



Republic of the Philippines
Province of Zambales
MUNICIPALITY OF BOTOLAN

OFFICE OF THE SANGGUNIANG BAYAN

EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE SANGGUNIANG BAYAN OF BOTOLAN, ZAMBALES HELD ON THE 3TH DAY OF MARCH, 2024 AT THE MUNICIPAL SESSION HALL IN BATONLAPOC, BOTOLAN, ZAMBALES

Present:

Hon. Doris D. Ladines Presiding Officer

Regular Members

Hon. Nick L. Manzo	SB Member
Hon. Angel B. Diesta	SB Member
Hon. Dr. Fernando D. Igrobay	SB Member
Hon. Arthur R. Daria	SB Member
Hon. Marlo Thomas D. Doble	SB Member
Hon. Jay T. Dilag	SB Member
Hon. Eddie D. Daos	SB Member
Hon. Glenn C. Manangan	SB Member

Ex-Officio Members

Hon Fernando D. Oñate	ABC President
Hon Jessa Nicole B. Jaring	Mun. SK Fed. President
Hon Ladie M. De Leon	IPMR

Absent:

None

MUNICIPAL ORDINANCE NO. 02-2024

AN ORDINANCE ENACTING THE INSTITUTIONALIZATION OF A FUNCTIONAL DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH (DRRM-H) SYSTEM IN THE MUNICIPAL WIDE HEALTH SYSTEMS OF BOTOLAN, ZAMBALES

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 wherein 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 Municipal-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 Municipal-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/municipal-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 and safety;

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 Board 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 Municipality 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 ORDAINED by Sangguniang Sangguniang Bayan of the Municipality of Botolan:

CHAPTER I. GENERAL PROVISION

Section 1. Short Title. This ordinance shall be known and cited as the "DRRM-H System in the Municipal Wide Health System Ordinance of the Municipality of Botolan 2024".

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 of Botolan shall adopt:

- a. Science and evidence-based, easily scalable means to institutionalize and organize a functional DRRM-H system which supports the municipal 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 Municipal wide health system of Botolan 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 at the MWHS.

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

The Municipal Wide Health System of Botolan 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 Response 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/municipal-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, that would include but not limited to the Health Care Provider Network:

- 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 in the MWHS, at the same time also represent the health sector in relevant DRRM activities or delegate such function as necessary.
- c. **Municipal Health Office** in the PWHS, shall participate and cooperate in the contracting network established by the province. 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. All non UHC integrated CC/municipality shall pursue transactions through existing mechanisms/processes.
- d. **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.
- e. **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

The Municipal Government shall cooperate and perform the respective duties and obligations to achieve integrative outputs and outcomes in managing public health emergencies and disasters.

Section 7. Institutionalizing DRRM-H System in MWHS [and its Barangay 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, in their initiative to create Divisions for the following functions Health Service Delivery and Health System Support shall study the feasibility and implementation of the following functions for the operation and staffing for DRRM-H in the MWHS.

- a. **Organizational Structure of the DRRM-H Unit at the local level.** The Office of the Municipal Health, as approved by the Municipal Health Board, shall determine the establishment and composition of the DRRM-H Unit or the Program Management Team, in accordance with the organization of the respective MWHS of the said LGU.

Each DRRM-H Unit or Program Management Team in MHO and in LGU-managed hospitals 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 LGUs. 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.)

- ii. 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.

- iii. 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 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 provinces/cities, 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 Municipal/City-wide Health Systems expounds the initiative needed from the Local Government of Botolan in order to institutionalize a functional DRRM-H System. The following shall be operationalized pursuant to UHC IRR within the six-year transition period commitment for Municipal-wide integration wherein managerial and technical integration is expected to be demonstrated in the first three years, and financial integration thereafter (year 2020-2025). The aim is to institute a workable system that can initiate and perform in coordination with the health system in place and communities at large. 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. Managerial Integration

The Municipality of Botolan shall undergo managerial integration over its resources such as health facilities, human resources for health, health finances, health information system, health technologies, equipment and supplies to deliver the minimum requirements to establish a functional DRRM-H system for the MWHS.

a. Development of the DRRM-H Plan

The DRRM-H Plan is a strategic and thematic plan of the MWHS referenced from the DRRM-H Planning Guide and finalized by MHO in coordination with the DRRM-H Planning Committee and shall be approved by the 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 Municipal Health Office and all of its hospitals, and other service delivery units within the HCPN and shall be an input in the local government's investment, development and operational plan especially in LIPH, its AOP and DRRM Plan.

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

The HERT is 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.

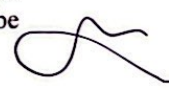
Continuous Professional Education and participation to complete DRRM-H-related training shall be encouraged depending on the needed competency of HERTs based on roles and functions. Within 12 months from the effectivity of this ordinance, a 6-year implementation plan on capability building shall be developed to attain the LHS ML functional level training requirements and conduct of learning and development needs analysis shall be facilitated (frequency e.g. each year) for routine assessment.

c. 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 local government 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 executives 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 for the MWHS.

d. 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 3 years from the effectivity of this ordinance, the local government through the MHO or its authorized representative 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.

DRRM-H System Management.

The Municipality of Botolan 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.

c.2 Technical Integration

The technical integration which focuses on health services provision from primary to tertiary care, shall be supported by the DRRM-H System in the MWHS through implementation of the following Core Processes:

- a. **Governance**
 - i. A planning committee shall be organized with the following members: MHO, SB on Health, MDRRMO, Municipal Budget Officer, MPDC Officer, Medical Technologist, Nurse, Midwife and Sanitation Officer to create the MWHS DRR, M-H Plan, Contingency Plan, Public Service Continuity Plan and Communication and Promotional Plan within [n] year from the effectivity of this ordinance.
 - ii. 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.
 - iii. 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.
 - iv. 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.

v. 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 a year from the effectivity of this ordinance, the MHO shall develop the local governments manual of operations on HCPN arrangements, gate-keeping and referral system within and outside MWHS 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 a year from the effectivity of this ordinance, process algorithms shall be developed and shall be attached as an annex to the manual of operations developed for Service Delivery.

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.

c.3 Financial Integration

The Local Health Board shall implement financial integration subject to National Guidelines and in accordance to the terms of partnership in effect for the locality. Recommendations on the needed support in planning and investments, allocation and utilization of Special Health Fund, financial grants, subsidies and donations, etc. for DRRM-H System operations and allocation for Contingency Fund shall be based on the latest assessment conducted by the authorized representative implementing the functional DRRM-H System.

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. It may designate other relevant office/s or authorized representatives to carry out monitoring activities provided that all data gathered shall be submitted to and consolidated by the Municipal Health Office 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 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
- d. MHO Budget/ MOOE, PS
- e. MDRRMO

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 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

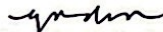
If any part of this ordinance is declared as unconstitutional or unlawful, such declaration shall not affect the other parts or sections hereof that are not declared unlawful or unconstitutional.

Section 13. Effectivity. This Ordinance shall take effect immediately upon its approval.

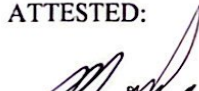
ENACTED this 13th day of March, 2024 in Botolan, Zambales.

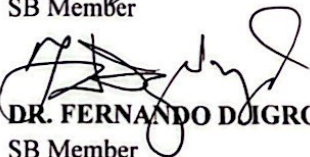
APPROVED UNANIMOUSLY.

I hereby certify to the correctness of the foregoing ordinance.



GLADYS D. DE VERA
Secretary to the Sanggunian


ATTESTED:

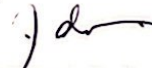

NICK L. MANZO
SB Member


DR. FERNANDO D. IGROBAY
SB Member

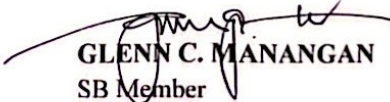

MARLO THOMAS D. DOBLE
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JESSA NICOLE B. JARING
SK Mun/Fed. Chairman


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ENGR. DORIS D. LABINES
Vice Mayor

APPROVED:


JUN OMAR C. EBRANE
Municipal Mayor