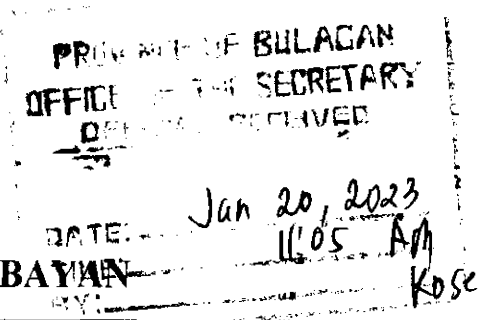




Republic of the Philippines
Province of Bulacan
Municipality of Bulacan



OFFICE OF THE SANGGUNIANG BAYAN

EXCERPT FROM THE MINUTES OF THE 24TH REGULAR SESSION OF THE 11TH SANGGUNIANG BAYAN, HELD LAST DECEMBER 12, 2022 AT THE GEN. GREGORIO DEL PILAR HALL, MUNICIPALITY OF BULAKAN, BULACAN.

PRESENT:

Hon. Atty. Ana Marie V. Pagsibigan - - - - - Municipal Councilor
Temporary Presiding Officer

Municipal Councilors

Hon. Aubrhie Cindyrille D. Carpio	Hon. Christopher Aron C. Del Rosario
Hon. Jose Antonio V. Lava	Hon. Bienvenido M. Cruz Jr.
Hon. Aron Ronald R. Cruz	Hon. Richie E. San Jose
Hon. Marbin J. Garcia	Hon. Michael M. Ramos (ABC)
	Hon. Miguel Leonardo (SK)

ABSENT

Hon. Atty. Reina Rica C. Sanchez - - - - - Municipal Vice Mayor
(Hospitalized due to major operation)

MUNICIPAL ORDINANCE NO. 2022 - 338

"AN ORDINANCE INSTITUTIONALIZING A FUNCTIONAL DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH SYSTEM IN THE MUNICIPALITY OF BULAKAN"

Authored By: Hon. Richie E. San Jose

WHEREAS, on May 2010, then President Gloria Macapagal-Arroyo, signed and enacted into law, Republic Act (RA) No. 10121 also known as the "Philippine Disaster Risk Reduction and Management Act of 2010" which under Section 2 (d) provides that the state shall adopt a disaster risk reduction and management approach and promote the involvement of all sectors and all stakeholders concerned;

WHEREAS, on February 2019, the President, Rodrigo Roa Duterte, signed and enacted into law RA No. 11223 also known as the "Universal Health Care Act" which under Section 2 (a) provides that the state shall adopt an integrated and comprehensive approach to ensure that all Filipinos are health-literate, provided with healthy living conditions, and protected from hazards and risks that could affect their health;

WHEREAS, on March, 2019, the National Objectives for Health 2017-2022 was issued by the Department of Health where on Chapter 3, Service Delivery on the Challenges and Implications, elaborated on the country's vulnerability to disaster risks and inadequate local support to disaster preparedness, response and management which then provided its objective and target to intensify strategies to reduce public health threats by working towards institutionalizing resilient health systems, among others;

WHEREAS, on October 2019, the DOH issued Administrative Order No. 2019-0046 or the National Policy on Disaster Risk Reduction and Management in Health (DRRM-H), which necessitated the institutionalization of DRRM-H to enhance the capacities of the health system to manage health risks, and attain resilience in the communities;

WHEREAS, on the same month, Secretary Francisco Tiongson Duque III, signed the Implementing Rules and Regulations (IRR) of RA No. 11223, in which Rule IV. Health Service Delivery, Section 17.2 provides that the DOH shall endeavor to the network contracting of the province-wide and city-wide health systems for the delivery of population-based health services including those that impact on the social determinants of health. In addition, Section 17.3 (d) provides that a Province-wide and City-wide health systems shall have timely, effective and efficient preparedness and response to public health emergencies and disasters, and other means to ensure delivery of population-based health services;

WHEREAS, the Implementing Rules and Regulation (IRR) of RA No. 11223, under Section 19 on the Integration of Local Health Systems into Province-wide and City-wide Health System elaborated the implementation of health service delivery and health systems management. To give better emphasis, in the same Section, health service delivery function was defined as the management of the health service delivery operations of public health programs which includes disaster risk reduction and management among others within the province/city-wide health system;

WHEREAS, the Implementing Rules and Regulation (IRR) of RA No. 11223, under Rule XI. Miscellaneous Provisions Section 41 on Transitory Provision provides that at the minimum, managerial and technical integration shall be characterized by a functional disaster risk reduction and management in the health system among other requirements as its primary focus;

WHEREAS, the Local Government Code of 1991, Section 16, General Welfare provides that local government shall exercise powers necessary, appropriate or incidental for its efficient and effective governance, and those which are essential for the promotion of the general welfare. Further within their respective territorial jurisdictions, local government units shall ensure and support, among other things, the promotion of health an dsafety.

WHEREAS, the Local Government Code of 1991, Section 17, Basic Services and Facilities, also states that local governments are granted powers to discharge functions and responsibilities to provide basic services and facilities. At the province/city levels, these refer to health and social welfare services which include the implementation of programs and projects amongst many others;

WHEREAS, the Local Government Code of 1991, Section 102. Creation and Composition of the Local Health Boards provides, that one of the functions of the local health board, consistent with the standards and criteria set by the Department of Health shall propose to the Sanggunian concerned, the annual budgetary allocations for the operation and maintenance of health facilities and services within the city or province;

WHEREAS, with these powers, this Province/City organizes and implements a functional DRRM-H System for public health and hospital using this Ordinance's procedures and technical specifications necessary for the operationalization and transition, with considerations of the context of the "New Normal";

NOW THEREFORE, BE IT ENACTED, AS IT IS HEREBY ENACTED, BY THE SANGGUNIANG BAYAN OF BULAKAN IN SESSION ASSEMBLED, BY VIRTUE OF THE POWER VESTED IN IT BY LAW, THAT:

CHAPTER I. GENERAL PROVISION

SECTION 1. Short Title. This ordinance shall be known and cited as the "DRRM-H System in the Municipality of Bulakan."

SECTION 2. Declaration of Principles and Policies. It is the policy of the Municipality to promote the health and safety of its constituents through ensuring support, among others, the promotion of health and safety. Towards this end, the Municipality shall adopt:

- a. Science and evidence-based, easily scalable means to institutionalize and organize a functional DRRM-H system which supports the province wide health system, that is resilient to shocks and stresses; and
- b. People-centered, equitable and accessible DRRM-H system able to initially operate and guarantee a timely, effective and efficient preparedness and response to public health emergencies and disasters, and other means to ensure delivery of population-based health services.

SECTION 3. General Objectives. This Ordinance seeks to:

- a. Institutionalize a functional DRRM-H system within the Municipality of Bulakan to manage and mitigate the adverse effects/impacts and health consequences of emergencies/disasters including climate change;
- b. Organize and implement a functional DRRM-H System through procedures and technical specifications necessary for the operationalization and transition;
- c. Promote the involvement and participation of all sectors and all stakeholders concerned, at all levels, especially the local community; and
- d. Allocate resources for the operationalization of a functional DRRM-H system in the Municipality.

SECTION 4. Scope and Coverage. This Ordinance shall include and cover:

The Municipality of Bulakan under the Province/City-wide Health System of Bulacan including its sub-provincial health systems, and all member public and private, local and international stakeholders/partners.

SECTION 5. Definition of Terms. As used in this Ordinance, the following terms shall mean:

- a. **Disaster Risk Reduction and Management in Health (DRRM-H)** – an integrated, system-based, multi-sectoral process that utilizes policies, plans, programs, strategies to reduce health risks due to disasters and emergencies, improve preparedness for adverse effects and lessen adverse impacts of hazards to address needs of affected population with emphasis on the vulnerable groups.
- b. **DRRM-H Institutionalization** – establishment of a functional DRRM-H System, which includes the following minimum key indicators: approved, updated, tested, disseminated DRRM-H Plan with budget allocation, organized and trained Health Emergency Respon-

se Teams, available and accessible essential Health Emergency Commodities and Emergency Operations Center, with command and control, communication and coordination.

- c. **Functional DRRM-H System** – an operational system which is a contracting network that manages/mitigates the adverse effects/impacts and health consequences of emergencies/disasters including climate change in the province/city-wide health system and is concretized by investment in and conduct of core processes namely (1) governance, (2) service delivery, (3) resources management and mobilization, and (4) information and knowledge management to guarantee timely, effective and efficient preparedness and response to public health emergencies and disasters, and other means to ensure uninterrupted delivery of population-based health services.

CHAPTER II. ROLES AND RESPONSIBILITIES

SECTION 6. The following shall be the roles and responsibilities of implementers and other stakeholders of the DRRM-H system

- a. **Municipal Health Board** shall exercise their administrative and technical supervision over health facilities and services, health personnel, and all other health resources within their territorial jurisdiction.
- b. **Municipal Health Office** as the principal implementer of this Ordinance, under the stewardship of the Municipal Health Board shall be responsible for the integration and supervision to organize and manage the institutionalization of DRRM-H, at the same time also represent the health sector in relevant DRRM activities or delegate such function as necessary. They, shall endeavor to attain integration requirement as resources permit, still comply with standards and ensure upgrading of facilities, and support in the submission of necessary reports.
- c. **Health Care Provider Network (Primary Care Provider Network including Secondary and Tertiary Hospitals)** shall ensure delivery of population-based essential health services and ensure an interoperable system to optimize coordination with patients for smooth transactions, two-way referral and remove barriers to health services especially in mass casualty incidents or in emergencies and disasters.
- **Public Health Unit in Hospitals** shall establish a platform where close coordination with local Operation Centers / Emergency Operation Centers is possible in receiving and managing populations within and outside the network.
- d. **Contracted Apex or end-referral Hospitals** shall receive consultations and referral of population for complicated services and/or specialized care in emergency and disaster whenever necessary especially in mass casualty incidents or in emergencies and disasters.

CHAPTER III. IMPLEMENTATION MECHANISM

SECTION 7. Institutionalizing DRRM-H System in the Municipality under the Province Wide Health System. In consideration to the approved standards and guidelines by the Civil Service Commission and endeavored organizational structure and staffing pattern as stipulated in the UHC IRR (Rule 19.12/19.14) the local health office, shall study the feasibility and implementa-

tion of the following functions for the operation and staffing for DRRM-H in the Municipality.

a. Organizational Structure of the DRRM-H Unit at the local level.

The Office of the Municipal Health, as approved by the Local Health Board, shall determine the establishment and composition of the DRRM-H Unit, in accordance with the organization of the health system of the municipality

Each DRRM-H Unit in MHO shall have at least one (1) DRRM-H Manager and (1) Assistant, duly trained on DRRM-H. Other staffing deemed appropriate and necessary shall also follow pending the formal creation or establishment of plantilla positions in the municipality. The Local Health Board in the interim may temporarily designate personnel capable of performing tasks stated herein, and be provided with essential resources, to serve as members of the DRRM-H System.

A Functional DRRM-H System shall be headed by a DRRM-H Manager and shall perform the following functions:

i. Prevention, Mitigation and Preparedness which primarily focuses on:

- Dissemination and monitoring of adopted policies/standards based on National Guidelines or developed local policies, plans, programs for health emergency and disaster risk prevention/mitigation and preparedness.
- Facilitation and conduct of capability building activities for various stakeholders.
- Facilitation of partnership and networking activities with stakeholders.
- Provision of other technical/financial assistance (promotion, awareness raising, monitoring and research, etc.)

Response, Recovery and Rehabilitation which primarily focuses on:

- Dissemination and monitoring of adopted policies/standards based on National Guidelines or developed local policies, plans, programs for health emergency and disaster response, recovery and rehabilitation.
- Delivery of essential health services and products in all phases of emergency/disaster through mobilization of resources such as Technical Experts, HERTs and tangible logistics needed locally and internationally.
- Management of health emergency and disaster information/knowledge and facilitate coordination activities between partner agencies/organizations.
- Provision of support to recovery and rehabilitation through technical and financial assistance.

ii. Administration and Finance

- Performance monitoring of the DRRM-H system to facilitate the managerial, technical and financial integration.
- Establishment of accountability mechanisms.
- Management of budgetary allocation and support.
- Other support to DRRM-H System activities and operations.

b. Concept of Operations. The DRRM-H Framework pursuant to AO NO. 2019-0046. The attainment of the societal goals and final outcomes on DRRM-H shall depend mainly on

investments on promoting or advocating resilience of the health system and involvement of communities in the barangays, sustaining its development in all thematic areas. The output, that is the functional DRRM-H system shall support the delivery of essential health cluster population-based services: Medical and Public Health; Nutrition in Emergencies; Water, Sanitation and Hygiene in Emergencies; and Mental Health and Psychosocial Support.

- c. **Operationalization of DRRM-H System.** The Administrative Order No. 2020-0036 on the Institutionalization of DRRM-H in Province-wide and City-wide Health Systems expounds the initiative needed from the Local Government of Bulakan in order to institutionalize a functional DRRM-H System. The following initiatives shall aid in resilience building and in guaranteeing a timely, effective and efficient preparedness and response to public health emergencies and disasters, and other means to ensure uninterrupted delivery of population-based health services.

c.1 Development of the DRRM-H Plan

The DRRM-H Plan is a strategic and thematic plan of the municipality referenced from the DRRM-H Planning Guide and finalized by MHO in coordination with the DRRM-H Planning Committee and shall be approved by Local Chief Executive; updated annually or as necessary; tested through drills or other forms of exercises [e.g. semi-annually]; disseminated verbally and written to stakeholders of the network; and must be funded for operationalization. The DRRM-H Plan, shall be an integrated plan of the Health Office and shall be an input in the local government's investment, development and operational plan especially in Local Investment Plan for Health (LIPH), its Annual Operational Plan (AOP) and Disaster Risk Reduction Management (DRRM) Plan.

c.2 Organization and Training of Health Emergency Response Team (HERT)

The HERT are to be organized and mobilized whenever necessary based on the type of events, in emergencies, and disasters guided by the minimum requirements for implementation based on latest updates/guidelines and by the provisions stated in DOH Administrative Order No. 2018-0018 or the National Policy on the Mobilization of Health Emergency Response Teams and its amendments. Their safety, security, self-sufficiency shall be ensured.

Continuous Professional Education and participation to complete DRRM-H-related training shall be encouraged depending on the needed competency of HERTs based on roles and functions. Within six months from the effectivity of this ordinance, a 6-year implementation plan on capability building shall be developed to attain the LHS ML functional level training requirements and conduct of learning and development needs analysis shall be facilitated yearly for routine assessment.

c.3 Availability and accessibility of Health Emergency Commodities (HECs)

The HEC to be procured or strategically stockpiled are adopted based on guidelines or recommended logistics by the DOH to be procured by the municipality and/or those that are deemed essential based on recent emergencies/disasters experienced in the area. These shall be made available and accessible to affected population in emergency or in disaster or upon the

declaration of state of public health emergency or calamity by the local chief executive or by the President. The local government shall issue a separate issuance on the guidelines on the procurement and management of essential health emergency commodities.

c.4 Establishment and/or activation of OC/EOC for Public Health

At the least, a functional Emergency Operations Center shall be established/activated, capable of 4Cs: Coordination; Communication; and Command and Control within the MHO. The EOC shall be interoperable with the local Disaster Risk Reduction and Management Office for synchronized operations and able to operate 24/7 in emergencies and disasters, whenever necessary. All duty personnel shall receive orientation/training and shall receive adequate support to perform functions and deliver operations based on code alert level.

Within three years from the effectivity of this ordinance, the municipality through the MHO shall evaluate if there is a need to establish a Public Health Operations Center as the main hub for Public Health Emergency concerns. The recommendations shall be duly supported for implementation using this ordinance's appropriation or other relevant funds as available of the implementing office.

d. **DRRM-H System Management:** The Municipality of Bulakan through its MHO shall perform the following for internal system capacitation and quality management. The following shall form part of the implementation review to be conducted.

- a. **Risk Analysis and Management.** The MHO or authorized representative (e.g. DRRM-H Unit or Program Management Team) shall conduct routine monitoring of potential problem or threat and potential enhancement to improve the probability of success, establishing a functional DRRM-H System. Wherein potential actions shall be identified for development of action plans whenever necessary and appropriate.
- b. **Quality Assurance.** The MHO or authorized representative (e.g. DRRM-H Unit or Program Management Team) shall initiate the process of meeting the demands and expectations of the DRRM-H System's smooth operation and public feedback. The following initiative shall aid in this endeavor.
 - Standard Operating Procedures through a Citizen's Charter shall be developed for the office's commitment on standard, quality, and timely service delivery for transparency and accountability.
 - Training programs beneficial to strengthen competency shall be established or participated by all DRRM-H personnel.
 - Office and staff performance monitoring shall also be essential subject to the local office metrics and targeting and also in compliance to accomplishment and monitoring report requirements by the Department of Health.
 - The designated area or office to house its members shall be conducive and with adequate logistics/equipment to support operations.

- e. **Health Services Provision:** The provision of health services shall be supported by the DRRM-H system through the implementation of the following Core Processes.

a. **Governance.**

1. A planning committee shall be organized to create the DRRM-H Plan, Contingency Plan, Public Service Continuity Plan and Communication and Promotional Plan within two years from the effectivity of this ordinance.
2. An Incident Command System shall be established for the EOC/OC, with members identified and roles and responsibility defined and made available for public view in the designated area where the EOC/OC shall be established.
3. Local clusters on Public Health/Medical including MISP-SRH, Nutrition in Emergencies, Water, Sanitation and Hygiene in Emergencies, and Mental Health and Psychosocial Support shall be organized through an Executive Order. Its members/representatives shall be supported by an office order with roles and responsibilities identified, rules of engagements expounded and reporting mechanisms discussed.
4. DRRM-H System shall be promoted and advocated especially in each year's National Disaster Resilience Month every July through conduct of awards and recognition of best practices.
5. Local leaders and health system managers shall strengthen their leadership and management capacities through promoting good governance and management practices, and engaging partners to provide technical assistance

- b. **Service Delivery.** Within two years from the effectivity of this ordinance, the Municipality shall adopt the local governments manual of operations developed by the province on HCPN arrangements, gate-keeping and referral system within and outside P/CWHS in emergency/disaster situations especially in the management of pre-hospital care, field hospital and evacuation center management and hospital surge for the effective and efficient coordination, management of resources and delivery of essential health service packages.

- c. **Resource Management and Mobilization.** Within two years from the effectivity of this ordinance, processed algorithms attached as an annex to the manual of operations developed for Service Delivery shall be adopted.

- d. **Knowledge and Information Management.** There shall be innovative initiatives to maintain and sustain the optimized access and/or monitoring of health emergency and disaster knowledge/information to analyze and forecast trends, bolster early warning systems, recognize and document best practices, among others, supporting DRRM-H System operations.

CHAPTER IV. MONITORING

SECTION 8. Reporting and Monitoring - The Municipal Health Office shall lead and oversee the regular monitoring and evaluation of the implementation of a functional DRRM-H System. Reports shall be consolidated for regular reporting to the Local Health Board. These data shall also be used to decide on the frequency of reporting by which can be periodically modified as necessary based on performance and recommendation. Results shall be made available to the Province, Department of Health and to its regional counterparts / representatives as requested.

CHAPTER V. APPROPRIATIONS

SECTION 9. Appropriation - The funding necessary to implement the provisions of this Ordinance and to implement the program may be sourced out from the following, in order of priority:

- a. The LGU's annual Internal Revenue Allotment (IRA);
- b. National Government Agency (NGA) subsidy to related programs, project, and activities through relevant agencies; and
- c. Supplemental funding request from relevant NGAs

Fund allotments shall be based on local investment review and latest menu of activities issued by the Department of Health through HEMB. All fund transfers, disbursements, utilization and accounting of resources shall strictly adhere to all government budgeting, accounting and auditing rules and regulations.

CHAPTER VI. MISCELLANEOUS AND FINAL PROVISIONS

SECTION 10. Implementing Rules and Regulations (IRR) - The Municipal Mayor may issue appropriate and relevant rules and regulation, as necessary for the proper implementation of any and all provisions of this Ordinance.

SECTION 11. Repealing Clause - All other orders and issuances, as well as pertinent rules and regulations thereof, which are inconsistent with any of the provisions in this Ordinance are hereby repealed or amended accordingly.

SECTION 12. Separability Clause - If any provision of this Ordinance is declared invalid or unconstitutional, the validity of the remaining provisions hereof shall remain in full force and effect.

SECTION 13. Effectivity - This Ordinance shall take effect fifteen (15) days from the date of its complete publication in a newspaper of general circulation in the Municipality of Bulakan.

APPROVED.

I hereby certify that the foregoing Ordinance has been approved by the Sangguniang Bayan of Bulakan in session held for this purpose dated December 12, 2022.

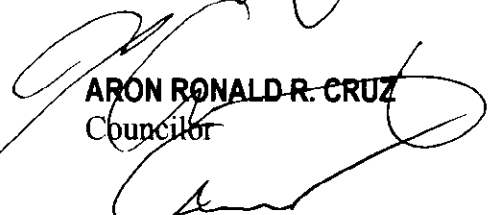

JEFF C. TANSINSIN
Secretary to the Sangguniang Bayan

ATTESTED AND SIGNED:


Atty. ANA MARIE V. PAGSIBIGAN
Municipal Councilor
Temporary Presiding Officer

APPROVED BY:


AUBRHIE CINDYRELLE D. CARPIO
Councilor

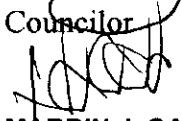

ARON RONALD R. CRUZ
Councilor

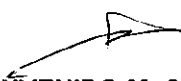

CHRISTOPHER ARON C. DEL ROSARIO
Councilor


RICHE E. SAN JOSE
Councilor


MIGUEL LEONARDO
Councilor (Ex-Officio-SK)


JOSE ANTONIO V. LAVA
Councilor


MARBIN J. GARCIA
Councilor


BIENVENIDO M. CRUZ JR.
Councilor


MICHAEL M. RAMOS
Councilor (Ex-Officio-ABC)

APPROVED and SIGNED:


VERGEL C. MENESES
Municipal Mayor
12-22-22


JEFF C. TANSINSIN
SANGGUNANG BAYAN SECRETARY