



*Office of the Sangguniang Panlalawigan*

EXCERPT FROM THE MINUTES OF THE 11<sup>th</sup> REGULAR SESSION OF THE 11<sup>th</sup> SANGGUNIANG PANLALAWIGAN OF ISABELA HELD AT PROVINCIAL CAPITOL, ILAGAN CITY, ISABELA ON SEPTEMBER 20, 2022.

PRESENT:

DANTE G. HALAMAN	Member, LnB Federation President & Presiding Officer Protempore
ED CHRISTIAN S. GO	Member (2 <sup>nd</sup> District) & Floor Leader Protempore
DELFINITO EMMANUEL L. ALBANO	Member (1 <sup>st</sup> District)
EMMANUEL JOSELITO B. AÑES	Member (1 <sup>st</sup> District)
EDGAR R. CAPUCHINO	Member (2 <sup>nd</sup> District)
MARY GRACE D. ARREOLA	Member (3 <sup>rd</sup> District)
RAMON JUAN N. REYES, JR.	Member (3 <sup>rd</sup> District)
CLIFFORD R. RASPADO	Member (4 <sup>th</sup> District)
VICTOR G. DY	Member (4 <sup>th</sup> District)
MANUEL FAUSTINO U. DY	Member (5 <sup>th</sup> District)
EDWARD S. ISIDRO	Member (5 <sup>th</sup> District)
MARCO PAOLO A. MERIS	Member (6 <sup>th</sup> District)
AMADOR A. GAFFUD, JR.	Member (6 <sup>th</sup> District)
ANTONIO S. HUI	Member, PCL Federation President
DAX PAOLO C. BINAG	Member, SK Federation President
ADRIAN PHILIP S. BAYSAC	Member, Agricultural /Industrial Workers Labor Sector Representative
LOURDES S. PANGANIBAN	Member, Women's Sectoral Representative
MARGARETTE U. CHIN	Member, Indigenous Cultural Communities Sector Representative
EVYN JAY C. DIAZ	Member, Labor Sector Representative

SICK LEAVE:

FAUSTINO G. DY III	Vice Governor
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**ORDINANCE NO. 2022-36-01**  
Series of 2022

**AN ORDINANCE ENACTING THE INSTITUTIONALIZATION OF A FUNCTIONAL DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH SYSTEM IN THE PROVINCE-WIDE HEALTH SYSTEMS IN THE PROVINCE OF ISABELA**

**Sponsor: HON. EMMANUEL JOSELITO B. AÑES**  
Chairperson, Committee on Health

**EXPLANATORY NOTE**

**WHEREAS**, it is the policy of the State to uphold the people's constitutional rights to life and property and to strengthen the country's institutional capacity for disaster risk reduction and management;

***Nagkaisa para sa Isabela***

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**AN ORDINANCE ENACTING THE INSTITUTIONALIZATION OF A FUNCTIONAL DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH SYSTEM IN THE PROVINCE-WIDE HEALTH SYSTEMS IN THE PROVINCE OF ISABELA**

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**WHEREAS**, the Provincial Government of Isabela is fully committed to protecting its people from the impacts of disasters, calamities, and other events that pose danger to their lives and properties. Hence, it adopts and implements a disaster risk reduction and management approach aimed at building the resilience of communities to disasters and providing timely and responsive services to the people;

**WHEREAS**, the country's dire experience from the unprecedented health crisis brought about by the COVID-19 pandemic and the growing frequency and strength of natural calamities that occur in the Province stresses the need to synergize the Provincial Government's health protocols and disaster preparation and response mechanisms;

**WHEREAS**, integrating population-based health measures into the Province's disaster preparation and response mechanisms will further guarantee the extension of timely, responsive, and efficient responses to those affected by disasters and calamities in the Province thereby improving the Province's overall adaptability and resilience to such emergencies;

**WHEREAS**, this Ordinance ensures interoperability, effective coordination, and harmonious efforts among the Province's health and disaster response institutions and the efficient use of their respective resources and improvement of their respective capacities;

**WHEREFORE**, the immediate passage of this Ordinance is earnestly sought.

**AN ORDINANCE ENACTING THE INSTITUTIONALIZATION OF A FUNCTIONAL DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH SYSTEM IN THE PROVINCE-WIDE HEALTH SYSTEMS IN THE PROVINCE OF ISABELA**

**Section 1. Short title.** This ordinance shall be known as the "**DRRM-H System in the PWSH of the Province of Isabela 2022**".

**Section 2. Declaration of Principles and Policies.** It is the policy of the Provincial Government of Isabela to promote the health and safety of its constituents by ensuring support, among others, for the promotion of their health and safety.

Towards this end, the Province of Isabela shall adopt:

- a. Science and evidence-based, easily scalable means to institutionalize and organize a functional DRRM-H system that supports the province 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 Isabela to manage and mitigate the adverse effects, impacts, and health consequences of emergencies and 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 PWHS.

**Section 4. Scope and Coverage.** This Ordinance shall cover the Province-wide Health System of the Province of Isabela and shall include its sub-provincial health systems and all public and private, local, and international stakeholders and 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, and 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 that is a contracting network that manages and mitigates the adverse effects and health consequences of emergencies and 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.

**Section 6. Roles and Responsibilities.** The following shall be the roles and responsibilities of the implementers and other stakeholders of the DRRM-H system that will include, but are not limited to, the Health Care Provider Network:

- a. **Provincial 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 requirements as resources permit, comply with standards and ensure upgrading of facilities, and support in the submission of necessary reports. All non-UHC integrated cities or municipalities shall pursue transactions through existing mechanisms and processes.
- d. **Health Care Provider Network (Primary Care Provider Network including Secondary and Tertiary Hospitals)** shall ensure the 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 referrals of population for complicated services and/or specialized care in emergencies and disasters whenever necessary, especially in mass casualty incidents, emergencies, or disasters.

**Section 7. Institutionalizing DRRM-H System in PCWHS [and its sub-provincial health system].** In consideration of 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 of 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 Provincial Health Office, 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 the Provincial Health Office and in LGU-managed hospitals shall have at least one (1) DRRM-H Manager and (1) Assistant that are 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 Provincial 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 and standards based on National Guidelines or developed local policies, plans, and programs for health emergency and disaster risk prevention/mitigation and preparedness
  - Facilitation and the conduct of capability-building activities for various stakeholders
  - Facilitation of partnership and networking activities with stakeholders
  - Provision of other technical and financial assistance (promotion, awareness raising, monitoring, and research, etc.)
- ii. Response, Recovery, and Rehabilitation which primarily focuses on:
  - Dissemination and monitoring of adopted policies and standards based on National Guidelines or developed local policies, plans, and programs for health emergency and disaster response, recovery, and rehabilitation.
  - Delivery of essential health services and products in all phases of emergency and disaster through mobilization of resources such as Technical Experts, HETs, and tangible logistics needed locally and internationally.
  - Management of health emergency and disaster information and knowledge and facilitate coordination activities between partner agencies/organizations.
  - Provision of support for 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 in promoting or advocating resilience of the health system and involvement of communities in the provinces, 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 Provincial Government of Isabela 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 (2022-2025). 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.**

**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 through the joint efforts of the Provincial Health Office and the Provincial Disaster Risk Reduction and Management Office in coordination with the DRRM-H Planning Committee and shall be approved by Provincial Governor; updated annually or as necessary; tested through drills or other forms of exercises; 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 Provincial Government of Isabela's investment, development, and operational plan especially in the Local Investment Plan for Health, its Annual Operation Plans, and Disaster Risk Reduction and Management 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, emergencies, and disasters guided by the minimum requirements for implementation based on the latest updates and 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, and self-sufficiency shall be guaranteed.

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 (6) 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 periodically 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 local governments and those that are deemed essential based on recent emergencies and disasters experienced in the area. These shall be made available and accessible to the affected population in an emergency or disaster situation or upon the declaration of a state of public health emergency or calamity by the concerned City or Municipal Mayor, the Provincial Governor, or the President. The Provincial Government of Isabela shall issue a separate issuance on the guidelines on the procurement and management of essential health emergency commodities for the PWHS.

**d. Establishment and activation of Emergency Operations Center for Public Health**

At the least, a functional Emergency Operations Center (EOC) shall be established and activated that is capable of 4Cs: Coordination; Communication; and Command and Control within the Provincial Health Office. The EOC shall be interoperable with the Provincial 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 and training and shall receive adequate support to perform functions and deliver operations based on code alert level.

Within three (3) years from the effectivity of this ordinance, the local government through the Provincial Health Office 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 to the implementing office.

**c.2. DRRM-H System Management.** The Provincial Government of Isabela through its Provincial Health Office 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 Provincial Health Office, or its authorized representative, shall conduct routine monitoring of potential problems or threats and potential enhancement to improve the probability of success in establishing a functional DRRM-H System wherein potential actions shall be identified for the development of action plans whenever necessary and appropriate.
- b. Quality Assurance. The Provincial Health Office 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 to standard, quality, and timely service delivery for transparency and accountability.
  - Training programs beneficial to strengthening 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.3. 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 P/CWHS through the implementation of the following Core Processes:

**a. Governance.**

- i. A planning committee shall be organized with the following members: the Provincial Planning and Development Coordinator, the Provincial Health Officer, and the Provincial



- Disaster Risk Reduction and Management Officer to create the PWHS DRRM-H Plan, Contingency Plan, Public Service Continuity Plan, and Communication and Promotional Plan within three (3) years from the effectivity of this ordinance.
- ii. An Incident Command System shall be established for the Emergency Operations Center with members identified and roles and responsibilities defined and made available for public view in the designated area where the Emergency Operations Center shall be established.
  - iii. Local clusters on Public Health 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 and 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 during each year's National Disaster Resilience Month every July through the 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 three (3) years from the effectivity of this ordinance, the Provincial Health Office shall develop the Provincial Government of Isabela's Manual of Operations on HCPN arrangements, gate-keeping, and referral system within and outside PWHS in emergency and 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.** Process algorithms shall be developed within three (3) years from the effectivity of this ordinance, 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 monitoring of health emergency and disaster knowledge and information to analyze and forecast trends, bolster early warning

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systems, recognize and document best practices, among others, supporting DRRM-H System operations.

**c.4 .Financial Integration.**

The Provincial Health Board shall implement financial integration subject to National Guidelines and in accordance with the terms of partnership in effect for the Provincial Government of Isabela. The Provincial Governor may issue appropriate and relevant rules and regulations on, as necessary for the proper implementation of any and all provisions of this Ordinance.

**Section 9. Separability Clause.** If any part, section, or provision of this Ordinance is held invalid or unconstitutional, other provisions not affected thereby shall remain in full force and effect.

**Section 10. Repealing Clause.** All other Ordinances, Orders, and other issuances contrary to or inconsistent with the provisions of this Ordinance are hereby repealed, modified, or amended accordingly.


**Section 11. Effectivity Clause.** This Ordinance shall take effect immediately after its approval.


I hereby certify that the foregoing ordinance was duly enacted by the Sangguniang Panlalawigan of Isabela during its 11<sup>th</sup> Regular Session on September 20, 2022.

  
ATTY. MARICEL R. EVANGELISTA

Secretary Protempore, Sangguniang Panlalawigan

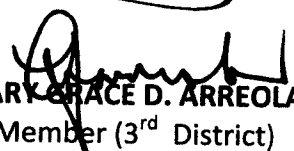
ATTESTED:


  
DELFINITO EMMANUEL L. ALBANO  
Member (1<sup>st</sup> District)

  
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Member (1<sup>st</sup> District)


  
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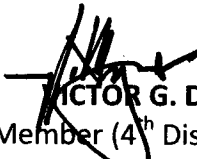
  
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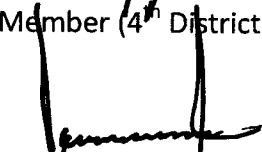
  
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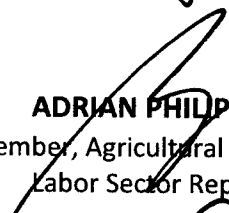
  
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**EVYN JAY C. DIAZ**  
Member, Labor Sector Representative

**FAUSTINO G. DY III**  
Provincial Vice Governor (Sick Leave)

**APPROVED:**

  
**RODOLFO T. ALBANO III**  
Provincial Governor