



REPUBLIC OF THE PHILIPPINES
SANGGUNIANG PANLUNGSOD
CITY OF MANDALUYONG



ORDINANCE NO. 918, S-2023

**AN ORDINANCE INSTITUTIONALIZING THE
MANDALUYONG CITY DISASTER RISK
REDUCTION AND MANAGEMENT PLAN IN HEALTH
(MANDALUYONG CITY DRRM-H) SYSTEM**

WHEREAS, Republic Act No. 7160 or the Local Government Code of 1991 provides that, every local government unit shall exercise, among other powers, such other powers which are essential to the promotion of the general welfare and ensure and support, among other things, the promotion of health and safety, maintenance of peace and order, and the preservation of the comfort and convenience of their inhabitants;

WHEREAS, in investing on a multi-disciplinary approach in the achievement of this purpose, it is likewise necessary to consider the health sector as a substantial and critical player in disaster preparedness, response, and recovery efforts of every city;

WHEREAS, pursuant to Republic Act No. 10121 or "the Philippine Disaster Risk Reduction and Management Act of 2010, and the Implementing Rules and Regulations (IRR) of RA No. 11223, "Universal Health Care Act", there exists a necessity to adopt an integrated disaster risk reduction and management (DRRM) and climate change mitigation and adaptation approach and develop city-wide health systems with timely, effective and efficient preparedness and response to public health emergencies and disasters to ensure delivery of essential population-based health services;

WHEREAS, to provide a more effective surveillance and collective rapid response to respond to potential pandemics, outbreaks, destructive disasters and conflicts while considering its interplay with the health sector, the Disaster Risk Reduction Management Health System of the City Government of Mandaluyong was conceptualized, which likewise covers a comprehensive preparedness approach to be undertaken by the health sector in case of disasters, outbreaks, pandemics, and other similar occurrences;

WHEREAS, the DRRM-H System, likewise, seeks to guarantee the uninterrupted delivery of essential health services during emergencies and disasters, with several thematic areas to be covered, including prevention and mitigation, preparedness, response, recovery and rehabilitation;

WHEREAS, several core processes, likewise, encapsulate the DRRM-H System, with such processes being incumbent upon the local government, such as acts relating to governance, service delivery, resource management and mobilization, and information and knowledge management, which are then translated to the overall response and delivery system of the local government unit;

WHEREAS, acting on the said intent, the Local Chief Executive issued Executive Order No. 38-B, Series of 2022, institutionalizing the DRRM-H System in the City of Mandaluyong, with the City Health Department, under the stewardship of the City Health Board, being responsible for the integration and supervision to organize and manage the institutionalization of the DRRM-H in the City's health system and Dr. Socorro G. Placer being designated as the DRRM-H Manager of the System;

WHEREAS, under Department of Health (DOH) Administrative Order No. 2020-0036 issued on 04 August 2020, the City-wide Health System with the integrated DRRM-H Plan shall follow the following framework, to wit:



WHEREAS, the Sangguniang Panlungsod of Mandaluyong City, in accordance with City's identity as one of the safest and resilient cities in the country while acting on its intent to place utmost importance to providing a safe and sound locality for its inhabitants, now intends to concretize, through the enactment of an ordinance, the implementation of the institutionalized DRRM-H System in the City, as required by the Department of Health (DOH) Administrative Order No. 2020-0036 issued on 04 August 2020.

NOW, THEREFORE, BE IT ENACTED, AS IT IS HEREBY ENACTED, BY THE SANGGUNIAN PANLUNGSOD OF MANDALUYONG CITY, METRO MANILA, BY VIRTUE OF THE POWERS VESTED IN IT BY LAW, IN SESSION ASSEMBLED, that:

SECTION 1. INSTITUTIONALIZATION OF THE DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH (DRRM-H) SYSTEM IN THE CITY OF MANDALUYONG. – In compliance with the Department of Health (DOH) Administrative Order No. 2020-0036 issued on 04 August 2020 and consonant to the Local Chief Executive's Order dated 21 November 2022, the Disaster Risk Reduction and Management in Health (DRRM-H) System in the City of Mandaluyong ("Mandaluyong City DRRM-H System") is hereby institutionalized.

In furtherance of the same, the necessary and mandated resources and support mechanisms to make the integration possible and sustainable must be ensured. Further, the DRRM-H System shall be integrated within the City's Health Care Provider Networks (HCPN), as provided under Department of Health (DOH) Administrative Order No. 2020-0021 or the Guidelines on Integration of Local Health Systems into Province-wide and City-wide Health Systems".

SECTION 2. IMPLEMENTING OFFICE. The City Health Department, under the stewardship of the City Health Board, shall be responsible for the integration and supervision to organize and manage the institutionalization of DRRM-H in the City-wide Health System, and represent the health sector in relevant DRRM activities.

SECTION 3. MANDALUYONG CITY DRRM-H MANAGER; FUNCTIONS. – For the purpose of ensuring the development, improvement, and overall management of the DRRM-H System, including all its plans and other similar undertakings, a DRRM-H Manager shall be appointed.

SECTION 4. ROLES AND RESPONSIBILITIES OF THE IMPLEMENTING OFFICE AND DRRM-H MANAGER. – As set forth under the Department of Health (DOH) Administrative Order No. 2020-0036 issued on 04 August 2020, the responsible implementing stakeholders for the integration of the Mandaluyong City DRRM-H System in the City-wide Health System are expected to undertake the following roles and responsibilities:

- a. Ensure managerial, technical and financial integration to enforce the implementation of City-wide Health System functional Mandaluyong City DRRM-H System and provide the needed resources and support mechanisms to make the integration possible and sustainable;
- b. Ensure compliance with the latest standards on DRRM-H;
- c. Together with the Mandaluyong City Disaster Risk Reduction and Management Department (CDRRMD), Public Health Units, Epidemiological Surveillance Units, and Health Promotion Units, deliver the expected DRRM-H functions, including essential health services and products in all phases of emergency/disaster;
- d. Participate in the capacity and capability building activities;
- e. Promote and advocate DRRM-H through various platforms applicable and accessible in the City of Mandaluyong;
- f. Implement mechanisms to monitor and evaluate initiatives on the program and report progress;
- g. Collaborate and build DRRM-H capacities of City-wide Health System through viable partnerships;
- h. Ensure the use and management of the Special Health Fund for DRRM-H activities; and
- i. Invest and upgrade systems on DRRM-H supported by the LIPH, Special Health Fund, and the local DRRM fund of the City of Mandaluyong.

Other partners and stakeholders from the National Government and the private sector are, likewise, encouraged to support the integration of local health systems into the City-wide Health System through other cooperative measures and undertakings.

SECTION 5. THREE-PRONGED INTEGRATION FOR IMPLEMENTATION OF THE MANDALUYONG CITY DRRM-H SYSTEM. – In accordance with the Department of Health (DOH) Administrative Order No. 2020-0036 issued on 04 August 2020, there must exist interventions and mechanisms for the managerial, technical, and financial integrations of the DRRM-H System into the City's City-wide Health System.

SECTION 6. GUIDELINES ON THE MANAGERIAL INTEGRATION OF THE MANDALUYONG CITY DRRM-H SYSTEM. – Suppletory to the requirements set forth under Department of Health (DOH) Administrative Order No. 2020-0036 issued on 04 August 2020, to render the Mandaluyong City DRRM-H System functional, the City Health Department and the DRRM-H Manager must ensure that the following requirements are met:

- a. A DRRM-H Plan shall be unified, in so far as it integrates the City and its Barangays' inputs, comprehensive, and coherent;
- b. Health emergency response for public health and hospitals must be organized, trained, and self-sufficient;
- c. Essential health emergency commodities shall be available and accessible along with an equipped, servicing ambulance or patient transport vehicle and arrangement for a field implementation facility; and
- d. Existence of a functional Health Operations Center under the management and supervision of the City Health Department.

All consistent instructions under the LGU Scorecard and its monitoring tools are, likewise, directed to be complied with.

SECTION 7. GUIDELINES ON THE TECHNICAL INTEGRATION OF THE MANDALUYONG CITY DRRM-H SYSTEM. – Consonant to the provisions of Department of Health (DOH) Administrative Order No. 2020-0036 issued on 04 August 2020, the City must be guided by the following standards:

- a. The City's City-wide Health System shall strengthen governance and drive better execution through leadership and management capacities, coordination, and support mechanisms necessary to enhance functionality through:
 - i. Development of local ordinances or adopting policies, strategies and commitment on DRRM-H System as integrated in the City-wide Health System;

- ii. Organization of a planning committee to formulate the City-wide Health System strategic DRRM-H Plan, as well as contingency plan, public service continuity plan, communication and promotion plan among others;
 - iii. Adoption of an Incident Command System with structure and with defined roles and responsibilities for command and control, coordination, and communication;
 - iv. Organization of functional local clusters on medical and public health, nutrition, water sanitation and hygiene, and mental health and psychosocial support;
 - v. Strengthened coordination with the CDRRMD and forge public and private partnerships with other stakeholders;
 - vi. Development and implementation of local monitoring and evaluation mechanisms, such as program implementation review and generating insights from post-incident evaluations among others, and use of findings for policy recommendation and program standardization and development; and
 - vii. Implementation of promotion and advocacy activities geared towards front lining the City's DRRM-H System, including but not limited to awards and recognition of best practices, disaster risk communication and DRRM-H campaigns.
- b. The City's City-wide Health System in public health emergencies and disasters shall ensure the availability and accessibility of essential quality health products and services to the affected population at appropriate levels of care of the HCPN, through:
- i. Ensuring that primary health care providers and health facility workers shall effectively and efficiently engage the resources of the City's City-wide Health System to navigate affected population within the appropriate levels of the HCPN or outside the network as necessary;

- ii. Delivery of uninterrupted essential health services in a coordinated and seamless manner as per Administrative Order No. 2017-0007 or the "Guidelines and Standards on the Delivery of Essential Health Services in Emergencies and Disasters" and its revisions while maintaining synchronized response operations to include but not limited to local epidemiology surveillance, disease prevention and control, health promotion and the disaster risk reduction and management;
 - iii. Establishment of a mass casualty management approach which includes pre-established procedures for resource mobilization, field management or pre-hospital care in the management of affected population;
 - iv. Reorganization of management of resources of the City-wide Health System in responding to emergencies and disasters, while maintaining resource-sharing to sites not included in the System;
 - v. Guarantee the safety in the health facility through Administrative Order No. 2013-0014, "Policies and Guidelines on Hospitals Safe from Disaster" and its revisions.
- c. The City's City-wide Health System shall ensure reliable access to DRRM-H System's resources through effective and efficient management and mobilization, through:
- i. Development of manual of operations/process algorithms, as applicable based on structure and arrangements in the City-wide Health System;
 - ii. Strengthened systems at the City-wide Health System, such as in logistics management; and
 - iii. Development of strategies for continuity of health services and mechanisms for response and early recovery.

- d. The City's City-wide Health System shall develop information and knowledge management systems to serve as foundation for assessing, monitoring, analyzing and forecasting risk trends, bolstering early warning systems, planning responses, coordinating various actors and resources available during response, monitoring the coverage of the various interventions, and evaluating performance, through:
 - i. Establishment of a functional Public Health Operations Center (PHOC) at the City-wide Health System and maintain its counterpart in hospitals and cities/municipalities for an effective and efficient command and control, coordination, and communication; and dispatch;
 - ii. Utilization of a functional information/knowledge management system to gather and utilize information, including hazard, risk profiles, sex and age disaggregated data, and other information, systematically as basis for decision making of critical actions and services needed during crises, as well as in research; and
 - iii. Regular updating of the reporting system on DRRM-H to capture and document post mission/action activities, lessons and utilization of results to improve future implementation.

SECTION 8. GUIDELINES ON THE FINANCIAL INTEGRATION OF THE MANDALUYONG CITY DRRM-H SYSTEM. – Along with the other prongs of integration, the financial integration of the DRRM-H System shall be ensured, through the compliance with the following guidelines:

- a. The City's City-wide Health System in public health emergencies and disasters shall deliver population-based health services financed by the government at the point of service. Services not categorized as population-based such as hospitalization due to trauma and other illnesses shall automatically be covered under individual-based health services which shall be financed primarily through pre-payment mechanisms of Philhealth;
- b. The City-wide Health System Special Health Fund shall include financial resources for establishing and sustaining the Mandaluyong City DRRM-H System;

- c. The City-wide Health System shall invest on its own DRRM-H System, and establish or enhance contingency funding for disasters, through Local Investment Plan for Health (LIPH) and other sources, with the City undertaking to:
 - i. Commit to specify in its LIPH and annual operational plans the resources necessary for the implementation of its DRRM-H system;
 - ii. Earmark a portion of the City's local health budget to finance the institutionalization of its DRRM-H system and strengthen its institutional capacities, including the use of the Special Health Fund for emergencies and disaster situations. For this purpose, the allocation of funds and resources for DRRM-H shall be 70% for preparedness and 30% for response activities; and
 - iii. Identification of other financing for the DRRM-H System and other sources in the afore-mentioned investment plan.

SECTION 9. PERFORMANCE MONITORING. - The performance of the DRRM-H System, as integrated in the City-wide Health System, shall be monitored based on latest standards expected of local government units under Administrative Order No. 2019-0027 of the Guidelines on the Implementation of the LGU Health Scorecard, the Local Health System Maturity Model (LHSMM) guidelines, including its revisions, and other relevant issuances.

SECTION 10. Notwithstanding the applicability of the said Plan within its jurisdiction, the Mandaluyong City DRRM-H shall likewise be executed and implemented in compliance with the relevant national laws and circulars issued by the Department of Health.

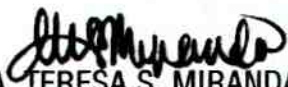
SECTION 11. FUNDING. – For the implementation of the provisions of this Ordinance, the appropriate funding necessary for the discharge of the Implementing Office and DRRM-H Manager's functions shall be earmarked and subsequently sourced from annual budget of the City Health Office, including the Special Health Fund for emergencies and disaster situations. Further, an allocation of seventy percent (70%) for preparedness and thirty percent (30%) for response activities must be followed.

SECTION 12. SEPARABILITY CLAUSE – Any provision or portion of this Ordinance found to be violative of the Constitution or invalid shall not impair the other provisions or parts thereof which shall continue to be in force and in effect.

- SECTION 13. **REPEALING CLAUSE** – Ordinances, rules, and regulations or parts thereof, which are inconsistent or in conflict with the provisions of this Ordinance are hereby repealed or modified accordingly.
- SECTION 14. **EFFECTIVITY CLAUSE** –This Ordinance shall take effect immediately upon its approval.

ENACTED on this 13th day of March 2023, in the City of Mandaluyong.

I HEREBY CERTIFY THAT THE FOREGOING ORDINANCE WAS ENACTED BY THE SANGGUNIANG PANLUNGSOD OF MANDALUYONG IN A REGULAR SESSION HELD ON THE DATE AND PLACE FIRST ABOVE GIVEN.


MA. TERESA S. MIRANDA
Sanggunian Secretary

ATTESTED BY:


ANTONIO DLS. SUVA
Acting City Vice Mayor &
Presiding Officer

APPROVED BY:


CARMELITA A. ABALOS
Acting City Mayor

Date: MAR 13 2023