



Republic of the Philippines
SANGGUNIANG PANLUNGSOD
City Government of Naga

ORDINANCE NO. 2026-011
VVVVVVVVVVVVVVVVVVVVVV

AN ORDINANCE INSTITUTIONALIZING A FUNCTIONAL DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH (DRRM-H) SYSTEM WITHIN THE CITY-WIDE HEALTH SYSTEM OF NAGA CITY:-

Proponent: **HON. FRANCISCO M. MENDOZA** 

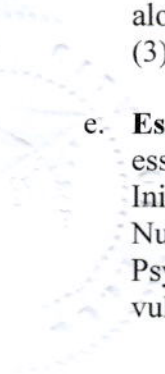
Be it ordained by the Sangguniang Panlungsod of Naga City in session assembled:

SECTION 1. TITLE - This ordinance shall be known as the “**Naga City Disaster Risk Reduction and Management in Health (DRRM-H) Ordinance.**”

SECTION 2. SCOPE AND COVERAGE - This Ordinance applies to all health facilities and delivery units of the city government and its barangays and those of partner public and private, local and international stakeholders under the city’s Health Care Provider Network (HCPN).

SECTION 3. DEFINITION OF TERMS - As used in this Ordinance, the following terms shall mean:

- a. **City-Wide Health System (CWHS)** –an integrated local public health system in which health care providers deliver continuous and integrated health services to individuals and/or communities. In Naga City, this consists of the City Health Office I and II, Our Lady of Lourdes Infirmary, Naga City General Hospital, Barangay Health Stations, and other health delivery units of the city government.
- b. **Disaster Risk Reduction and Management in Health (DRRM-H)** – an integrated, systems-based, multi-sectoral process that utilizes policies, plans, programs, and strategies to reduce health risks due to disasters and emergencies, improves preparedness for adverse effects, and lessens their adverse impact on the populace particularly on vulnerable groups.
- c. **DRRM-H Institutionalization** – is the establishment of a functional DRRM-H system in all levels of the city government which includes the following minimum key indicators: DRRM-H plan with necessary budget allocation, health emergency response teams, essential health emergency commodities, and functional emergency operations center for command, control, communication, and coordination.
- d. **DRRM-H Plan** – a long-term development plan containing DRRM-H measures along the four thematic areas of (1) Prevention, and Mitigation, (2) Preparedness, (3) Response, and (4) Recovery and Rehabilitation.
- e. **Essential Health Service Package (EHSP)** – is a focused approach in providing essential health services such as medical and public health services; Minimum Initial Service Package for Sexual and Reproductive Health (MISP for SRH); Nutrition; Water, Sanitation, and Hygiene (WASH); and Mental Health and Psychosocial Support (MHPSS) for all affected populations, especially the vulnerable and marginalized, during emergencies and disasters.



- f. **Functional DRRM-H System** – an operational DRRM-H system integrated into the CWHS and its Health Care Provider Network (HCPN) that manages the adverse effects and health consequences of public health emergencies and disasters, including the effects of climate change. It is concretized by investment in and the conduct of core processes, in the areas of (1) governance, (2) service delivery, (3) resources management and mobilization, and (4) information and knowledge management, in order to guarantee timely, effective and efficient preparedness and response and ensure uninterrupted delivery of population-based health services.
- g. **Emergency Operations Center (EOC)** – a centralized, physical location that facilitates emergency response, resource coordination, and strategic decision-making during disasters, generally utilizing an Incident Command System (ICS)
- h. **Health Care Provider Network (HCPN)** – a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider as navigator and coordinator of health care within the network.
- i. **Health Emergency Commodities (HEC)** – essential medicines, medical supplies, kits, reagents and other laboratory supplies, drinking water, equipment, collaterals, and other similar items for use in emergencies and disasters.
- j. **Health Emergency Response Team (HERT)** – all types of teams, primarily public health workers of the city and the affected barangays as well as volunteers from civil society groups and the private sector that are mobilized during planned events, emergencies, and disasters to provide health and health-related services.
- k. **Mental Health and Psychosocial Support (MHPSS)** – one of the essential health service packages that aims to protect and promote psychosocial well-being and prevent mental disorders.

SECTION 4. GOALS AND OUTCOMES FOR A FUNCTIONAL NAGA CITY DRRM-H SYSTEM - Consistent with the National DRRM-H Plan for 2024-2030, the DRRM-H System of Naga City shall have the following goals and outcomes:

- a. **Thematic Pillar: Disaster Prevention and Mitigation**
 - i. **Goal:** Mitigate and prevent the potential health impacts of hazards by reducing the exposure and the existing vulnerabilities of the community and the health system.
 - ii. **Outcomes:**
 1. Reduced vulnerabilities to hazards, disasters and climate change through evidence-based decision making and policy development.
 2. Increased investment on health facilities, infrastructure and equipment, and human resources.
 3. Strengthened health service delivery at the individual, community, and facility levels.
 4. Enhanced and sustained critical health information systems.
- b. **Thematic Pillar: Disaster Preparedness**
 - i. **Goal:** Strengthen institutional capacity and coordination for disaster governance.

ii. **Outcomes:**

1. Strengthened institutional capacity and coordination for disaster governance.
2. Optimized resource mobilization and management for public health emergencies and disasters.
3. Enhanced responsiveness in the delivery of Essential Health Service Packages (EHSP).
4. Integrated information and knowledge management system.

c. **Thematic Pillar: Disaster Response and Early Recovery**

- i. **Goal:** Preserve lives and meet the basic health needs of the affected and vulnerable population during and immediately after an emergency or disaster.

ii. **Outcomes:**

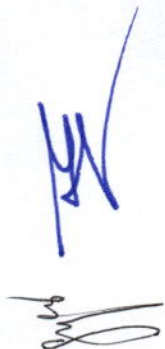
1. Efficient and effective management of health incidents or health events:
 - a. Disease incidence properly managed, disease breakouts averted;
 - b. Health needs of vulnerable sectors, such as the elderly and mothers with babies, addressed.
2. Accessible and available health resources such as facilities, transport, and commodities.
3. Prompt and efficient mobilization of appropriate response teams for the delivery of quality, basic and essential health services during public health emergencies and disasters.
4. Timely dissemination of relevant and accurate information that is vital for an organized and effective response to any emergency and disaster.

d. **Disaster Rehabilitation and Recovery**

- i. **Goal:** Restore and upgrade the health system to efficiently deliver comprehensive, accessible, culturally sensitive, and resilient services that respond to the health needs of the communities affected by a disaster.

ii. **Outcomes:**

1. Effective intersectoral coordination and collaboration for health rehabilitation and recovery.
2. Sustained resource investments for health rehabilitation and recovery.
3. Enhanced service delivery networks and referral health system that deliver quality health services post-disaster.
4. Functional post-disaster information and management systems.




SECTION 5. CRAFTING OF DRRM-H PLAN - A DRRM-H Plan embodying the goals and outcomes for each thematic pillar shall be crafted by a DRRM-H Planning Committee headed by the City Health Officer in coordination with health sector stakeholders for review by the City Disaster Risk Reduction and Management Council, endorsement to the Sangguniang Panlungsod, and approval by the City Mayor.

It shall be an integrated plan with clear timelines and success indicators involving government health delivery units as well as partner private organizations and health facilities,. The DRRM-H Plan shall be an input to the city's DRRM Plan, city development plan and investment programs.

SECTION 6. KEY IMPLEMENTERS - The Naga City DRRM-H shall have the following implementers:

- a. **City Health Board (CHB).** Shall exercise policy and administrative supervision over health facilities, personnel, and resources within the city. It shall oversee the integration of DRRM-H into the CWHS and ensure that it is included in the city's investment programs and budgetary allocation.
- b. **City Health Office (CHO).** Shall serve as the principal implementer of this Ordinance. Under the direction of the CHB and in coordination with the CDRRMO, the CHO shall organize and manage the institutionalization of DRRM-H. Its Epidemiology and Surveillance Unit shall also lead in disease surveillance to avert any disease outbreak during and immediately after disasters.
- c. **Barangay Health Stations.** Shall closely coordinate with the city's Health Emergency Operation Center before, during and after a disaster to ensure continuity of vital health services to affected barangay residents including navigating them to higher levels of care if necessary.
- d. **Our Lady of Lourdes Infirmary and City Health Office II.** They shall provide essential health services to affected population within their respective catchment areas particularly those referred to them by Barangay Health Stations and other health delivery units.
- e. **Naga City General Hospital.** Thru its Public Health Unit, integrate population-based health services with facility-based curative care and assist in disease surveillance and reporting during disasters.
- f. **Contracted Apex or End-Referral Hospitals.** Shall receive consultations and referral of complicated services and specialized care especially in mass casualty incidents or in emergencies and disasters.



SECTION 7. ROLE OF CIVIL SOCIETY ORGANIZATIONS, THE PRIVATE SECTOR AND VOLUNTEER GROUPS - Representatives from civil society organizations and the private sector involved in health services or disaster management and response shall be invited to participate in the formulation of the DRRM-H Plan. In the execution of the plan, partnership with CSOs and the private sector, or the participation of volunteer groups, shall augment and complement the resources and capabilities of government.

SECTION 8. ORGANIZATIONAL STRUCTURE - There is hereby created a DRRM-H Unit at the City Health Office I and II, and the Our Lady of Lourdes Infirmary. Each Unit shall be headed by a DRRM-H Manager and an Assistant DRRM-H Manager, all duly trained in DRRM-H. On the other hand, the Public Health Unit of the Naga City General Hospital (NCGH) shall assume the functions of a DRRM-H Unit. All DRRM-H Units shall assist their respective head in the performance of their facility's role in the overall DRRM-H System of the city.

The City Mayor, upon recommendation of the head of each facility, shall designate existing personnel to perform these functions pending the creation of plantilla positions for the purpose.

SECTION 9. ESSENTIAL DRRM-H ELEMENTS - The City Health Office, in coordination with the other health facilities of the city, shall ensure the presence of the following essential elements to operationalize the DRRM-H:

a. Managerial Integration:

- i. **Plans and Policies:** The CHO shall lead the planning committee which shall formulate the City DRRM-H Plan embodying the goal and outcomes of each thematic pillar, ensure its inclusion in the City Disaster Risk Reduction and Management Plan, the Local Development Investment Program and the Annual Investment Program, and in the DOH-mandated Local Investment Plan for Health and Annual Operational Plan. It shall also lead in the development of a Manual of Operation for the HEOC, referral systems during disasters, and HERT mobilization.
- ii. **Health Emergency Operations Center.** A functional Health Emergency Operations Center (HEOC) shall be activated within the CHO in times of disasters and health emergencies to ensure timely and uninterrupted delivery of health care to affected population. The HEOC shall operate 24/7 during Code Red alerts as an integral part of the city's Incident Command System and overall Emergency Operations Center.
- iii. **Health Emergency Response Teams.** The CHO shall organize HERTs tailored to specific hazards such as for WASH, Nutrition, MHPSS, and Medical/Trauma, trained and tested through semi-annual drills. A Capacity Building Plan shall be developed within six (6) months of this Ordinance's effectivity to ensure continuous professional education.
- iv. **Health Emergency Commodities.** The CHO shall procure and stockpile essential Health Emergency Commodities (HECs) based on the DOH formulary and local risk assessment. Unused commodities shall be transferred to the city's other health facilities at least three (3) months prior to their expiration for immediate utilization, and the HEC stockpile subsequently replenished.

b. Technical Integration. The DRRM-H System shall support the CWHS through:

- i. **Governance:** Aside from the formulation of the DRRM-H Plan, the planning committee shall also craft the Contingency Plan, Public Service Continuity Plan and Communication and Promotional Plan within one (1) year from the effectivity of this ordinance.
- ii. **Service Delivery.** Within one (1) year from the effectivity of this ordinance, the P/CHO shall develop the local governments manual of operations on HCPN arrangements, gate-keeping and referral system within and outside P/CWHS 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.

- iii. **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.
 - iv. **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. **Financial Integration.** Based on the approved DRRM-H Plan and its integration into the LIPH and AOP and into the city development plan and investment programs, the resource requirements of the DRRM-H shall be incorporated in the Local Health Board budget, in the city government's Annual Budget and in its disaster risk reduction and management fund. It may also be augmented from subsidies, grants, or funds intended for disaster mitigation, response and recovery from the national government, the private sector and international donors.

SECTION 10. MONITORING AND EVALUATION -The Local Health Board shall lead and oversee the regular monitoring and evaluation of the implementation of the DRRM-H System. It may designate other relevant office/s or authorized representatives to carry out monitoring activities. These data shall also be used to decide on the frequency of reporting 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.

SECTION 11. NATIONAL ISSUANCES ON DRRM-H - The National DRRM-H Plan for 2023-2030 and the Manual of Operations for DRRM-H, both from the DOH, shall remain as authoritative guidance in the implementation of the city's DRRM-H System while other national issuances on DRRM-H shall be suppletory to this Ordinance.


SECTION 12. SEPARABILITY CLAUSE - If any provision of this Ordinance is held invalid or unconstitutional, other provisions not affected thereby shall remain in full force and effect.

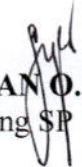
SECTION 13. REPEALING CLAUSE - All ordinances, resolutions, orders, and issuances, or parts thereof, which are inconsistent with this Ordinance are hereby repealed or modified accordingly.

SECTION 14. EFFECTIVITY - This ordinance shall take effect fifteen (15) days upon approval and publication in a newspaper of local circulation and posting at the official social media account of the City Government of Naga.


ENACTED: February 3, 2026.

WE HEREBY CERTIFY to the correctness of the foregoing ordinance.


GABRIEL H. BORDADO JR.
City Vice Mayor &
Presiding Officer


LILIANO O. PASCUAL
Acting SP Secretary

APPROVED:


MARIA LEONOR G. ROBREDO
City Mayor

