

(Draft Ordinance as of November 5, 2015)

WHEREAS, the Philippines as one of the 189 - member state of the United Nations had committed to adopt and implement the Millennium Development Goals (MDG) of the United Nations; a set of eight time-bound goals anchored to eradicate poverty and hunger;

WHEREAS, among the eight Millennium Development Coals are health related goals such as: reduction of child mortality, improving maternal health and combating HIV/AIDS, malaria and other diseases;

WHEREAS, the Philippine Development Plan (PDP) of the present Aquino Administration had anchored its development plans on the 8-Millennium Development Goals of the United Nations;

WHEREAS, consonant with the Millennium Development Goals and the Philippine Development Plan, the local government of General Santos City as a matter of policy has prioritized the delivery of social and health services and programs to its constituents;

WHEREAS, to ensure the continuum of quality, inclusive, responsive, efficient and effective delivery of health services throughout the city, the local government had deemed it necessary to integrate its health centers which are under the supervision of the City Health Office and the city's lying-in centers which are under the City Hospital into a unified Rural Health Units which will be under the administration of the City Health Office.

NOW THEREFORE, on motion of Honorable City Councilor Rosalita T. Nuñez, duly seconded by City Councilors____, be it

RESOLVED as it is hereby resolved to enact

ORDINANCE No. ____
Series of 2015

AN ORDINANCE INTEGRATING THE CITY HEALTH FACILITIES AND RESOURCES, CREATING THE RURAL HEALTH UNITS, PROVIDING FUNDS THEREFORE, AND FOR OTHER PURPOSES.

HON. ROSALITA T. NUNEZ - Author
HON. DOMINADOR S. LAGARE III - Co-Author

Be it enacted by the Sangguniang Panlungsod of General Santos that:

Section 1. **DEFINITION OF TERMS.** For purposes of this ordinance, the following terms are herein operationally defined:

- a) **INTEGRATION** shall refer to the policy and strategy of the city government to ensure that quality, efficient, equitable and responsive health services are delivered in a seamless manner by unifying and maximizing its existing and future field health facilities and resources under the leadership and management of the City Health Office.

- b) **RURAL HEALTH UNIT (RHU)** shall refer to a health facility located in a barangay which may be composed of main health center, lying-in center, barangay health center, or health station, which are owned and operated by the city government and/or assisted by the Department of Health. An RHU is strategically located in a zonal district so that it shall serve the constituents in its catchment areas or barangays where its health center/stations are located. It is staffed by a team of medical, allied health professionals, and administrative support personnel who are hired by the city government, the barangay, or the Department of Health, who shall deliver the continuum of the field health services mandated of the city by the local government code.
- c) **RHU WORKERS** shall refer to the team of health professionals who are engaged in health and health-related work in an RHU and shall include medical, allied health professionals, and administrative support personnel employed regardless of employment status. This shall include regular plantilla employees and job order workers of the city, barangay-paid health personnel, DOH-paid/deployed personnel, and community volunteer health workers.
- d) **ZONAL DISTRICT** shall refer to a clustering of two or more adjoining barangays but less populous or a single barangay but highly-populated, such that access and ease in health service delivery is facilitated. The number barangay in every zonal district shall depend on the total number of population of the clustered or a single barangay, provided each zonal district shall not have a population of less than 20,000. New zonal districts may be made in the future subject to availability of resources
- e) **COMMUNITY VOLUNTEER HEALTH WORKER** shall refer to a person who voluntarily renders primary health care services in the community after having been accredited to function as such by local health board in accordance with the guidelines set by DOH, such as Barangay Health Workers, Community Health Teams, Barangay Nutrition Scholars, and others performing similar functions.

Section 2. **CLUSTERING OF THE 26 BARANGAYS INTO EIGHT ZONAL DISTRICTS BASED ON THE 2015 CITY POPULATION.** To expedite integration and service delivery, the city's 26 barangays are hereby clustered into eight zonal districts as follows:

- a) **Zonal District I** shall be composed of four barangays which are Tinagacan, Batomelong, Katangawan, and Upper Labay, with a total population of 26,593;
- b) **Zonal District II** shall be composed of four barangays which are Lagao, Baluan, Buayan, and Ligaya, with a total population of 77,681;
- c) **Zonal District III** shall be composed of five barangays which are San Isidro, City Heights, Conel, Olympog and Mabuhay, with a total population of 112,809;

- d) Zonal District IV** shall be composed of five Barangays which are Bula, North, East, West, and South, with a total population of 78,901;
- e) Zonal District V** shall be composed of two Barangays which are Apopong and Sinawal, with a total population of 63,789;
- f) Zonal District VI** shall be composed of barangay Labangal, with a total population of 66,006;
- g) Zonal District VII** shall be composed of barangay Calumpang, with a total population of 76,762; and
- h) Zonal District VIII** shall be composed of four barangays which are Fatima, San Jose, Tambler, and Bawing, with a total population of 112,502.

Section 3. **HEALTH FACILITIES INTEGRATION, RENAMING AND CREATING, ZONAL DISTRICTING AND NAMING OF CATCHMENT AREAS.** The existing and future field health facilities of the city government shall be unified as follows:

- a) **Under Zonal District I**, the Tinagacan Health Center and Tinagacan Community Lying-in Center shall be integrated and renamed as Tinagacan Rural Health Unit and Barangays Batomelong, Katangawan, and Upper Labay shall be its catchment areas;
- b) **Under Zonal District II**, the Lagao Main Health Center shall be renamed as Lagao Rural Health Unit, while the Baluan Health Center and Baluan Community Lying-in Center shall be integrated and renamed as Baluan Rural Health Unit. Barangays Buayan and Ligaya shall be Baluan RHU's catchment areas;
- c) **Under Zonal District III**, the San Isidro Health Center shall be renamed as San Isidro Rural Health Unit, while the Conel Health Center and the Conel Community Lying-in Center shall be integrated and renamed as Conel Rural Health Unit. Barangay City Heights shall be San Isidro RHU's catchment area while Barangays Mabuhay and Olympog shall be Conel RHU's catchment areas;
- d) **Under Zonal District IV**, the Bula Main Health Center and the Bula Community Lying-in Center shall be integrated and renamed as Bula Rural Health Unit, while the Poblacion West Main Health Center and the South Community Lying-in Center shall be integrated and renamed as West Rural Health Unit. Barangays North, East and South shall be West RHU's catchment areas;
- e) **Under Zonal District V**, the Apopong Health Center and Apopong Community Lying-in Center shall be integrated and renamed as Apopong Rural Health Unit. Barangay Sinawal shall be its catchment area;
- f) **Under Zonal District VI**, the Labangal Main Health Center shall be renamed as Labangal Rural Health Unit;

- g) **Under Zonal District VII**, the Calumpang Main Health Center shall be renamed as Calumpang Rural Health Unit; and
- h) **Under Zonal District VIII**, the Fatima Health Center and the Fatima Community Lying-in Center shall be integrated and renamed as Fatima Rural Health Unit, while the Tumbler Rural Health Unit is hereby created. Barangay San Jose shall be Fatima RHU's catchment area while Barangay Bawing shall be Tumbler RHU's catchment area.

Section 4. **FIELD HEALTH PERSONNEL-TO-POPULATION RATIO.** Based on DOH guidelines, the city government shall, within three years from the effectivity of this ordinance, endeavor to achieve the following basic field health personnel-to-population ratio based on the 2015 population of 615,335:

- a) target physician to population ratio is 1:20,000, while present ratio is 1:44,000;
- b) target dentist to population ratio is 1:50,000, while present ratio is 1:123,000;
- c) target nurse to population ratio is 1:20,000, while present ratio is 1:27,000;
- d) target midwife to population ratio is 1:5,000, while the present ration is 1:11,000;
- e) target sanitation inspector to population ration is 1:20,000 while the present ratio is 1:61,500;
- f) target medical technologist to population ratio is 1:20,000, while the present ratio is 1:68,000
- g) target nutritionist/dietician to population ratio is 1:20,000, while the present ratio is 1:77,000;
- h) target barangay health worker to household (HH) ratio is 1:20, while the present ratio is 1:318

Section 5. **FUNCTIONS AND SERVICES OF RHU.** Under the management and supervision of the City Health Office, every RHU shall deliver the following services in the barangay where it is located as well as to its catchment areas or barangays:

- a) maternal, neonatal, child health and nutrition (MNCHN);
- b) lying-in services (antenatal, delivery, post-partum care, and essential intra-partum and newborn care package-EINC);
- c) non-communicable/healthy lifestyle and communicable disease prevention, diagnosis and treatment, except HIV/AIDS;
- d) diagnostic examination (complete blood count, urine and stool examinations, sputum microscopy, fasting blood sugar, chest x-ray, ultrasound, among others);
- e) consultation;
- f) counseling (lifestyle modification, smoking cessation, among others);
- g) dental health;

- h) minor surgical treatment;
- i) PHIC beneficiary profiling and provision of primary care benefit packages;
- j) male reproductive health;
- k) adolescent reproductive health;
- l) pre-marriage counseling (to include updated information on social health insurance coverage by PHIC and how to avail of such from the RHU);
- m) prevention and detection of vector-borne diseases;
- n) environmental sanitation;
- o) health education, promotion, and advocacy;
- p) health outreach;
- q) regulatory functions such as issuance of health certificate, sanitary permit to operate, occupancy permit and medico-legal services when appropriate; and
- r) facility administration services such as referral and ambulance services; resources management, accreditation, and licensing; health information management and reporting; and plans, programs, projects, and activities, planning, monitoring and evaluation; among others.

Section 6. **REFERRAL HOSPITAL OF RHU.** The General Santos City Hospital shall be the referral hospital of an RHU. As evaluated by the RHU physician, a patient which needs appropriate hospital care shall be referred to the GSC Hospital/other referral facilities accredited by PHIC following the standard referral process.

Section 7. **COMPOSITION OF RHU.** As one of the requirements for health facility licensing by DOH and PHIC accreditation, every RHU shall have the positions of: physician as the rural health unit head, dentist, dental aide, medical technologist, sanitation inspector, nurse, midwife, nutritionist/dietician/barangay health aide, administrative aide as driver, and pharmacy assistant, and nursing attendant and administrative aide as utility worker, for birthing facility.

The number of midwife, nursing attendant and administrative aides, as utility worker driver, may vary depending on the number of birthing facility and/or health center an RHU may have, provided, a birthing facility must have one midwife per eight-hour shift for 24-hours, 7-days a week service, and as reliever. The rural health physician shall be on call even after office hours. Further, the dentist, dental aide, medical technologist, sanitation inspector, and nutritionist/dietician/barangay health aide shall serve more than one RHU/catchment in areas where the population is less than the ideal position-to-population ratio.

Section 8. **LICENSING AND ACCREDITATION AND CREATION OF ADDITIONAL RHU's.** The city government through the initiative of the City Health Office shall provide funds and work out for the licensing of existing and upcoming health facilities by Department of Health as well as the accreditation of its service package by the PHIC.

Section 9. **ACCOUNTING AND DISBURSEMENT OF THE PHIC REIMBURSEMENT AND OTHER TRUST FUNDS.** The PHIC reimbursement for services rendered by every RHU, as well as other funds for the respective RHUs' accounts, shall be accounted and disbursed according to prescribed

accounting and auditing rules and regulations and the following general rules:

- a) all PHIC reimbursements and other trust funds received by the city treasurer for the account of the RHU shall be kept in trust, allocated, and disbursed in accordance with PHIC guidelines;
- b) the city accountant shall keep and maintain separate subsidiary ledgers for every RHU under the trust fund;
- c) the city health officer and the RHU head shall ensure that the work and financial plan for all PHIC reimbursements shall be based on the approved annual investment plan of the department, which may include maintenance and other operating expenses and capital outlay expenses of the concerned RHU, except personal services;
- d) every RHU head shall prepare its RHU's work and financial plan, which shall be recommended by the city health officer, reviewed by the city accountant and approved by the city mayor;
- e) The city health officer and the RHU head, during the preparation and review of work and financial plans for the PHIC reimbursement, shall ensure that all RHU workers who have worked for the delivered services to its patients and subsequently reimbursed or paid by PHIC, as well as the social marketing incentives as prescribed herein, are allocated and given incentives according to PHIC guidelines and this ordinance; and
- f) The city mayor may issue supplementary guidelines to facilitate disbursement of PHIC reimbursement and other receipts by the RHU.

Section 10. **ACCOUNTING FOR PROPERTY AND SUPPLY RECEIVED FROM THE DEPARTMENT OF HEALTH AND OTHER INSTITUTIONS FOR THE CITY HEALTH OFFICE.** Drugs, medicines, supplies, and equipment from the Department of health and other institutions shall be properly received, recorded, and distributed in accordance with government accounting and supply and property management system. Therefore, every RHU head shall ensure that distribution of drugs, medicines and other medical supplies are documented with names, addresses and signatures of recipients prepared and submitted to the City Health Office - Supply Section before subsequent issuance shall made to the RHU.

Section 11. **SOCIAL MARKETING INCENTIVES BY THE RHU.** The following social marketing incentives are hereby prescribed to motivate the barangay officials and barangay health workers to encourage pregnant women to avail of the services of an RHU with a lying-in facility, which are reimbursed by PHIC:

- a) the amount of two hundred pesos (₱ 200.00) shall be paid to every accredited barangay health worker, for every pregnant woman referred to him/her to the RHU and availed of the essential antenatal care services thereat, to be taken from the 60 percent facility fee of the antenatal care package (ACP) reimbursed by PHIC;
- b) the amount of five hundred pesos (₱ 500.00) shall be paid to every accredited barangay health worker, for every pregnant woman referred by him/her to the RHU and availed of the MCP or NSD package thereat, to be taken from the 60 percent facility fee of the MCP or NSD package reimbursed by PHIC;

- c) the amount of five hundred pesos (₱ 500.00) shall be paid to the barangay where the RHU with a lying-in is located, for every delivery thereat to be taken from the 60 percent facility fee of the MCP or NSD package reimbursed by PHIC;
- d) the amount equivalent to five percent (5%) of the sixty percent (60%) facility fee of the MCP or NSD shall be paid equally to the barangays under the zonal district where the RHU with lying-in is located, provided the said barangays have allocated in their respective annual budget funds for maternal, neonatal, child health and nutrition (MNCHN) programs;

Section 12. **FUNDING AND MANAGEMENT OF RHU.** The RHU shall derive its funding from the PHIC reimbursement and from the general fund under the administration and management of the City Field Health Services Department thru the respective rural health physicians as the RHU heads.

Section 13. **PROVISION OF FUNDS.** The local health board shall approve the proposed department budget for review by the local finance committee and for the approval by the city council that will provide the funds for the implementation of this ordinance and the full operationalization of the RHUs within three years after the effectivity of this ordinance so that the effective health personnel-to-population ratio and health facility supplies and equipment will be achieved.

Section 14. **TRANSITORY PROVISIONS.** The following transitory provisions are hereby set:

- a) within 15 days from the effectivity of this ordinance, the city treasurer shall cause the transfer to the city's coffers the 70% of the collections by the seven lying-in center-host barangays from its operations before the integration, which will be accounted and disbursed based on this ordinance. The 30% shall be retained by the respective seven lying-in center host barangays, which shall accrue to the general fund for appropriation by their respective barangay councils.
- b) pending the organization of the City Health Office, which will align its organizational structure with the provisions and intent of this ordinance, the local chief executive may issue executive orders and memoranda to effect the geographical assignment and/or reassignment of the personnel of the department and the community lying-in centers who will initially compose RHUs created under this ordinance.

Section 15. **REPEALING CLAUSE.** This ordinance repeals Ordinance No. 35, series of 2002; Ordinance No. 27, series of 2003; Ordinance No. 7, series of 2004; and Ordinance No. 10, series of 2013 as well as executive orders, memoranda, rules and regulations inconsistent with this ordinance are hereby repealed.

Section 16. **SEPARABILITY CLAUSE.** If for any reason or reasons, any part or provision of this ordinance shall be held unconstitutional or invalid, other parts or provisions hereof which are not affected thereby shall continue to be in full force and effect.

Section 17. **EFFECTIVITY CLAUSE.** This ordinance shall take effect fifteen (15) days after its complete publication in any newspaper of general circulation within General Santos City.

Prepared by:

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Reviewed by:

Approved by:

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HON. ROSALINDA T. NUÑEZ
City Councilor & Chairperson, Comm. on