EXECUTIVE ORDER NO. 19
Series 2022

ORGANIZING THE DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH (DRRMH) PLANNING COMMITTEE

WHEREAS, Section 17.2 of the Republic Act 11223, or the Universal Health Care Act states that the Department of Health shall endeavor to contract the province-wide health system for the delivery of population-based health services including those that impact on the social determinants of health if the minimum population-based health service components are met as identified in Section 17.3 of the same Act, that includes among others, an accurate, sensitive and timely epidemiologic surveillance systems and a timely, effective and efficient preparedness and response to public health emergencies and disasters;

WHEREAS, DOH Administrative Order No. 2019-0046 on the National Policy on Disaster Risk Reduction and Management in Health (DRRM-H) identifies general guidelines on DRRM-H that includes the institutionalization of the DRRM-H at all levels of governance and in all health service delivery units and the increase of investments on the DRRM-H to include but not limited to human resources for health, logistics, infrastructure and equipment, information management system, among others;

WHEREAS, In the institutionalization of the Disaster Risk Reduction and Management in Health (DRRM-H) it is essential to enhance the capacities of the health system to manage health risks and attain resilience; able to ensure timely, effective, and efficient preparedness and response, especially to public health emergencies or disasters; and able to deliver and provide uninterrupted essential health services and goods, whenever necessary. To contribute to the resiliency of health systems, objectives are set in each of the thematic areas of DRRM-H (prevention and mitigation, preparedness, response, recovery, and rehabilitation) have to be addressed;

WHEREAS, DOH-AO 2019-0046 also identifies the critical role of the LGUs in developing a local DRRM-H plan that is responsive to the needs of the LGU, compliant to the LGU scorecard and integrated with the relevant LGU plans;

WHEREAS, DOH-AO 2019-0027 on the Guidelines on the Implementation of the Local Government Unit Health Scorecard, identifies as an indicator the "Percentage of LGUs with institutionalized DRRM-H System" which means that the DRRM-H shall have the following four (4) minimum components: (a) approved, updated, disseminated and tested DRRM-H plans, (b) organized and trained Health Emergency Response Teams (HERTs) on Basic Life Support and First-Aid, (c) available and accessible within 24 hours essential health emergency commodities and (d) a functional Emergency Operations Center (EOC) that ensures command and control, coordination and communication. This should allow for the means and resources to deliver health sector cluster services in emergencies and disasters: Medical and Public Health; Nutrition; Water, Sanitation, and Hygiene; and Mental Health and Psychosocial Support;

NOW, THEREFORE, I, BERNARD S. WACLIN, Municipal Mayor of the Municipality of Itogon, by virtue of the powers vested in me, do hereby organize the Disaster Risk Reduction and Management in Health (DRRMH) Planning Committee with the following composition and their roles and responsibilities to wit:

SECTION I. COMPOSITION. The Municipal DRRMH Planning Committee shall be composed of the following:

Chairperson:	HON. BERNARD S. WACLIN Municipal Mayor
Vice Chairperson:	OLIVER P. GUADAÑA, MD Municipal Health Officer
Members:	ENGR. CYRIL L. BATCAGAN Municipal Disaster Risk Reduction Management Officer
	HON. ALEJANDRO L. PALANGDAN Sanguniang Bayan Member, Committee Chairman, Health
	ENGR. IMELDA F. NUGUID Municipal Planning Development Officer
	SIMEON T. CIRIACO DOH-Representative

Sub-cluster Team Leaders:

Medical and Public Health	MARIE JORELYN P. BAHINGAWAN Rural Health Physician
Water Sanitation and Health	RENATO A. SABIANO Sanitation Inspector
Nutrition in Emergencies	JUSTENE J. AQUISIO Nurse II
Mental Health Psycho Social Services	JACQUELYN B. BAY-AN Nurse II
Secretariat:	ELENA G. TINDAAN RHU Staff
	ROSSAN B. BALISTO DRRMH Manager
	DANESON A. SOLIWEG MDRRMO Staff
	HENSON P. BALISTO MDRRMO Staff

SECTION II. ROLES AND RESPONSIBILITIES

Roles and Responsibilities of the DRRM-H Planning Committee:

1. Develop, review, and update the previous plan
2. Gather required information and secure commitment of key people and organizations
3. Initiate testing of the plan for its functionality and adaptability to current situation

4. Develop annual operational plan and other plans relevant to health emergencies and disasters
5. Monitor and evaluate the plan.

Roles and Responsibilities of the Chairperson:

1. Preside the meeting and facilitate planning.
2. Provide feedback to the Head of institution/ up lines in relation to progress of planning.

Roles and Responsibilities of the Vice Chairperson:

1. Assist the Chairperson.
2. Take over the role of the Chairperson in his/her absence Roles.

Roles and Responsibilities of the Members:
1. Provide necessary technical inputs.
2. Attend meetings regularly.
3. Assist the Chairperson in advocating the plan.

Roles and Responsibilities of the Secretariat:
1. Document minutes of the meetings.
2. Safekeeping of documents and records.

SECTION III. SOURCES OF FUNDS. The source of funds for the municipal DRRMH Planning team will come from the MOOE of the Municipal Health Services Office.

SECTION IV. SEPARABILITY CLAUSE. If any provision of this order is rendered invalid by any court of law or component authority, the remaining parts or provisions not affected shall remain valid and effective.

SO ORDERED, this 10th day of October 2022 at the Municipality of Itogon, Province of Benguet

BERNARD S. WACLIN
Municipal Mayor

Cc:
- All concerned
- DOH-CAR
- Benguet PHO
- Itogon Sangguniang Bayan
- File