islands.
- **Aftershocks and Ongoing Hazards:** Secondary tremors may disrupt planned activities. *Mitigation:* Flexible scheduling, safety protocols for staff and beneficiaries, and adherence to local disaster advisories.
- **Supply Shortages:** Relief items may not always be available in local markets. *Mitigation:* Pre-identify multiple suppliers, bulk purchases, and staggered procurement if needed.

- **Overlapping Interventions:** Duplication with government or other NGO efforts. *Mitigation:* Active coordination with LGUs, NDRRMC, and other humanitarian actors through local disaster councils.

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XI. Coordination and Partnerships

This project will be implemented in close collaboration with:

- **Local Government Units (LGUs):** Bogo, Daanbantayan, Medellin and San Remegio municipal governments for logistical support and access to evacuation centers.
- **National Agencies:** Coordination with the Department of Health (DOH) and NDRRMC for alignment with official disaster response strategies.
- **People's Organizations:** Beneficiary groups will be primary partners in beneficiary identification, mobilization, and feedback mechanisms.
- **Other NGOs and Faith-Based Groups:** Networking with humanitarian actors already on the ground to ensure complementarity and avoid duplication.

VPHCS will participate in inter-agency coordination meetings and maintain transparency with both community stakeholders and donors.

XII. Reporting and Accountability

VPHCS upholds transparency and accountability to both donor agencies and affected communities.

- **Reporting to Donors:** Narrative and financial progress reports will be submitted midway (after Phase 1) and upon completion (after Phase 2).
- **Financial Accountability:** All expenditures will be documented with official receipts and liquidation reports.
- **Community Accountability:** Beneficiary lists will be posted in public community spaces; community leaders will be engaged in monitoring distribution.
- **Feedback Mechanisms:** Complaints or concerns from beneficiaries will be documented and addressed promptly through designated community focal persons.

XIII. Gender and Vulnerable Groups Considerations

The project recognizes that disasters disproportionately affect vulnerable groups. VPHCS will adopt a protection-sensitive and inclusive approach:

- **Children:** Psychosocial sessions will include child-friendly activities (art, play therapy, storytelling).
- **Elderly and Persons with Disabilities (PWDs):** Relief distribution will prioritize home delivery for those unable to queue in distribution lines.
- **Women, especially pregnant and lactating mothers:** Hygiene kits will include sanitary pads, and referrals will be made for maternal and child health needs.
- **Equity Principle:** Relief goods and psychosocial services will be distributed fairly, without discrimination by gender, religion, or socio-economic status.

XIV. Conclusion

The earthquake that struck Northern Cebu has left thousands of families devastated, dislocated, and struggling to meet their most basic needs for food, water, shelter, and psychosocial support. While national and local response mechanisms were quickly mobilized, the magnitude of destruction has overwhelmed available resources, leaving critical gaps in assistance.

Through this project, the Visayas Primary Healthcare Services, Inc. (VPHCS), together with its long-standing partner people's organizations, aims to deliver urgent relief and psychosocial support to 3,133 of the most affected families in Bogu City, Daanbantayan, Medellin and San Remegio. By responding swiftly and in coordination with local and national stakeholders, the project seeks to prevent further suffering, safeguard health, and help survivors begin their path to recovery with dignity.

- VPHCS respectfully appeals for the support of partners and donors in making this intervention possible. Together, we can bring life-saving relief, restore hope, and strengthen the resilience of the earthquake-affected communities in Northern Cebu.