

03

Item No.: 03
Date: APR 25 2023

Republic of the Philippines
PROVINCE OF LEYTE
Tacloban City

SP Records
APR 14 2023 *VIM*

SANGGUNIANG
13 April 23
AS
PROVINCE OF LEYTE

PROVINCIAL LEGAL OFFICE

Province of Leyte
Provincial Legal Office
Jose R. Acol
4-4-23

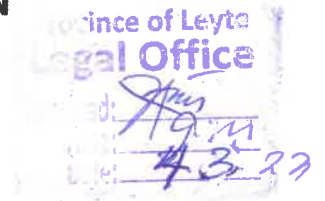
2nd INDORSEMENT
April 4, 2023

Respectfully returned to the, Sangguniang Panlalawigan of Leyte through the SP secretary, the attached Ordinance No. 2022-11 of the SB of Hindang, Leyte, recommending for the declaration of its validity pursuant to its power under Section 56 (c) of R.A 7160, the same being, to the opinion of the Provincial Legal Office (PLO), an exercise of the power essential to the promotion of the General Welfare, Health and Safety, authorized under Section 16 of the Code.

(Signature)
ATTY. JOSE RAYMUND A. ACOL
Asst. Provincial Legal Officer *(Signature)*


Republic of the Philippines
PROVINCE OF LEYTE

OFFICE OF THE SANGGUNIANG PANLALAWIGAN



1ST INDORSEMENT
03 April 2023

The PROVINCIAL Legal Office is respectfully requested to review and submit recommendations, on the herein enclosed **ORDINANCE NO. 2022-11 OF THE MUNICIPALITY OF HINDANG, LEYTE, : “ DRRM-H SYSTEM ORDINANCE OF THE MUNICIPALITY OF HINDANG, LEYTE, 2022”**.


FLORINDA JILL S. UYVICO
Secretary to the Sanggunian

SP Records
4323



Republic of the Philippines
Province of Leyte
MUNICIPALITY OF HINDANG
-oOo-



OFFICE OF THE SANGGUNIANG BAYAN

10 March, 2023

HON. LEONARDO M. JAVIER, JR.
Vice Governor/Presiding Officer
Sangguniang Panlalawigan
Province of Leyte

THRU: FLORINDA JILL S. UYVICO
Secretary to the Sangguniang Panlalawigan
Province of Leyte

Sir:

I am submitting herewith to your office Sixteen (16) sets of ORDINANCE No. 2022-11 of the Sangguniang Bayan, Hindang, Leyte, RE: "An Ordinance enacting the institutionalization of a functional Disaster Risk Reduction and Management in Health (DRRM-H) System in the Municipality of Hindang", for review and approval of this Body.

Anticipating your favorable action on the matter.

Thank you.


ANNABEL A. MABALE
Secretary to the Sanggunian



Republic of the Philippines
 Province of Leyte
MUNICIPALITY OF HINDANG
 -oOo-

SANGGUNIANG PANLALAWIGAN
RECEIVED
 31 MAR 2023
 PROVINCE OF LEYTE

OFFICE OF THE SANGGUNIANG BAYAN

**EXCERPT FROM THE MINUTES OF THE SANGGUNIANG BAYAN OF HINDANG,
 LEYTE, IN ITS REGULAR SESSION HELD ON SEPTEMBER 27, 2022 AT THE SB SESSION
 HALL**

ORDINANCE NO. 2022-11

Authored by Hon. Romulo D. Basañez

EXPLANATORY NOTE

On May 2010, then President Gloria Macapagal-Arroyo, signed and enacted into law, Republic Act (RA) No. 10121 also known as the "Philippine Disaster Risk Reduction and Management Act of 2010" which under Section 2 (d) provides that the state shall adopt a disaster risk reduction and management approach and promote the involvement of all sectors and all stakeholders concerned. Another DOH issuance of an Administrative Order No. 2019-0046 on October, 2019 which is the National Policy on Disaster Risk Reduction and Management in Health (DRRM-H), which necessitated the institutionalization of DRRM-H to enhance the capacities of the health system to manage health risks, and attain resilience in the communities. The Implementing Rules and Regulation (IRR) of RA No. 11223, under Section 19 on the Integration of Local Health Systems into Province-wide and City-wide Health System elaborated the implementation of health service delivery and health systems management. To give better emphasis, in the same Section, health service delivery function was defined as the management of the health service delivery operations of public health programs which includes disaster risk reduction and management among others within the province-wide health system. Likewise the Implementing Rules and Regulation (IRR) of RA No. 11223, under Rule XI. Miscellaneous Provisions Section 41 on Transitory Provision provides that at the minimum, managerial and technical integration shall be characterized by a functional disaster risk reduction and management in the health system among other requirements as its primary focus;

RA 7160 Section 16, General Welfare provides that local government shall exercise powers necessary, appropriate or incidental for its efficient and effective governance, and those which are essential for the promotion of the general welfare. Further within their respective territorial jurisdictions, local government units shall ensure and support, among other things, the promotion of health and safety. Likewise RA 7160 Section 17, Basic Services and Facilities, also states that local governments are granted powers to discharge functions and responsibilities to provide basic services and facilities. At the municipal level, these refer to health and social welfare services which include the implementation of programs and projects amongst many others;

Furthermore, the Local Government Code of 1991, Section 102. Creation and Composition of the Local Health Board provides, that one of the functions of the Local Health Board, consistent with the standards and criteria set by the Department of Health (DOH) shall propose to the Sanggunian concerned, the annual budgetary allocations for the operation and maintenance of health facilities and services within the Municipality. And with these powers, the Municipality organizes and implements a functional DRRM-H System for public health using this Ordinance's procedures and technical specifications necessary for the operationalization and transition, with considerations of the context of the "New Normal";

WHEREFORE, BE IT ORDAINED by Sangguniang Bayan of the Municipality of Hindang, Leyte, in its regular assembled this date, be it;

Betty A. Cabal

[Handwritten signatures and initials on the right margin, including a large signature at the top and several smaller ones below.]

(ORDINANCE No. 2022-11 of the Sangguniang Bayan of Hindang, Leyte, RE: "Disaster Risk Reduction and Management in Health (DRRM-H) System Ordinance in the Municipality of Hindang, Leytecontinued)

RESOLVED, as it is hereby RESOLVED, to enact the following ordinance:

ORDINANCE NO. 2022-11

AN ORDINANCE ENACTING THE INSTITUTIONALIZATION OF A FUNCTIONAL DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH (DRRM-H) SYSTEM IN THE MUNICIPALITY OF HINDANG, LEYTE

CHAPTER I. GENERAL PROVISION

SECTION 1. SHORT TITLE. This ordinance shall be known and cited as the "DRRM-H System Ordinance of the Municipality of Hindang, Leyte, 2022"

SECTION 2. DECLARATION OF PRINCIPLES AND POLICIES. It is the policy of the Municipality to promote the health and safety of its constituents through ensuring support, among others, the promotion of health and safety. Towards this end, the Municipality shall adopt:

- a. Science and evidence-based, easily scalable means to institutionalize and organize a functional DRRM-H system which supports the province-wide 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 Municipality of Hindang to manage and mitigate the adverse effects/impacts and health consequences of emergencies/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 Municipal level.

SECTION 4. SCOPE AND COVERAGE. This Ordinance shall include and cover:

The Municipal Health System of Hindang, Leyte including, all member public and private, local and international stakeholders/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, 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.

Betty A. Cabal

- 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 Municipal 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.

CHAPTER II. ROLES AND RESPONSIBILITIES¹

SECTION 6. The following shall be the roles and responsibilities of implementers and other stakeholders of the DRRM-H system that would include but not limited to the Health Care Provider Network:

- a. **Municipal 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. **Municipal Health Office** as the principal implementer of this Ordinance, under the stewardship of the Municipal Health Board shall be responsible for the integration and supervision to organize and manage the institutionalization of DRRM-H in the Municipal Health System, at the same time also represent the health sector in relevant DRRM activities or delegate such function as necessary.
- c. **Municipal Health Office** shall participate and cooperate in the contracting network established by the Province. They shall endeavor to attain integration requirement as resources permit, still comply with standards and ensure upgrading of facilities, and support in the submission of necessary reports. All non UHC integrated CC/municipality shall pursue transactions through existing mechanisms/processes.
- d. **Health Care Provider Network (Primary Care Provider Network including Secondary and Tertiary Hospitals)** shall ensure 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.
 - **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
- e. **Contracted Apex or end-referral Hospitals** shall receive consultations and referral of population for complicated services and/or specialized care in emergency and disaster whenever necessary especially in mass casualty incidents or in emergencies and disasters.

CHAPTER III. IMPLEMENTATION MECHANISM²

The Municipality shall cooperate and perform the respective duties and obligations to achieve integration outputs and outcomes in managing public health emergencies and disasters.

Aracely A. Cabal

Green

SECTION 7. INSTITUTIONALIZING³ DRRM-H SYSTEM IN THE MUNICIPAL HEALTH SYSTEM.

In consideration to 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 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 Municipal Health System.

a. Organizational Structure of the DRRM-H Unit at the local level.

The Municipal Health Office, as approved by the Municipal Health Board, shall determine the establishment and composition of the DRRM-H Unit in accordance with the organization of the Municipal Health System.

The DRRM-H Unit in the Municipal Health office shall have at least one (1) DRRM-H Manager and (1) Assistant, 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 Municipal 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/standards based on National Guidelines or developed local policies, plans, programs for health emergency and disaster risk prevention/mitigation and preparedness
 - Facilitation and conduct of capability building activities for various stakeholders
 - Facilitation of partnership and networking activities with stakeholders
 - Provision of other technical/financial assistance (promotion, awareness raising, monitoring and research, etc.)
- ii. Response, Recovery and Rehabilitation which primarily focuses on:
 - Dissemination and monitoring of adopted policies/standards based on National Guidelines or developed local policies, plans, programs for health emergency and disaster response, recovery and rehabilitation
 - Delivery of essential health services and products in all phases of emergency/disaster through mobilization of resources such as Technical Experts, HERTs and tangible logistics needed locally and internationally
 - Management of health emergency and disaster information/knowledge and facilitate coordination activities between partner agencies/organizations
 - Provision of support to 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

Atty. A. Cabal

Page 4

- b. **Concept of Operations⁴.** 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 on promoting or advocating resilience of the health system and involvement of communities in the Municipality, 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. **Operationalization⁵ 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 Local Government of Hindang, Leyte 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 Provincial wide integration wherein managerial and technical integration is expected to be demonstrated in the first three years, and financial integration thereafter (year 2020-2025). 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 Integration⁶.

The Municipality of Hindang, Leyte shall undergo managerial integration over its resources such as health facilities, human resources for health, health finances, health information system, health technologies, equipment and supplies to deliver the minimum requirements to establish a functional DRRM-H system for the Municipal Health System.

a. Development of the DRRM-H Plan

The DRRM-H Plan is a strategic and thematic plan of the Municipal Health System referenced from the DRRM-H Planning Guide and finalized by Municipal Health Office in coordination with the DRRM-H Planning Committee and shall be approved by Local Chief Executive; updated annually or as necessary; tested through drills or other forms of exercises [e.g. semi-annually]; 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 other service delivery units within the HCPN and shall be an input in the local government's investment, development and operational plan especially in LIPH, its AOP and DRRM Plan.

b. Organization and Training of Health Emergency Response Team (HERT)

The HERT are to be organized and mobilized whenever necessary based on the type of events, in emergencies, and disasters guided by the minimum requirements for implementation based on latest updates/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, self-sufficiency shall be ensured.

Atty. A. Cabal

(ORDINANCE No. 2022-11 of the Sangguniang Bayan of Hindang, Leyte, RE: "Disaster Risk Reduction and Management in Health (DRRM-H) System Ordinance in the Municipality of Hindang, Leytecontinued)

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 [n] 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 each year 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 the local government and/or those that are deemed essential based on recent emergencies/disasters experienced in the area. These shall be made available and accessible to affected population in emergency or in disaster or upon the declaration of state of public health emergency or calamity by the local chief executives or by the President. The local government shall issue a separate issuance on the guidelines on the procurement and management of essential health emergency commodities for the Municipal Health System.

d. Establishment and/or activation of OC/EOC for Public Health

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

Within one year from the effectivity of this ordinance, the local government through the Municipal 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 of the implementing office.

DRRM-H System Management⁷.

The Municipality of Hindang, Leyte through its Municipal 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 Municipal Health Office or authorized representative (e.g. DRRM-H Unit) shall conduct routine monitoring of potential problem or threat and potential enhancement to improve the probability of success, establishing a functional DRRM-H System. Wherein potential actions shall be identified for development of action plans whenever necessary and appropriate.*
- b. Quality Assurance. The Municipal Health Office or authorized representative (e.g. DRRM-H Unit) 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 on standard, quality, and timely service delivery for transparency and accountability.*

Atty. A. Cabal

(ORDINANCE No. 2022-11 of the Sangguniang Bayan of Hindang, Leyte, RE: "Disaster Risk Reduction and Management in Health (DRRM-H) System Ordinance in the Municipality of Hindang, Leytecontinued)

- Training programs beneficial to strengthen 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.2 Technical Integration⁸.

The technical integration which focuses on health services provision from primary to tertiary care, shall be supported by the DRRM-H System in the Municipal Health System through implementation of the following Core Processes:

a. Governance.

- i. A planning committee shall be organized with the following members: (a), (b), (c) to create the Municipal Health System DRRM-H Plan, Contingency Plan, Public Service Continuity Plan and Communication and Promotional Plan within one year from the effectivity of this ordinance.
- ii. An Incident Command System shall be established for the EOC/OC, with members identified and roles and responsibility defined and made available for public view in the designated area where the EOC/OC shall be established.
- iii. Local clusters on Public Health/Medical 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/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 in each year's National Disaster Resilience Month every July through 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 one year from the effectivity of this ordinance, the Municipal Health Office shall develop the local governments manual of operations on HCPN arrangements, gate-keeping and referral system within and outside Municipal Health System 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.

c. Resource Management and Mobilization. Within one 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.

d. Knowledge and Information Management. There shall be innovative initiatives to maintain and sustain the optimized access and/or monitoring of health emergency and

Atty. A. Cabal

(ORDINANCE No. 2022-11 of the Sangguniang Bayan of Hindang, Leyte, RE: "Disaster Risk Reduction and Management in Health (DRRM-H) System Ordinance in the Municipality of Hindang, Leytecontinued)

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.3 Financial Integration⁹.

The Local Health Board shall implement financial integration subject to National Guidelines and in accordance to the terms of partnership in effect for the locality. Recommendations on the needed support in planning and investments, allocation and utilization of Special Health Fund, financial

grants, subsidies and donations, etc. for DRRM-H System operations and allocation for Contingency Fund shall be based on the latest assessment conducted by the authorized representative implementing the functional DRRM-H System.

CHAPTER IV. MONITORING

SECTION 8. REPORTING AND MONITORING¹⁰ . The Municipal Health Office shall lead and oversee the regular monitoring and evaluation of the implementation of a functional DRRM-H System. It may designate other relevant office/s or authorized representatives to carry out monitoring activities provided that all data gathered shall be submitted to and consolidated by the Municipal Health Office for regular reporting to the Local Health Board. These data shall also be used to decide on the frequency of reporting by 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.

CHAPTER V. APPROPRIATIONS

SECTION 9. APPROPRIATION¹¹. The funding necessary to implement the provisions of this Ordinance and to implement the program may be sourced out from the following, in order of priority:

- a. The LGU's annual National Tax Allotment (NTA);
- b. National Government Agency (NGA) subsidy to related programs, project, and activities through relevant agencies; and
- c. Supplemental funding request from relevant NGAs

Fund allotments shall be based on local investment review and latest menu of activities issued by the Department of Health through HEMB. All fund transfers, disbursements, utilization and accounting of resources shall strictly adhere to all government budgeting, accounting and auditing rules and regulations.

CHAPTER VI. MISCELLANEOUS AND FINAL PROVISIONS

SECTION 10. IMPLEMENTING RULES AND REGULATIONS (IRR)¹². The Municipal Mayor may issue appropriate and relevant rules and regulation, as necessary for the proper implementation of any and all provisions of this Ordinance.

Atty. A. Cabal

(ORDINANCE No. 2022-11 of the Sangguniang Bayan of Hindang, Leyte, RE: "Disaster Risk Reduction and Management in Health (DRRM-H) System Ordinance in the Municipality of Hindang, Leytecontinued)

SECTION 11. REPEALING CLAUSE¹³. All other orders and issuances, as well as pertinent rules and regulations thereof, which are inconsistent with any of the provisions in this Ordinance are hereby repealed or amended accordingly.

SECTION 12. SEPARABILITY CLAUSE¹⁴. If, for any reason, any part or provision of this resolution is held unconstitutional or invalid, indicate in this section that other provisions hereof shall not be affected thereby, and shall continue to be in full force and effect.

SECTION 13. EFFECTIVITY. This ordinance shall take effect immediately upon its review and approval of the Sangguniang Panlalawigan.

ENACTED this 27th day of September, 2022 by this Sanggunian in its regular session held for the purpose at the SB Session Hall, this Municipality, with the following votes:

Yes (9)

No (0)

Abstain (0)



MIKHAEL ANNE GELOD ABOYME
SB Member


JOSE NAPOLEON D. MONTERO
SB Member

(On leave)
LEONIDA A. CAVITE
SB Member


ROMULO D. BASAÑEZ
SB Member


BENEDICTO L. YANOLA
SB Member


SERAIN A. CAVERO
SB Member


SORIANO E. DELALAMON
SB Member


SALVADOR E. BAÑEZ, JR.
SB Member

(ORDINANCE No. 2022-11 of the Sangguniang Bayan of Hindang, Leyte, RE: "Disaster Risk Reduction and Management in Health (DRRM-H) System Ordinance in the Municipality of Hindang, Leytecontinued)



ABSALON A. BARDOS
Ex Officio Member LIGA President



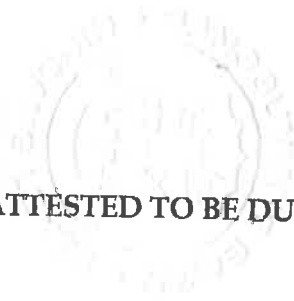
JESSA MONICA C. BUENAFE
Ex- Officio Member-SK Fed President

CERTIFIED CORRECT:



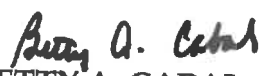
ANNABEL A. MABALE
Secretary to the Sanggunian

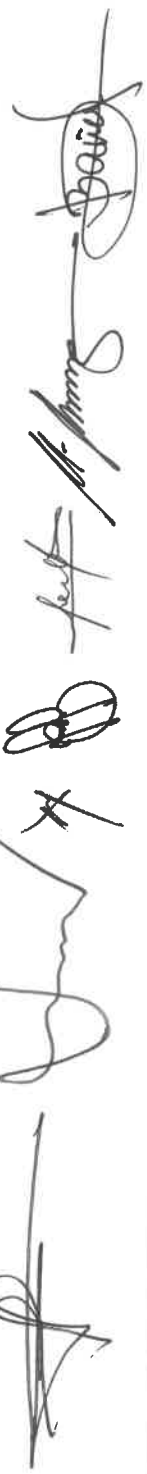
ATTESTED TO BE DULY ADOPTED:



ELPIDIO B. CABAL, JR.
*Municipal Vice Mayor
Presiding Officer*

APPROVED:


BETTY A. CABAL
Municipal Mayor





Republic of the Philippines
Province of Leyte
MUNICIPALITY OF HINDANG

-oOo-

OFFICE OF THE SANGGUNIANG BAYAN

CERTIFICATION

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY *that* ORDINANCE NO. 2022-11 of the Sangguniang Bayan, Hindang, Leyte, RE: *"An Ordinance enacting the institutionalization of a functional Disaster Risk Reduction and Management in Health (DRRM-H) System in the Municipality of Hindang"*, had been correspondingly posted in three (3) conspicuous places of the municipality as prescribed under the Local Government Code of 1991 otherwise known as Republic Act 7160.

GIVEN this 28th day of February, 2023 at Hindang, Leyte, Philippines.


ANNABEL A. MABALE
Secretary to the Sanggunian