



Republic of the Philippines
PROVINCE OF NUEVA ECIJA
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OFFICE OF THE SANGGUNIANG PANLALAWIGAN

EXCERPT FROM THE MINUTES OF THE 39TH REGULAR SESSION OF THE SANGGUNIANG
PANLALAWIGAN OF NUEVA ECIJA HELD AT THE SP SESSION HALL ON

OCTOBER 11, 2022

PRESENT:

VG EMMANUEL ANTONIO M. UMALI	- Presiding Officer
BM ERIC DANIEL F. SALAZAR	- Member
BM JASON J. ABALOS	- Member
BM FERDINAND V. DYSICO	- Member
BM EDUARDO JOSE B. JOSON, VII	- Member
BM MARY SWEET LIBERTY N. CRUZ	- Member
BM NAPOLEON P. INTERIOR, JR.	- Member
BM BELINDA E. PALILIO	- Member (President-PCL)
BM ARIEL L. MATIAS	- Member (President-LnB)
BM PAUL JOHN ARKHE C. SERRANO	- Member (President-SK Federation)
BM EMMANUEL B. DOMINGO	- Member (IPM Representative)

ABSENT:

BM RAFAEL ANDREW R. VILLANUEVA	- Member
BM JO-MARIO ANGELO E. MATIAS	- Member
BM TERESITA A. PATIAG	- Member

ORDINANCE NO. 56-S-2022

**AN ORDINANCE INSTITUTIONALIZING A FUNCTIONAL
DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH
(DRRM-H) SYSTEM IN THE PROVINCE-WIDE HEALTH SYSTEM
OF NUEVA ECIJA**

Sponsored by: BOARD MEMBER NAPOLEON P. INTERIOR JR.

WHEREAS, on May 2010, then President Gloria Macapagal-Arroyo, signed and enacted into law, Republic Act No. 10121, otherwise known as the "Philippine Disaster Risk Reduction and Management Act of 2010". Section 2(d) thereof provides that: it shall be the policy of the state to adopt a disaster risk reduction and management approach that is holistic, comprehensive, integrated, and proactive in lessening the socioeconomic and environmental impacts of disasters including climate change, and promote the involvement and participation of all sectors and all stakeholders concerned, at all levels, especially the local community;

WHEREAS, on February 2019, then President Rodrigo Roa Duterte, signed and enacted into law, Republic Act No. 11223, also known as the "Universal Health Care Act". Section 2(a) thereof provides that: the state shall protect and promote the right to health of all Filipinos and instill health consciousness among them. Towards this end, 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 2017-2022 National Objectives for Health was issued by the Department of Health, and in Chapter 3, Service Delivery on the Challenges and Implications thereof, the country's vulnerability to disaster risks and inadequate local support to disaster preparedness, response and management was elaborated, which then provided the objectives 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, in the same month, Secretary Francisco Duque III, signed the Implementing Rules and Regulations (IRR) of R.A. 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, under Section 19, Integration of Local Health Systems into Province-wide and City-wide Health System of the IRR of R.A. 11223, 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, Rule XI. Miscellaneous Provisions, Section 41 on Transitory Provision of the aforementioned IRR 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, on August 4, 2020, the Department of Health issued Administrative Order No. 2020-0036 which provided the Guidelines on the Institutionalization of Disaster Risk Reduction and Management in Health (DRRM-H) in Province-wide and City-wide Health Systems;

WHEREAS, Section 16 of the Local Government Code of 1991 provides that the 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, with these powers, the Sangguniang Panlalawigan, through the initiative of the Provincial Governor and the Provincial Health Office, decided to organize and implement a functional DRRM-H System for public health and hospital in the Province of Nueva Ecija and lay down 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 PANLALAWIGAN, IN SESSION DULY ASSEMBLED THAT:

ORDINANCE NO. 56-S-2022

AN ORDINANCE INSTITUTIONALIZING A FUNCTIONAL DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH (DRRM-H) SYSTEM IN THE PROVINCE-WIDE HEALTH SYSTEM OF NUEVA ECIA

CHAPTER I. GENERAL PROVISION

SECTION 1. Short Title. This ordinance shall be known as the “**DRRM-H System in the PWHS of the Province of Nueva Ecija**”.

SECTION 2. Declaration of Policy. It is the policy of the Province to promote the health and safety of its constituents through ensuring support, among others, the promotion of health and safety. Towards this end, the Province 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 province-wide health system of Nueva Ecija 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.

SECTION 4. Scope and Coverage. This Ordinance shall include and cover the Province-Wide Health System of the Province of Nueva Ecija including its sub-provincial health systems, and all member-public and private, local and international stakeholders/partners.



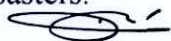
SECTION 5. Definition of Terms. As used in this Ordinance, the following terms shall mean:

- 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-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. **Province 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. **Provincial Health Office** as the principal implementer of this Ordinance, under the stewardship of the Provincial Health Board shall be responsible for the integration and supervision to organize and manage the institutionalization of DRRM-H in the PWHS, at the same time also represent the health sector in relevant DRRM activities or delegate such function as necessary.
- c. **Component City/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.



- e. **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.
- f. **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 Provincial Government shall cooperate and perform the respective duties and obligations to achieve integration outputs and outcomes in managing public health emergencies and disasters.

SECTION 7. Institutionalizing DRRM-H System in PWHS [and its sub-provincial 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 PWHS.

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

The Office of the Provincial Health, as approved by the Provincial 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 PWHS of the said LGU.

Each DRRM-H Unit or Program Management Team in PHO 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
- 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 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 City-wide Health Systems expounds the initiative needed from the Local Government of Nueva Ecija, 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 Province-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 Province of Nueva Ecija 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 PWHS.

a. Development of the DRRM-H Plan

The DRRM-H Plan is a strategic and thematic plan of the PWHS referenced from the DRRM-H Planning Guide and finalized by the Provincial Health Office 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 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 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 three (3) 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 PWHS.

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 PHO. 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 one (1) year from the effectivity of this ordinance, the local government through the PHO 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 Province of Nueva Ecija through its PHO 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 PHO 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 PHO 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 PWHS through implementation of the following Core Processes:

a. Governance

- i. A planning committee shall be organized to create the PWHS DRRM-H Plan, Contingency Plan, Public Service Continuity Plan and Communication and Promotional Plan within one (1) year from the effectivity of this ordinance constituted of the following:

Chairman: The Provincial Governor or his authorized representative;

Planning Team:

1. Sangguniang Panlalawigan Chairman of the Committee on Health and Sanitation



2. Sangguniang Panlalawigan Chairman of the Committee on Disaster and Rehabilitation, Peace and Order and Public Safety
3. Dr. Josefina J. Garcia – PHO
4. Dr. Christian M. Salazar – PHO
5. Dr. Gloria B. Unciano – PHO
6. Engr. Gregorio Umpad – PHO
7. Rachel B. Aurelio – PHO
8. Mr. Michael DC. Calma - PDRRMO
9. Mr. Leoncio A. Daniel – PSWDO
10. Engr. Marlon G. Hernandez – PEO
11. Ms. Isabelita R. Galila – PBO
12. Ms. Ma. Cristina G. Roxas - PAO

The Provincial Governor is given the authority to add/modify the members of the Planning Team, as may be necessary. Furthermore, the Planning Team may seek the assistance and consult the Department of Interior and Local Government and the Department of Health in the preparation of the PWHS DRRM-H Plan, Contingency Plan, Public Service Continuity Plan and Communication and Promotional Plan.

- i. 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.
 - ii. 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.
 - iii. 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.
 - iv. 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 one (1) year from the effectivity of this ordinance, the PHO shall develop the local governments manual of operations on HCPN arrangements, gate-keeping and referral system within and outside PWHS 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 one (1) 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 Provincial 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 Provincial 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.

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 Provincial Governor 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.

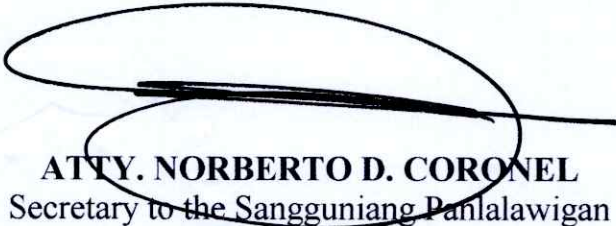
SECTION 12. Separability Clause. If any portion of this Ordinance is declared invalid or unconstitutional, the remaining parts thereof which are not otherwise affected shall continue to be in full force and effect.



SECTION 13. Effectivity. This Ordinance shall take effect after its approval.

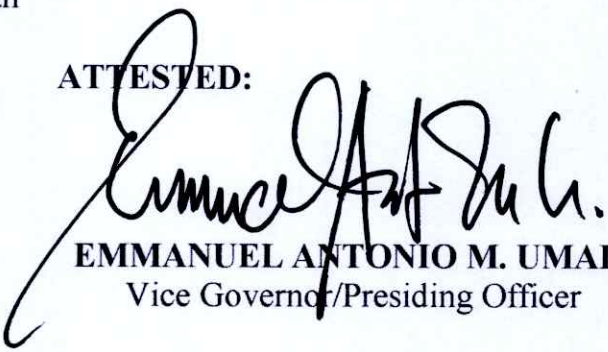
ENACTED, October 11, 2022.

I HEREBY certify to the correctness of the foregoing Ordinance No. 56-S-2022.



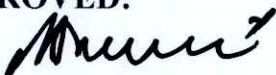
ATTY. NORBERTO D. CORONEL
Secretary to the Sangguniang Panlalawigan

ATTESTED:



EMMANUEL ANTONIO M. UMALI
Vice Governor/Presiding Officer

APPROVED:



AURELIO M. UMALI

Governor

Date: 'OCT 18 2022