



Republic of the Philippines  
Region IX  
PROVINCE OF ZAMBOANGA SIBUGAY  
Municipality of Buug  
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**OFFICE OF THE SANGGUNIANG BAYAN**

Excerpt FROM THE MINUTES OF THE 17<sup>TH</sup> REGULAR SESSION OF THE SANGGUNIANG BAYAN NG BUUG ZAMBOANGA SIBUGAY HELD AT THE MUNICIPAL SESSION HALL, BUUG, ZAMBOANGA SIBUGAY ON MAY 5, 2025 AT 10:00 IN THE MORNING.

NAME	POSITION	PRESENT	ABSENT	LATE	OB
<b>HON. JONAM R. LAGAS</b>	Municipal Vice-Mayor <b>Presiding</b>	√			
Hon. Marvin Jessie G. Gako	SB Member	√			
Hon. Sherwin R. Quintero	SB Member	√			
Hon. Romeo L. Cerbo	SB Member	√			
Hon. Freida C. Curiba	SB Member	√			
Hon. Abdul S. Dimasagka	SB Member	√			
Hon. Julio S. Alcantara, Sr.	SB Member	√			
Hon. Eduardo F. Emorecha	SB Member	√			
Hon. Renato T. Banagan	SB Member	√			
Hon. Keith Jones B. Lagas	Liga Ng Mga Barangay		√		
Hon. Riel Laurence F. Maquiling	SKF President		√		

**MUNICIPAL ORDINANCE NO. 04-2025**

**AN ORDINANCE ESTABLISHING A FUNCTIONAL DISASTER RISK REDUCTION AND MANAGEMENT FOR HEALTH SYSTEM (DRRM-H) WITHIN THE MUNICIPAL WIDE HEALTH SYSTEM (MWHS) AND PROVIDING FOR ITS IMPLEMENTATION, APPROPRIATIONS, AND OTHER SUPPORTING MEASURES**

**BE IT ENACTED** by this Legislative body of Buug, Zamboanga Sibugay in session assembled:

**WHEREAS**, the Local Government of Buug recognizes the critical need for preparedness and response systems in the face of disasters and health emergencies to ensure the safety, health, and well-being of the local population;

**WHEREAS**, it is essential to establish a robust and responsive Disaster Risk Reduction and Management for Health System (DRRM-H) that will coordinate efforts across health facilities and other concerned government agencies in the event of emergencies and disasters;

**WHEREAS**, the Municipality of Buug is committed to enhancing the resilience of its health system to ensure that it can effectively manage health emergencies, including epidemics, pandemics, and other public health crises, during and after disasters;

**WHEREAS**, recognizing the importance of proactive planning and coordination among local government units (LGUs), health providers, and other agencies, there is a need to institutionalize a functional and sustainable DRRM-H system to address the health needs of communities before, during, and after disasters;

**WHEREAS**, the local government shall ensure that all health services, from primary to tertiary care, are fully integrated and effectively supported within the provincial/city-wide health system to provide immediate assistance and care in disaster-stricken areas;

**WHEREAS**, the health system must include a clear framework for managing and delivering health emergency commodities, coordinating public health services, and ensuring financial support for health emergency response operations;

**WHEREAS**, recognizing that the effective management of health services during emergencies and disasters is essential for preserving life, preventing disease outbreaks, and ensuring the well-being of affected populations, it is vital to strengthen health services coordination at all levels of government;

**WHEREAS**, the Department of Health (DOH) has issued guidelines, standards, and frameworks that are essential for integrating health systems into disaster management processes, ensuring that such systems are responsive, resilient, and equipped for any public health emergencies;

**WHEREAS**, the establishment of a DRRM-H system is aligned with the national and local government's goals of improving disaster preparedness, response, recovery, and resilience for public health emergencies across communities;

## **CHAPTER I: INTRODUCTION AND OBJECTIVES**

**Section 1. Title.** This Ordinance shall be known as the "**Disaster Risk Reduction and Management for Health System (DRRM-H) Ordinance for THE MUNICIPALITY OF BUUG.**"

**Section 2. Declaration of Policy.** The Local Government of Buug recognizes the importance of effective and coordinated disaster risk reduction and management in health services to ensure continuous and effective delivery of health services before, during, and after emergencies and disasters. The goal is to enhance the local health system's resilience in addressing public health emergencies and disasters while ensuring the sustainability of essential health services.

**Section 3. 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, multisectoral 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 the 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/city-wide health system and is concretized by investment in and conduct of core processes namely (1) governance, (2) service delivery, (3) resources management and mobilization, and (4) information and knowledge management to guarantee timely, effective and efficient preparedness and response to public health emergencies and disasters, and other means to ensure uninterrupted delivery of population-based health services

**Section 4. General Objective.** This Ordinance aims to establish and institutionalize a functional DRRM-H system within the Municipal Wide Health System (MWHS) to ensure the continuity of health services during disasters, emergencies, and other related public health crises.

## **CHAPTER II: RESPONSIBILITIES AND ROLES**

**Section 5. RESPONSIBILITIES OF THE HEALTH CARE PROVIDER NETWORK (HCPN).** The Health Care Provider Network (HCPN), which includes Primary Care Providers, Secondary, and Tertiary Hospitals, shall ensure the delivery of essential, population-based health services. The network must establish an interoperable system to optimize coordination with patients, facilitate smooth transactions, enable two-way referrals, and eliminate barriers to health services during mass casualty incidents, emergencies, and disasters.

Public Health Units in hospitals shall develop a platform for close coordination with local Operations Centers or Emergency Operations Centers to efficiently manage populations both within and outside the network.

Contracted Apex or end-referral hospitals shall receive consultations and referrals for specialized care during emergencies and mass casualty incidents.

The Component Municipal Health Office within the MWHS shall participate and cooperate in the contracting network established by the province. These offices shall make efforts to meet integration requirements, as resources allow, while complying with standards and ensuring facility upgrades. They shall also support the submission of necessary reports. For all non-UHC-integrated Component Municipalities, transactions shall proceed through existing mechanisms and processes.

**CHAPTER III: IMPLEMENTATION MECHANISM**

**SECTION 6. INSTITUTIONALIZING THE DRRM-H SYSTEM IN MWHS.** The Municipal Health Office (MHO), in coordination with the Local Government, shall establish the structure and staffing patterns for the DRRM-H System within the MWHS, following the guidelines and standards set by relevant authorities.

The integration of the DRRM-H system will occur within one (1) year 2025.

**6.1 Organizational Structure of the DRRM-H Unit at the Local Level.** The **Municipal Health Office of Buug**, as approved by the **Municipal Health Board**, shall determine the structure of the **DRRM-H Unit** or **Program Management Team**. This unit will include at least one **DRRM-H Manager** and one **Assistant**, both trained in **DRRM-H**, along with additional staff as needed. In the interim, the **Local Health Board** may designate personnel to fulfill the required roles until a full team is in place.

The DRRM-H Manager will oversee key functions, including:

- a. **Prevention, Mitigation, and Preparedness:** Disseminating policies, conducting capability-building activities, and establishing partnerships.
- b. **Response, Recovery, and Rehabilitation:** Ensuring the delivery of health services, managing disaster information, and providing recovery support.
- c. **Administration and Finance:** Monitoring system performance, managing budgets, and supporting operations.

**6.2 Concept of Operations.** The DRRM-H framework, under Administrative Order No. 2019-0046, aims to enhance health system resilience and encourage community involvement. The functional DRRM-H system will support essential health services, including medical and public health, nutrition in emergencies, water, sanitation, hygiene, and mental health support.

The Municipal Health Office of Buug, as approved by the Municipal Health Board, shall determine the structure of the DRRM-H Unit or Program Management Team. This unit will include the following key members:

**DRRM-H Unit or Program Management Team**

**DRRM-H Manager PHN:** Municipal Health Officer/PHN

**Assistant Manager:** Radiologic technologist  
Public Health Nurse

**Members:**

Public Health Nurse  
Sanitary Inspector  
Midwife  
Driver  
Pharmacist  
Midwife  
Driver

**6.3 Operationalization of the DRRM-H System.** According to Administrative Order No. 2020-0036, the Municipality of Buug will operationalize the DRRM-H System within one (1) year period 2025, focusing on resilience-building for effective health emergency response and the continued delivery of health services.

**SECTION 7. Managerial Integration.** The Municipality of Buug will undergo managerial integration, utilizing resources such as health facilities, human resources for health, health finances, health information systems, health technologies, equipment, and supplies, to meet the minimum requirements for a functional DRRM-H system within the MWHS.

**7.1. Development of the DRRM-H Plan.** The DRRM-H Plan, developed by the MWHS in coordination with the DRRM-H Planning Committee, will serve as a strategic and thematic framework for health emergency management. The plan will be approved by the Local Chief Executive, updated annually or as necessary, tested through drills or exercises (e.g., semi-annually), and disseminated to all stakeholders. It will be integrated into the local government's investment, development, and operational plans, including the Local Investment Plan for Health (LIPH), Annual Operations Plan (AOP), and DRRM Plan.

**7.2. Organization and Training of the Health Emergency Response Team (HERT).** The Health Emergency Response Team (HERT) will be organized and mobilized based on event type, guided by the latest updates and DOH Administrative Order No. 2018-0018. HERT members will be trained continuously to enhance their competencies. Within [n] months from the effectivity of this ordinance, a six-year capability-building plan will be developed, with annual assessments of learning and development needs.

**7.3. Availability and Accessibility of Health Emergency Commodities (HECs).** Health Emergency Commodities (HECs) will be procured or strategically stockpiled based on guidelines from the Department of Health (DOH) and local needs. These commodities will be made available to affected populations in emergencies or disasters, or upon the declaration of a state of public health emergency or calamity by the Local Chief Executive or the President. The Local Government will issue guidelines for the procurement and management of essential health emergency commodities.

**7.4. Establishment and/or Activation of an Emergency Operations Center (EOC).** A functional Emergency Operations Center (EOC) shall be established and activated within the Municipal Health Office of Buug, ensuring coordination, communication, and command and control during emergencies. The EOC will work in coordination with the local Disaster Risk Reduction and Management Office (DRRMO) for synchronized operations. It will operate 24/7 during emergencies and disasters, with all duty personnel receiving orientation and necessary support. Within years of this ordinance's effectiveness, the local government, through the Municipal Health Office of Buug or its authorized representative, will evaluate the need to establish a Public Health Operations Center as the central hub for health emergency concerns. Recommendations will be submitted for approval and implementation with available funding.

**SECTION 8. Health Emergency Response Team (HERT).** The HERT shall be mobilized based on the type of disaster or emergency and shall undergo continuous training to maintain competency in line with the National Policy on the Mobilization of Health Emergency Response Teams.

A six-year capability-building plan shall be developed to meet training requirements, with routine assessments and updates.

#### **CHAPTER IV: DRRM-H SYSTEM COMPONENTS**

**Section 9. Health Emergency Commodities (HECs).** Health Emergency Commodities (HECs) shall be procured or stockpiled by the local government based on guidelines from the Department of Health and the needs of the local community as determined by recent emergencies or disasters. These commodities will be made available to the affected population in the event of an emergency or disaster.

**Section 10. Technical Integration.** The technical integration will support health service delivery from primary to tertiary care and will focus on governance, service delivery, resource management, and knowledge and information management.

**Section 11. Financial Integration.** Financial integration will ensure that funding is available for DRRM-H activities through the Local Health Board's budget, with funds allocated for essential services, contingency planning, and public health emergency operations. Financial support from national government agencies may be sought as necessary.

#### **CHAPTER V: MONITORING, EVALUATION, AND REPORTING**

**Section 12. Reporting and Monitoring.** The Municipality shall oversee the regular monitoring and evaluation of the DRRM-H system. Regular reports shall be submitted to the Local Health Board and used to guide improvements in the system. Data gathered from monitoring activities will be made available to the Department of Health and other relevant agencies.

**Section 13. Appropriations.** The funding necessary to implement this Ordinance shall be sourced from the following:

- 13.1. The Local Government Unit's annual Internal Revenue Allotment (IRA);
- 13.2. National Government Agency (NGA) subsidies to related programs; and
- 13.3. Supplemental funding requests from relevant NGAs.

All fund transfers and disbursements shall adhere to government rules and regulations for budgeting, accounting, and auditing.

#### **CHAPTER VI: MISCELLANEOUS AND FINAL PROVISIONS**

**Section 14. Implementing Rules and Regulations (IRR).** The Municipal Mayor may issue the appropriate rules and regulations necessary for the effective implementation of this Ordinance.

**Section 15. Repealing Clause.** All previous ordinances, orders, and regulations inconsistent with the provisions of this Ordinance are hereby repealed or amended accordingly.

**Section 16. Separability Clause.** If any provision of this Ordinance is declared invalid or unconstitutional, the remaining provisions shall remain in full force and effect.

**Section 17. Effectivity.** This Ordinance shall take effect upon approval and after publication at least once in a newspaper of general circulation.

**ENACTED** this 5<sup>TH</sup> day of May 2025 at Buug, Zamboanga Sibugay Province.

**CERTIFIED CORRECT:**

  
**ROSAMEE VILLASOR-APDUHAN**  
Sangguniang Bayan Secretary

**ATTESTED:**

  
**HON. JONAM R. LAGAS**  
Municipal Vice-Mayor/Presiding

**APPROVED:**

  
**HON. DIONESIA B. LAGAS**  
Municipal Mayor  
Date Approved: 06-03-25