



Republic of the Philippines
Province of Pangasinan
Municipality of Mangaldan



**Mangaldan Disaster Risk Reduction and Management in Health Plan
(DRRM-H)
2022-2025**


MESSAGE FROM THE LOCAL CHIEF EXECUTIVE

The process of developing and implementing our Municipal Disaster Risk Reduction and Management – Health Plan 2021 – 2026 for the Municipality of Mangaldan, Pangasinan is an important blueprint in our efforts to respond to emergencies quickly and effectively to protect children and families and to ensure our preparedness to hazards and potential risks to our health that may come our ways during disasters and calamities.

Disaster events and pandemics that have happened and that have been experienced by the townspeople of Mangaldan brought valuable lessons which heightened and strengthened the concern to prepare to implement mitigation measures, respond to, and recover / reconstruct from disaster down to the household level.

The purpose of the plan is to lessen the adverse effects of disasters and their consequent impacts to the health of our people and properties and to protect our development gains from the threats posed by human induced and natural calamities. We cannot leave to chance the welfare and safety of our constituents as it is the basic responsibility of the local government unit.

Let us continue working for a prepared and disaster resilient populace and safe Mangaldan.


BONAFIDE DEVERA – PARAYNO
Municipal Mayor

POLICY STATEMENT

It is the policy of the State that it is the responsibility of all government units, regional, provincial, city, municipal, barangay and hospital to come up with a Disaster Risk Reduction Management on Health Plan that will be implemented to ensure the resiliency of the healthcare system at all times especially during emergencies in all of these government levels.

Presidential Decree No. 1566, also known as Strengthening the Philippine Disaster Control Capability and Establishing the National Program on Community Disaster Preparedness, crafted on June 11, 1987 by President Ferdinand Marcos

The policy of the state that stated the responsibility to promote coordination of all government agencies, departments and units to utilize and optimize all available resources during emergencies and disasters.

Republic Act No. 10121 (Philippine Disaster Risk Reduction and Management Act of 2010)

This is an act created and passed in the congress mandating the national system on disaster risk reduction and management to fortify its operational framework and to systematically operate its fund to serve the purposes of the plan.

This act was crafted to further strengthen the ***Philippine Disaster Risk Reduction and Management System***. It was stated in Section 4. Scope; that this Act shall make the system more enhanced and strengthened by developing policies, plans, and programs and implementing actions and measures that will aim to reduce and manage disasters and risk in the community. Core strategies that must be further developed include: good governance, risk assessment and early warning, knowledge building and awareness raising, reducing underlying risk factors, and preparedness for effective response.

National Disaster Risk Reduction and Management Plan (NDRRMP 2011-2028)

The National Disaster Risk Reduction and Management Plan is a design formulated and implemented by the Office of Civil Defense to answer the Philippine Disaster Risk Reduction and Management Act of 2010 requirement for the need to provide legal basis for policies, plans and programs of the nation on disasters.

TABLE OF CONTENTS

Title Page		Page
Message of the Local Chief Executive	.....	i
Policy Statement	.....	ii
Table of Contents	.....	iii
Executive Summary	.....	1
DRRM – H Component	.....	3
I. Background	.....	5
A. History	.....	5
B. Geologic Description	.....	6
Figure I. Mangaldan Location Map	.....	6
C. Territorial Jurisdiction	.....	7
Figure II. Bordening Cities and Municipalities of Mangaldan.....	.....	7
D. Geology	.....	7
Figure III. Mangaldan Soil Types .....	.....	8
Figure IV. Water Supply Sources		
Figure V. Existing Fishery Grounds and Aquaculture Production		
E. Demographic Profile	.....	16
F. Health	.....	22
G. Socio – economic Profile	.....	40
H. Education	.....	41
II. DRRM – H Plan, Description, Content and Scope .....	.....	48
III. Key Concept in DRRM – H .....	.....	55
Figure IV. DRRM – H Conceptual Framework.....	.....	55
IV. DRRM – H Planning Committee .....	.....	56
Figure V. Organizational Structure of the DRRM – H Planning Committee.....	.....	56
Figure VI. Health and Emergency Response Team Composition.....	.....	57
V. Health Emergency Preparedness Plan .....	.....	61
VI. Health Emergency Response Plan .....	.....	64
VII. Health Emergency Recovery and Reconstruction Plan .....	.....	67
VIII. Water Sanitation and Hygiene (WASH) in Emergency Plan LGU-MANGALDAN.....	.....	69
Figure VII. DRRM -H Management Structure		
Tables	Description	
I.	Water Supply Sources	10
II.	No. of Connections by Types of Consumer and Average Water Consumption	11
III.	Existing Fishery Grounds and Aquaculture Production	14
IV.	Historical Growth Rate of Mangaldan	16
V.	School Going Age Population	17
VI.	PSA Census – Mangaldan by Baseyear	17
VII.	Population Density	18
VIII.	Household Distributions	19
IX.	Urban – Rural Distribution	20
X.	Age – Sex Distribution	21
XI.	Distribution of Population per Barangay	22
XII.	Human Resources for Health in the Municipality of Mangaldan vs WHO Standards.	24
XIII.	Vital Health Indices	25
XIV.	Nutritional Status of Preschoolers	26
XV.	Malnourished Children CY 2019	26
XVI.	Operation Timbang Plus 2022 (STUNTING AND SEVERE STUNTING).....	28

XVII.	Operation Timbang Plus 2022 (MODERATE AND SEVERE WASTING).....	29
XVIII.	General Health Situations for the last Five (5), 2015-2019	30
XIX.	Top Leading Causes of Mortality CY 2015-2019	30
XX.	Top 10 Morbidity and Mortality in 2021	31
XXI.	Leading Causes of Neonatal Mortality CY 2015-2019.....	31
XXII.	Leading Causes of Infant Mortality 2015-2019	32
XXIII.	Epidemic Occurrence for the last Five (5) Years, 2015-2019	32
XXIV.	Environmental Health Services Excreta Disposal Facilities 2014-2020	32
XXV.	Environmental Health Services Excreta Disposal CY 2020	33
XXVI.	Environmental Health Services Water Supply Sources Facilities 2015-2020	34
XXVII.	Environmental Health Services Water Supply Sources Facilities CY 2020	34
XXVIII.	No. of Households with Satisfactory Garbage Disposal 2019	35
XXIX.	Municipal Health Office Program Accomplishments	36
XXX.	Dental Services 2020	38
XXXI.	Statistical Data on COVID-19 in Mangaldan CY 2020	39
XXXII.	Financial Assistance 2016-2020	40
XXXIII.	Elderly Welfare Program	41
XXXIV.	Literacy Rate by Sex (CBMS 2016)	41
XXXV.	School Age Population and Participation Rate, by Level	41
XXXVI.	Enrolment Data SY 2020-2021 (Male – Female Proportion)	42
XXXVII.	School Data 2020-2021	44
XXXVIII.	Employment by sex, by Barangay (CBMS 2016)	44
XXXIX.	Unemployment by sex (CBMS 2016)	45
XL.	Number of Overseas Filipino Worker (OFW)- CBMS 2016	45
XLI.	Current and Future Police Force Requirements CY 2016-2020	45
XLII.	Projection and Existing Police- Population Ratio	45
XLIII.	Comparative Crimes Statistics CY 2018-2020	45
XLIV.	Fire Prevention Activities 2016-2019	46
XLV.	Fire Incidents Responded CY 2017-2020	46
XLVI.	Fire Incidence by Barangay, CY 2020	46
XLVII.	Mangaldan DRRM-H Action Plan 2021	48
XLVIII.	Hazards Affecting or May Affect the Municipality	61
XLIX.	Most Common Disaster Observed in the Municipality	62
L.	Risk Assessment Profiling	63
LI.	Health Conditions and Response Services Required	65
LII.	Health Emergency Response Cluster Categories	66
LIII.	Hazard Identification and Prioritization.....	70
LIV.	Vulnerability Assessment.....	71
LV.	Risk Assessment.....	72
LVI.	Prevention and Mitigation Plan.....	73
LVII.	Preparedness Plan.....	74
LVIII.	Response Plan.....	75
LIX.	Recovery and Rehabilitation Plan.....	76
	Appendices	77
A.	Monitoring Core Competencies for Resilient Health System	77
B.	Institutionalization of Mangaldan DRRM-H System	80
C.	Creation of the Municipal Incident Command Center	86
D.	Documentations	94

EXECUTIVE SUMMARY

INTRODUCTION

Community health is continuously threatened worldwide. Over the past decades, emergencies and disasters significantly affect the entirety of a community causing vast disruptions and reductions in healthcare system. Typhoons, floods, fires, tsunamis and all other forms of disasters come and threaten the stronghold of the municipality. Just in the first half of the year 2020, there were numerous numbers of calamities the Philippines had faced; among which were typhoons, Taal Volcano Eruption, African Swine Flu Scare, the deadly COVID-19 Pandemic and more. These adverse events affected the lives of a lot of Filipinos and not excluding the people of Mangaldan.

In the Municipality of Mangaldan, African Swine Flu took the economic living of many swine growers. They had to trade their pigs to cheaper cost to avoid affecting more and nearby pigs. The COVID-19 crisis that scares the entire world up to present has shaken not only the physical health of people but also their emotional and mental well-being and their economic statues as well. Healthcare system was injured dramatically by the high numbers of morbidity and mortality attributed to this pandemic; what's more depressing were the numbers of healthcare workers who also got affected.

However, though there were numerous unpleasant events, we Mangaldanians have faced and have managed these things because of well-conceived and well-managed plans by all stakeholders. With the endeavoring support of our beloved municipal Mayor Bona Fe De Vera- Parayno, all the members of the Sangguniang Bayan and the unceasing helps of all other municipal offices we remain steadfast in all the challenges we face.

RATIONALE

Yearly, there are paucity of evidences on the safety and efficacy of individual and community-level strategies to improve disaster risk reduction and management program and its relation to health. Micro and macro plans are created to play integral role in respond to all the emerging disasters in our community. These emergency and contingency plans are ways for us to manage these unwarranted situations. A course of action must not be done when emergencies are already happening; effective responds must be undertaken even before a significant future incident happen.

Destructive events should not be the reasons for us to be shaken. Rather they must stand as means for us to stay stronger.

DRRM-H: Vision, Goals, Objectives and Expected Outcomes

VISION: *To provide the highest possible standard of health and well-being for all people at risk of emergencies and stronger community and country resilience, health security, universal health coverage and sustainable development.*

EXPECTED OUTCOME: *Communities will have stronger capacities and systems across health and other sectors resulting in the reduction of the health risks and consequences associated with all types of emergencies and disasters.*

GOAL: To reduce numbers of casualties during emergencies and disasters by enhancing the health system and delivery in the municipality

OBJECTIVES

General Objective/s

The main objective of this output is to create an operational framework that will guide and define the functionality of healthcare system and services in the Municipality of Mangaldan In times of emergencies and disasters

Specific Objective/s

- a. Strengthen the municipality's disaster risk reduction and management plan on health by showcasing the preparedness of the municipality to mitigate the impacts of emergencies and disasters
- b. Provide equitable access to all healthcare services especially in times of emergencies and disasters
- c. Strengthen the capability of the Operational Center (OpCen) and the DRRM-H team
- d. Coordinate and communicate efficiently and effectively with other agencies, departments and units of the government
- e. Protect and restore the manpower of Mangaldan, who act as the essential caretaker of the community's economy
- f. Ensure the safety of all the townspeople of Mangaldan at all times

**DISASTER RISK REDUCTION AND MANAGEMENT PLAN FOR HEALTH
(DRMMO-H) COMPONENT**

A. Health Preparedness Plan (Proposed Capacity Development Activities)

No.	Capacity Development Activities	Proposed Budget for 2022-2023
1	Capability training of DRRM-H members and staffs.	Php 110,000.00
2	Conduct of training on disaster preparedness. response and rescue (BLS< First Aid) to barangay levels. 150 participants per day.	Php 50,000.00
3	Conduct simulation exercises in different hazards including incident command system.	Php 55,000.00
4	Formation, training, accreditation of Rescue Personnel, EMS personnel and Volunteers.	Php 110,000.00
5	Stockpiling of foods, non-food and medical supplies.	Php 275,000.00
6	Monitoring and evaluation review of contingency plans, information and database generation.	Php 22,500.00
7	Purchase of communication equipment for emergency medical system.	Php 220,000.00
8	Purchase of communication equipment	Php 110,000.00
9	Weather monitoring	Php 55,000.00
10	Training on wash Emergencies	Php 22,500.00
11	Purchase of safety equipment (VS Kits, wheelchairs, spine boards, and stretchers)	Php 110,000.00
12	Purchase of medicines during natural emergencies.	Php 22,500.00
13	Conduct of emergency drills. (Earthquake drill)	Php 33,000.00
TOTAL		Php 1,195,500.00

B. Health Emergency Response Plan.

- a. Management Structure for the Response
- b. Roles and Responsibilities during Response of the following:
 - Local Chief Executive
 - Municipal Health Officer
 - DRMM-H Focal Person
 - HEMS Coordinator
 - Nutrition Cluster
 - Surveillance Cluster
 - MHPSS Cluster
 - WASH cluster

- Medical Service Cluster
- Data Management and Records/Documentation Cluster
- Management of the Dead and Missing
- Safety and Security Officer
- Public Information Officer
- Liaison Officer
- Logistics
- Planning Officer
- Administration and Finance

C. Core Response Activities (SOP are outlined in Annex B)

D. Health Emergency Reconstruction and Recovery Plan (SOP are outlined in Annex C)

- a. Damage Assessment/Needs Analysis
- b. Psychosocial interventions for direct, indirect and hidden victims
- c. Repair of Damage facilities and lifeline
- d. Post incident evaluation
- e. Documentation of lessons learned
- f. Review and Update of DRRM-H
- g. Inventory, Return, and replenishment of utilized health resources
- h. Awarding and recognition rite for the major players of responders
- i. Continuing surveillance

E. Monitoring, Evaluation and Updating of DRRM-H

PLANNING COMMITTEE

- **Municipal Mayor** **Bona Fe DV. Parayno**
- **Municipal Health Officer/HEMS Manager**.....**Larry B. Sarito, MD,DPCOM**
- **DRRM-H Focal Person** **Larry B. Sarito, MD**
- **Assistant HEMS Manager** **Virgilio Mazano Jr., MD**
- **MDRRM Officers** **Rodolfo G. Corla**
- **MPDO** **Milagros Juguilon**
- **MLGOO** **Marly Laguipo**
- **MBO** **Julieta C. Petonio**
- **MSDWO** **Rowena C. De Guzman**

I. BACKGROUND

A. HISTORY

a. Etymology

The name of the Municipality Mangaldan has long and a lot of versions. There are four (4) versions as to how it got its name. The first version says, one day a Spanish missionary inquired from one inhabitant about the name of the place in the Spanish language. Thinking that the missionary was asking for water, the inhabitant replied “MANGA – ALAY – ADAN”, which means “Adan is fetching”. The second version states that Mangaldan got its name from the first native chief of the town named “BABALDAN”. The third version says that just at the middle of the plaza was a big mango tree laden with fruits. It was customary that anyone of the town’s inhabitants was free to gather the fruits but it resulted quarrelling among themselves. The meaning of the quarrel in the dialect is “MAN-NGA-NGAL-NGALAN”. Of these versions, any one of them seems to justify the legendary origin of the name and therefore, “MANGA-ALAY-ADAN”, “BABALDAN” and “MAN-NGA-NGAL-NGALAN” when stated in plain word gave rise to “MANGALDAN”. The fourth version of how Mangaldan got its name is attributed to Fr. Raymundo Suarez, OP. in his more than a century year old manuscript “Apuntes Cureosos de Pangasinan”, it was stated that “MANAGALDAN” was derived from the root word “ALAR” or “ALAD” which is interposed between the particles “MANG” and “AN” In the Pangasinan dialect, “ALAR” or “ALAD” signifies a fence made of bamboo or of any similar material. However, the word is syncopated by suppressing the penultimate “A” and what remains alone is “MANGALDAN”

b. Creation of the Municipality

The Municipality of Mangaldan was among the very first communities ever established in the Province of Pangasinan back in the times of the colonizing Spaniards. To be exact, it’s the third municipality founded by the Dominican Missionaries back in the year 1591. Tracing back the history, this municipality was once the richest in the entire Province of Pangasinan because of the hand-in-hand efforts of its people. Mangaldan was formerly a cattle ranch. It gradually became populated by emigrants who divided the ranch among themselves. It was an encomienda in 1591. Its early settlers were noted for their looms, salakots and campilans.

Mangaldan displays a characteristic morphology of a typical town which the Spaniards established out of their mission fields or oversized villages which included a central plaza. On one side of the plaza stood the Catholic Church and on another the municipal hall. A few large residences owned by wealthy families, a market place, rectangular residential blocks where the native principalia and other landowners resided made up the urban area called Poblacion. Encircling this Zone which consisted of dispersed houses belonging to the landless tenants constituted the rural hinterland. The rural dwellers were advised by Spanish law to reside near the church due to the importance of the church in the lives of the people.

c. Functional Role and Glimpse of the Future

Mangaldan’s strategic location being at the crossroads of the major transportation routes going to the major urban centers makes it a growing commercial/industrial town. In the Regional Physical Framework Plan 1989-1993 of the National Economic & Development Authority, Region I, Mangaldan is identified as one of the sub-growth centers in the Region, a satellite of Dagupan City.

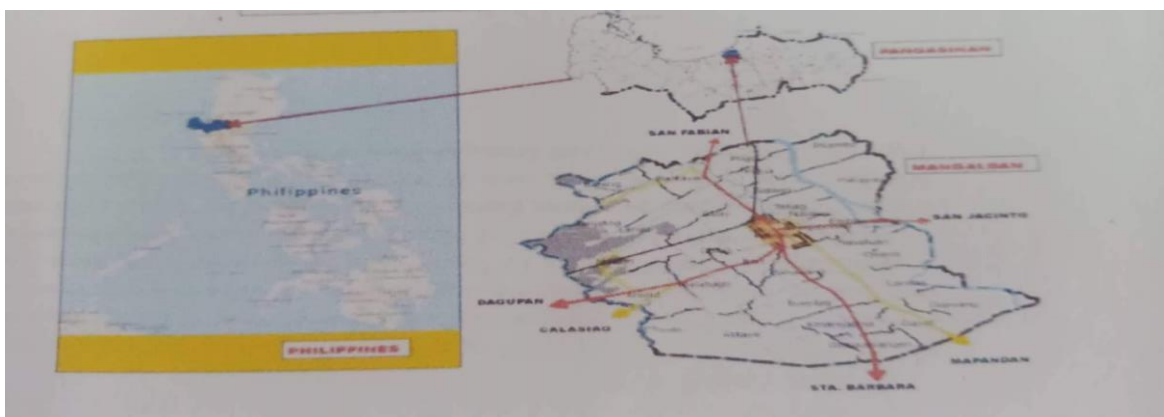
As envisioned, Mangaldan will play a supportive role to Dagupan City which is a major urban center and to the town of Manaoag, which is dubbed as the “Pilgrimage City of the North”. Mangaldanians are united in their vision that *“MANGALDAN, is a smart, environment and tourist-friendly, economically-stable, safe and progressive municipality, with God-loving, healthy and gender-sensitive people, guided by leaders with principles of good governance.”*



B. GEOLOGIC DESCRIPTION

The municipality of Mangaldan is situated on a plain terrain on the northern part of eastern Pangasinan, more or less eighteen (18) kilometers inland from the historical Lingayen Gulf. The map of the Philippines determined its geological location somewhere at latitude 16o 01' 39" to 16o 06' 19" North and at longitude 12o 21' 35" to 12o 26' 48" East.

Figure I. Mangaldan Location Map



C. TERRITORIAL JURISDICTION

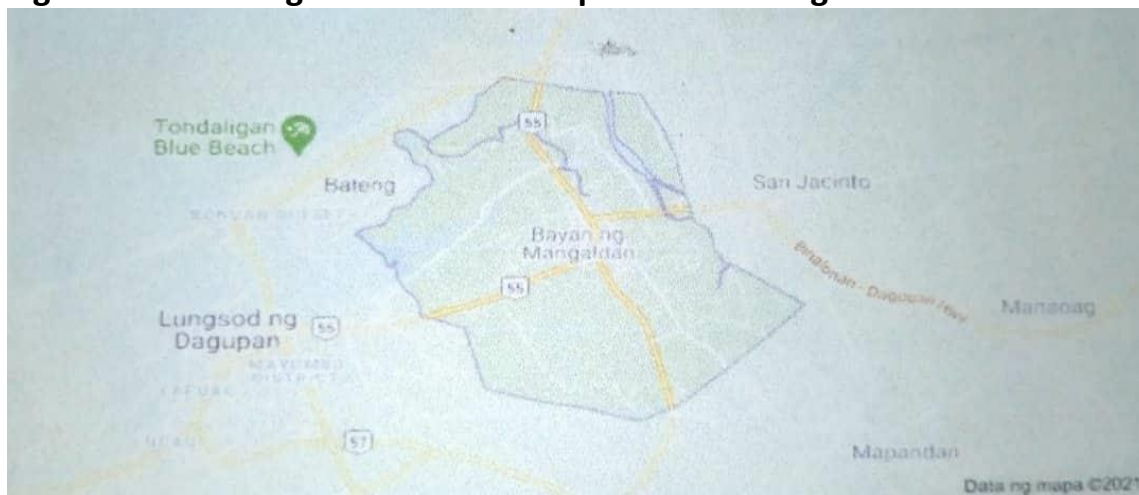
Mangaldan is bounded by the following municipalities:

North – Lingayen Gulf
Northeast – San Fabian
East – San Jacinto
West – Dagupan City

South – Sta. Barbara
Southeast - Mapandan
Southwest – Calasiao

Mangaldan is a part of the vast agricultural basin found in the central – eastern portion of the province of Pangasinan. It forms part of the major urban areas within the Lingayen Gulf which is known as the Mangaldan – Dagupan – Binmaley – Lingayen Corridor. It is 64 kilometers away from the regional center of San Fernando, La Union, eight (8) kilometers away from Dagupan City, 10 kilometers from the religious town of Manaoag, 18 kilometers from the provincial capital of Lingayen, 74 kilometers away from Baguio City, via Kennon Road and 196 kilometers away from Manila. It is accessible and could easily be reached by the regular means of land transportation.

Figure II. Bordering Cities and Municipalities of Mangaldan

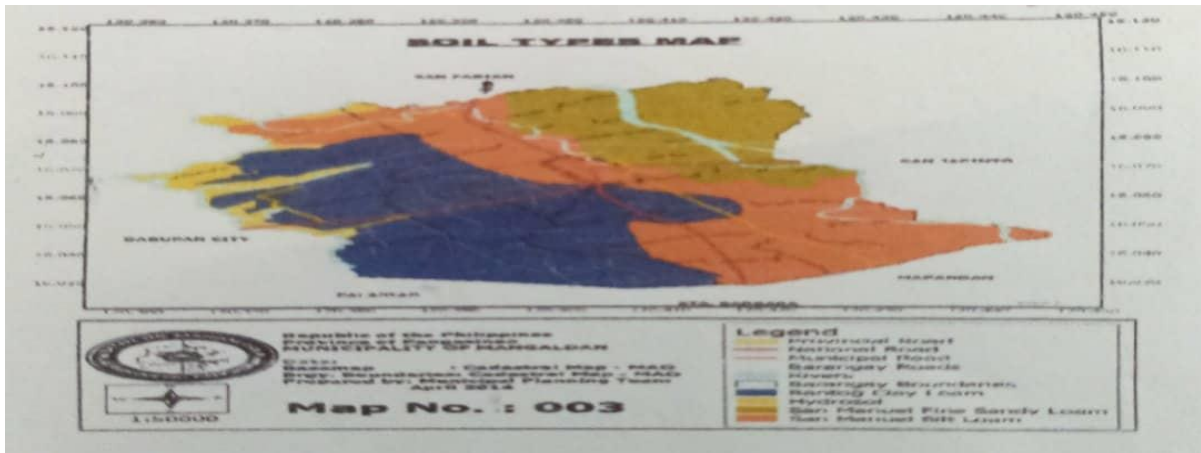


D.GEOLOGY

a) Land Classification

In terms of Land Capability, the municipality has three (3) types namely: Class A, very good lands, approximately 2,389.70 hectares; located mostly in Southeastern barangays; Class B, estimated at 1,892.124 hectares; and Class X level lands, wet most of the time and cannot be economically drained and are suited for fishponds. Soils belonging to San Manuel series belong to Class A, soils belonging to Bantog Clay loam belong to Class B, and hydrosol series belong to Class X. Generally, these classes of lands are not susceptible to erosion and cover an estimated area of 477.776 hectares such as in Barangays Talogtog, Anolid, Bateng, Bantayan, Lanas and Maasin.

Figure III. Mangaldan Soil Types



b) Land Resources (Existing Land Use and Land Use Trends)

Mangaldan is primarily an agricultural municipality with 3,378.50 hectares or 69.69% of the total land area being devoted to agricultural uses. Despite the dominance of agricultural use, an urbanizing trend is noted which can be accounted by the following factors: 1) Mangaldan is absorbing portions of the commercial and industrial requirements of Dagupan City and part of the Calasiao Mangaldan – Dagupan (CAMADA) or Metro – Dagupan plan; and 2) adjacent towns of San Jacinto, Mapandan and San Fabian are dependent on Mangaldan for their commercial activities.

The various land uses can be described as follows:

➤ **Agricultural**

The agricultural lands in the municipality cover an approximate are of with 3,378.50 hectares or 69.69% of the total land area of the municipality. The agricultural activities include: a) rice and corn farming, b) poultry/ piggery/ livestock raising, and root crops/ vegetable farming. Bigger farmlands are found at the southwestern portions of the town especially in barangay Alitaya, Buenlag and Malabago. In the eastern part, due to the presence of traversing roads, the once wide and contagious farmlands are reduced into smaller segments particularly in barangays Gueguesangen, Landas, Osiem, Navaluan, Nibaliw, Palua, Salaan and Tebag.

➤ **Residential Uses**

Residential areas are intermingled with agricultural areas and built along major thorough fares. The residential neighborhoods are characterized by residential uses together with accessory and secondary uses such as sari-sari stores, home industries and the line. This use occupies an aggregate of 836.39 hectares or 17.25% of the total municipal area.

High density neighbourhoods are located along the national road going to Dagupan City in barangays Bari, Malabago and Anolid. Other high-density neighborhoods are found in Maasin; that portion of Salay and Bantayan along the road leading to San Fabian; that portion

of Guiguilonen and Embarcadero along the road leading to San Jacinto and along the minor roads; and those portions in Buenlag and Gueguesangen along the road leading to Sta. Barbara and that portion of Gueguesangen along the road leading to Mapandan.

The rest of the residential neighborhoods could be considered as medium to low density characterized by intermittence with agricultural uses.

- No. of Housing Units Occupied (No Data on Housing Units)
- List of Existing / Proposed Housing Projects (No Data on Proposed/Existing Housing Projects)
- Number of Households with Access to potable water sources (2020), by barangay

Table I. Water supply Sources

STATISTICS ON ENVIRONMENT HEALTH SERVICE WATER SUPPLY SOURCES FACILITIES CY 2020									
BARANGAY	Population	Household	SAFE WATER SOURCES			UNSAFE WATER SOURCES		Shallow/Private	No. Of HH. w/ Access Safe Water
			Public Deep Well	Private Deep Well	MAWAD	Total No. of HH. w/ Access to Safe Water	Percentage (%) of HH. w/ Access to Safe Water		
Alitaya	4610	1016	40	47	360	968	95.28%	30	
Amansabina	2747	606	24	33	381	581	95.87	25	
Anolid	7785	1716	30	25	911	1649	96.1	31	
Banaoang	5546	1223	31	30	802	1182	96.65	22	
Bantayan	3825	843	50	30	419	807	95.73	6	
Bari	6364	1403	25	58	850	1348	96.08	31	
Bateng	2859	630	41	61	204	608	96.5	5	
Buenlag	3988	879	22	42	582	837	95.22	26	
David	4622	1019	31	86	524	981	96.27	34	
Embarcadero	3181	701	21	34	301	672	95.86	25	
Gueguesangaen	2686	592	20	42	400	560	94.6	22	
Guesang	4143	913	28	52	304	871	95.4	32	
Guiguilonen	3101	684	21	30	543	655	95.76	29	
Guilig	3676	810	22	31	464	771	95.19	27	
Inlambo	1762	388	31	62	42	377	97.16	12	
Lanas	1459	763	36	45	284	728	95.41	9	
Landas	2130	470	22	27	300	452	96.17	18	
Maasin	4067	897	56	69	454	855	95.32	7	
Macayug	2617	577	24	82	190	554	96.01	15	
Malabago	5365	1183	26	35	714	1124	95.01	23	
Navaluan	3873	854	23	36	422	824	96.48	19	
Nibaliw	3270	721	21	32	257	700	97.08	20	
Osiem	3619	798	27	40	412	770	96.49	21	
Palua	2120	467	33	46	151	455	97.43	5	
Poblacion	4885	1077	14	58	1077	1077	100	16	
Pogo	1717	379	23	51	131	368	97.09	6	
Salaan	2736	603	22	99	306	587	97.35	10	
Salay	5613	1237	38	52	641	1193	96.44	18	
Talogtog	2982	657	40	54	278	636	96.8	7	
Tebag	2618	577	20	29	285	555	96.19	20	
TOTAL:	111,966	24,683	862	1,468	13,019	23,745	96.20%	571	

Source: MHO-RHU 1

Table II. No. of Connection by Type of Consumer and Average water Consumption by Barangay (December 2020)

BARANGAY	NO.OF CONNECTION	TYPE	OF	CONSUMER			AVE. WATER CON./ MON. IN CU. M.
		RESID'L	COMM'L	COMM'L A	PUB. SCH'L	GOV.	
ALITAYA	353	352	1	-			5,992.75
AMANSABINA	379	374	2	2	1		8,639.50
ANOLID	950	920	27	3	-		19,239.50
BANAOANG	811	788	18	5	-		18,066.17
BANTAYAN	430	416	7	2	4		8,554.92
BARI	901	844	51	5	1	1	21,304.17
BATENG	206	206	-	-	-		3,000.42
BUENLAG	569	560	7	1	1		11,903.42
DAVID	526	521	1	1	3		10,151.25
EMBARCADERO	303	296	2	4	1		7,874.92
GUEGUESANGEN	406	403	1	1	1		7,086.00
GUESANG	300	299	-	-	1		4,784.33
GUIGUILONEN	567	542	18	6	-	1	13,037.75
GUILIG	479	456	14	3	5	1	12,824.17
INLAMBO	39	38	-	-	1		630.25
LANAS	281	275	1	4	1		5,829.33
LANDAS	302	296	4	2	-		6,031.92
MAASIN	442	438	3	-	1		7,716.75
MACAYUG	178	175	1	1	1		3,772.00
MALABAGO	712	701	9	1	1		14,835.08
NAVALUAN	421	416	3	1	1		9,043.25
NIBALIW	255	253	1	1	-		4,958.33
OSIEM	410	407	1	1	1		7,340.75
PALUA	149	149	-	-	-		2,488.17
POBLACION	1715	1256	412	25	7	15	43,661.83
POGO	132	130	-	1	1		2,379.50
SALAAN	302	300	-	1	1		5,361.42
SALAY	658	636	20	1	1		14,796.83
TALOGTOG	278	276	1	-	1		4,025.33
TEBAG	286	283	1	1	1		4,512.00
TOTAL	13,740	13,006	606	73	37	18	289,842.01

Source: Mangaldan Water District (MAWADI) CY2020

➤ **Type of Solid Waste Disposal**

❖ **Source Reduction**

The municipality will implement an intensive information and education campaign for source reduction of effectively reduce the waste generation at source. Waste reduction practices such as the use of reusable and recyclable material shall be implemented to all waste generators and they will be mandated to segregate their solid waste into four(4)classification;Biodegradable, Recyclable, Residual and Special.

All kinds of waste coming from the public market and other places covered by the waste collection of the Municipal Government shall be transported to the Municipal Material Recovery Facility (MRF) for finals sorting and processing. Only residual and special wastes shall be brought to the final disposal site.

❖ **Disposal**

Disposal Facility of the Municipality survives for approximately twenty years started from open dump facility and switched to controlled dumpsite. Possibly with the implementations of the plan strategies for waste reduction, it is expected that volume of waste will be lessen and on longer issue for relocation. But since the disposal facility still existed it is subject for improvement and conversion to an Eco Park.

❖ **Disposal Capacity**

The controlled dumpsite is currently accommodating 318m of municipal waste per week. It was scheduled twice a year for waste compaction using the Provincial bulldozer for rehabilitation and it was also subject for a regular waste scraping using a payloader with an interval of two weeks. Conversion of the controlled dumpsite to an Eco Park projected 15 years of operation, and is expected to exceed with the success of the implementation on waste reduction plan.

❖ **Existing facilities**

The Municipality of Mangaldan owns a 1.2-hectare lot at Barangay Banaoang that is being used as Municipality Controlled Dumpsite. It is 2.5 kilometers from the town proper. The controlled dumpsite was established in the year of 1988. It is enclosed with concrete perimeter fence and recently, had been planted with mahogany seedlings at the backside. With the compliance to R.A. 9003 the Controlled Dumpsite is subject for assessment by the DENR for Pre-Closure and rehabilitation.

Other facility compliance to the R.A 9003are the Materials Recovery Facilities (MRF) of barangay Malabago and Anolid these are considered as industrialized barangay and situated going to Dagupan City.

❖ **New Proposal Facilities**

Since the Municipality of Mangaldanis a flood prone area. There are proposals to cluster with the Municipality of San Jacinto. Based on the initial interview with Municipal Administrator of San Jacinto and an on-site visit, a certain area located in Barangay Away was recommended by the DENRRegionI as a suited place for the operation of a Sanitary Landfill. However, ownership and social acceptability for the construction of Sanitary Landfill is still under negotiations. Last year 2017 our Municipality had signified its intension to dispose our Municipalities garbage to

proposed Waste to Energy Facility which be hosted by the Municipality to be in operation within a period of two years.

❖ **Special Wastes**

The Rural Health Unit, health centers and clinics in the Municipality may practice solid waste management by segregating their waste into different types and provide the following storage facilities and adopt measures as required by PD 856 and DOH rules and regulation:

1. Septic tanks for their liquid waste and injection.
2. Designed containers with trusted solution for their sharp products.
3. Disinfect all recyclables before marketed to junkshops.
4. Proper disposal of sharps and pathological waste.
5. Designed trashcan for their accumulated solid waste.
6. Residential, commercial and Industrial special and hazardous wastes such as paints, thinners, used oil, tires and the like will be handled & managed separately from the other wastes. The municipality will look for establishments with recycling and re-using activity using special and hazardous wastes as raw materials.

Management of Special Wastes shall be as follows:

1. Household Hazardous Waste – a collection day each month will be scheduled and the collected household hazardous waste shall be brought to the Materials Recovery Facility.
2. Lead – Acid Batteries – arrangement shall be made with recyclers.
3. Consumer Electronics – arrangement shall be made with recyclers.
4. Used Oil – a collection point will be established and people will be encouraged to bring their used oil to the collection point. Arrangement shall be made with recyclers of used oil.
5. Tires – same collection point with used oil. Arrangement shall be made with recyclers of used tires. Those that can be converted into trash bins/ pots will be recycled at the Municipal MRF.

➤ **Fishery**

Fishponds are found in the northwestern portion of the town in barangays Bateng, Talogtog, Lanas, Maasin and Anolid. Fishponds occupy about 331.54 hectares or 6.84% of the total land area. The more common species of fish caught are bangus, tilapia, malaga, shrimps, lobsters and crabs.

Table III. Existing Fishing Grounds and Aquaculture Production, CY 2020

BARANGAY	AREA (has)	No. of Operators	Production / Metric Tons (MT)
Alitaya			
Amansabina			
Anolid	6.91	Paldaket River	5
Bantayan	2	Angalacan River	2.08
Bari			
Bateng	5.565	Magueraday River	5.79
Banaoang			
Buenlag			
David			
Embarcadero	3.5	Angalacan River	3.64
Gueguesangen			
Guesang	5.5	Angalacan River	5.72
Guiguilonen			
Guilig			
Inlambo			
Lanas	2.5		2.60
Landas	4.5	Angalacan River	3.46
Maasin	6.5	Paldaket River	6.76
Macayug	3.735	Angalacan River	2.18
Malabago			
Navaluan	3	Angalacan River	2
Nibaliw	3.5	Angalacan River	3.64
Osiem	3.5	Angalacan River	2
Palua	2.3	Angalacan River	2.39
Poblacion			
Pogo	2.765	Angalacan River	2
Salay			
Salaan	2	Angalacan River	2
Talogtog	6	Magueraday River	6.24
Tebag	2	Angalacan River	1.5
Grand Total	65.775		59

Table III. Production of fisheries 2020 (By Hectare in Metric Tons)

Barangay	TILAPIA(FRESHWATER)			BANGUS (BACKFISH WATER)			PRAWN POLY CULTURE		
	Area(has)	No. of Operators	Productuion Metric Tons (MT)	Area (has)	No. of Operators	Productuion Metric Tons (MT)	Area (has)	No. of Operators	Productuion Metric Tons (MT)
Alitaya									
Amansabina									
Anolid	2	2	3.75	14.4	13	36			
Banaoang									
Bantayan									
Bari									
Bateng				70.58	44	176.45	5	3	5
Buenlag									
David									
Embarcadero									
Gueguesangaen									
Guesang									
Guiguilonen									
Guilig									
Inlambo									
Lanas				33.29	22	83.22	2	2	2
Landas									
Maasin				107.27	56	268.17	8	4	8
Macayug									
Malabago									
Navaluan									
Nibaliw									
Osiem									
Palua									
Poblacion									
Pogo									
Salaan									
Salay									
Talogtog				35.028	30	87.57	3	2	3
Tebag									
TOTAL:	2	2	3.75	260.568	165	651.41	18	11	18

➤ **Road Network**

The road network with a total area of 176.35 hectares or 3.64% of the municipal area. This includes all national, provincial, municipal and barangay or farm to market roads.

➤ **Commercial Uses**

Significant commercial uses requiring land use classification are those found in Bari, Banaoang, Guiguilonen and Poblacion. The tendency for these areas to be converted to commercial use is due to urbanizing trend along the road leading to Dagupan City and their proximity to the Central Business District. A total of 44.04 hectares or 0.91% of the total municipal area is occupied by this use. Commercial uses complementary and supportive to residential neighborhoods such as sari-sari stores and home-based crafts are subsumed as portions of the residential uses. Among the industries in the municipality include: meat and fish processing, panocha/bocayo making, fan making, blacksmithing, bijon factory, oil factory, candy making, peanut brittle making, hollow blocks making, bagoong factory and home-based catering.

E. DEMOGRAPHIC PROFILE

a. Population Size and Growth Rate

The study of population is required in planning so as to determine the size of human resources in a locality and ascertain their various needs and consider their interests and traits for economic growth, structure, distribution, density, composition and change due to births, deaths, immigration, separation, divorce and other socio-economic characteristics and the cause and consequences of those factors. Likewise, the age of the population determines potential labor force and identifies the areas with considerable unemployment rates.

The Municipality of Mangaldan, Pangasinan experienced the fastest increase in population in 1948 based on census of Population and Housing as indicated by its average Annual Percent Change of 3.59 percent. Its lowest Annual Percent Change was observed in 1903 at 0.38 percent as shown in the following table:

Table IV. Historical Growth Rate of Mangaldan

Census Date	Population	Absolute Change	Census Year Interval	Annual Percent Change * (%)
May 2,1903	15,841			
December 31, 1918	16,761	920	15	0.38
January 1, 1939	18,997	2,236	21	0.60
October 1, 1948	26,102	7,105	9	3.59
February 15, 1960	33,422	7,320	12	2.08
May 6, 1970	41,867	8,445	10	2.28
May 1, 1975	46,230	4,363	5	2.00/2.01
May 1, 1980	50,434	4,204	5	1.76
May 1, 1990	65,947	15,513	10	2.72
September 1, 1995	73,351	7,404	5	2.15
May 1, 2000	82,132	8,781	5	2.29
May 1, 2007	90,391	8,259	7	1.38
May 1, 2010	98,905	8,514	3	1.33
August 1, 2015	106,331	7,426	5	1.46
May 1, 2020	113,185	9,854	5	1.32

Table V. School Going Age Population: 2015-2021

AGE GROUP	2015	%	2016	2017	2018	2019	2020	2021
	Both Sexes							
4-5(Preparatory)	4448	11	4513	4579	4646	4714	4782	4852
6-12 (Primary)	15660	38	15889	16121	16356	16595	16837	17083
13-18 (Secondary)	12806	31	12993	13183	13375	13570	13769	13970
19-22 (Tertiary)	7882	19	7997	8114	8232	8352	8474	8598
TOTAL	40796	100	41392	41997	42609	43231	43862	44503

Source: NSO Census Base Year 2015 OMPDC MPT Projections

b. Population

Table VI. PSA Census- Mangaldan by Baseyear

Barangay	Population (2010)	Baseyear (2015)	Baseyear (2020)
Alitaya	4160	4378	4687
Amansabina	2387	2609	2710
Anolid	6507	7393	8052
Banaoang	4958	5267	5857
Bantayan	3408	3633	3809
Bari	5925	6044	6071
Bateng	2501	2715	2889
Buenlag	3662	3787	4486
David	4275	4389	5164
Embarcadero	2512	3021	2718
Gueguesangen	2510	2551	2759
Guesang	3525	3935	4009
Guiguilonen	3180	2945	3452
Guilig	3113	3491	3452
Inlambo	1499	1673	1868
Lanas	3065	3285	3339
Landas	1958	2023	2400
Maasin	2934	3862	4146
Macayug	2287	2485	2617
Malabago	4679	5095	5131
Navaluan	3391	3678	4116
Nibaliw	2717	3105	3336
Osiem	3178	3437	3348
Palua	1932	2013	2387
Población	4992	4639	4173
Pogo	1380	1631	1758
Salaan	2438	2598	2934
Salay	4958	5331	5884
Talogtog	2303	2486	2574
Tebag	2571	2832	3059
Total	98905	106331	113185

Table VII. Population Density (2020-2025)

Barangay	AREA (HAS)	Population (BY 2020)		2021		2022		2023		2024		2025	
		BOTH	Pop Den	BOTH	Pop Den	BOTH	Pop Den	BOTH	Pop Den	BOTH	Pop Den	BOTH	Pop Den
Alitaya	540.41	4687	8.67	4749	8.79	4812	8.90	4875	9.02	4939	9.14	5005	9.26
Amansabina	161.03	2710	16.83	2746	17.05	2782	17.28	2819	15.50	2856	17.74	2894	17.97
Anolid	226.43	8052	35.56	8158	36.03	8266	36.51	8375	36.99	8486	37.48	8598	37.97
Banaoang	153.76	5857	38.09	5934	38.59	6013	39.10	6092	39.62	6172	40.14	6254	40.67
Bantayan	873.75	3809	43.41	3859	43.98	3910	44.56	3962	45.15	4014	45.75	4067	46.35
Bari	107.95	6071	56.24	6151	56.98	6232	57.73	6315	58.50	6398	59.27	6482	60.05
Bateng	117.51	2889	24.59	2927	24.91	2966	25.24	3005	25.57	3045	25.91	3085	26.05
Buenlag	248.17	4486	18.08	4545	18.31	4605	18.56	4666	18.80	4728	19.05	4790	19.30
David	171.51	5164	30.11	5232	30.51	5301	30.91	5371	31.32	5442	31.73	5514	32.15
Embarcadero	94.19	2718	28.86	2754	29.24	2790	29.62	2827	30.01	2864	30.41	2902	30.81
Gueguesangaen	112.43	2759	24.54	2795	24.86	2832	25.19	2870	25.52	2908	25.86	2946	26.20
Guesang	205.95	4009	19.47	4062	19.72	4116	19.98	4170	20.25	4225	20.51	4281	20.79
Guiguilonen	74.79	3452	46.16	3498	46.77	3544	47.38	3591	48.01	3638	48.64	3686	49.28
Guilig	127.55	3452	27.06	3498	27.42	3544	27.78	3591	28.15	3638	28.52	3686	28.90
Inlambo	142.39	1868	13.12	1893	13.29	1918	13.47	1943	13.65	1969	13.83	1995	14.01
Lanas	274.20	3339	12.18	3383	12.34	3428	12.50	3473	12.67	3519	12.83	3565	13.00
Landas	167.79	2400	14.30	2432	14.49	2464	14.68	2496	14.88	2529	15.07	2563	15.27
Maasin	239.59	4146	17.30	4201	17.53	4256	17.76	4312	18.00	4369	18.24	4427	18.48
Macayug	209.67	2617	12.48	2652	12.65	2687	12.81	2722	12.98	2758	13.15	2794	13.33
Malabago	230.75	5131	22.24	5199	22.53	5267	22.83	5337	23.13	5407	23.43	5479	23.74
Navaluan	82.47	4116	49.91	4170	50.57	4225	51.24	4281	51.91	4338	52.60	4395	53.29
Nibaliw	76.15	3336	43.81	3380	44.39	3425	44.97	3470	45.57	3516	46.17	3562	46.78
Osiem	167.07	3348	20.04	3392	20.30	3437	20.57	3482	20.84	3528	21.12	3575	21.40
Palua	110.19	2387	21.66	2419	21.95	2450	22.24	2483	22.53	2516	22.83	2549	23.13
Poblacion	68.65	4173	60.79	4228	61.59	4284	62.40	4340	63.23	4398	64.06	4456	64.91
Pogo	89.99	1758	19.54	1781	19.79	1805	20.05	1829	20.32	1853	20.59	1877	20.86
Salaan	65.47	2934	44.81	2973	45.41	3012	46.01	3052	46.61	3092	47.23	3133	47.85
Salay	164.97	5884	35.67	5962	36.14	6040	36.61	6120	37.10	6201	37.59	6283	38.08
Talogtog	252.81	2574	10.18	2608	10.32	2642	10.45	2677	10.59	2713	10.73	2748	10.87
Tebag	76.19	3059	40.15	3099	40.68	3140	41.22	3182	41.76	3224	42.31	3266	42.87
TOTAL:	4847.78	113185	23.35	114679	23.66	116193	23.97	117727	24.28	119281	24.61	120855	24.93

Table VIII. Household Distributions

Barangay	2020		2021		2022		2023		2024		2025		2026	
	Pop	# of HHs	Pop	# of HHs	Pop	# of HHs	Pop	# of HHs	Pop	# of HHs	Pop	# of HHs	Pop	# of HHs
Alitaya	4687	937	4749	950	4812	962	4875	975	4939	988	5005	1001	5071	1014
Amansabina	2710	542	2746	549	2782	556	2819	564	2856	571	2894	579	2932	586
Anolid	8052	1610	8158	1632	8266	1653	8375	1675	8486	1697	8598	1720	8711	1742
Banaoang	5857	1171	5934	1187	6013	1203	6092	1218	6172	1234	6254	1251	6336	1267
Bantayan	3809	762	3859	772	3910	782	3962	792	4014	803	4067	813	4121	824
Bari	6071	1214	6151	1230	6232	1246	6315	1263	6398	1280	6482	1296	6568	1314
Bateng	2889	578	2927	585	2966	593	3005	601	3045	609	3085	617	3125	625
Buenlag	4486	897	4545	909	4605	921	4666	933	4728	946	4790	958	4853	971
David	5164	1033	5232	1046	5301	1060	5371	1074	5442	1088	5514	1103	5587	1117
Embarcadero	2718	544	2754	551	2790	558	2827	565	2864	573	2902	580	2940	588
Gueguesangaen	2759	552	2795	559	2832	566	2870	574	2908	582	2946	589	2985	597
Guesang	4009	802	4062	812	4116	823	4170	834	4225	845	4281	856	4337	867
Guiguilonen	3452	690	3498	700	3544	709	3591	718	3638	728	3686	737	3735	747
Guilig	3452	690	3498	700	3544	709	3591	718	3638	728	3686	737	3735	747
Inlambo	1868	374	1893	379	1918	384	1943	389	1969	394	1995	399	2021	404
Lanas	3339	668	3383	677	3428	686	3473	695	3519	704	3565	713	3612	722
Landas	2400	480	2432	486	2464	493	2496	499	2529	506	2563	513	2596	519
Maasin	4146	829	4201	840	4256	851	4312	862	4369	874	4427	885	4485	897
Macayug	2617	523	2652	530	2687	537	2722	544	2758	552	2794	559	2831	566
Malabago	5131	1026	5199	1040	5267	1053	5337	1067	5407	1081	5479	1096	5551	1110
Navaluan	4116	823	4170	834	4225	845	4281	856	4338	868	4395	879	4453	891
Nibaliw	3336	667	3380	676	3425	685	3470	694	3516	703	3562	712	3609	722
Osiem	3348	670	3392	678	3437	687	3482	696	3528	706	3575	715	3622	724
Palua	2387	477	2419	484	2450	490	2483	497	2516	503	2546	510	2582	516
Poblacion	4173	835	4228	846	4284	857	4340	868	4398	880	4456	891	4515	903
Pogo	1758	352	1718	356	1805	361	1829	366	1853	371	1877	375	1902	380
Salaan	2934	587	2973	595	3012	602	3052	610	3092	618	3133	627	3174	635
Salay	5884	1177	5962	1192	6040	1208	6120	1224	6201	1240	6283	1257	6366	1273
Talagtog	2574	515	2608	522	2642	528	2677	535	2713	543	2748	550	2785	557
Tebag	3059	612	3099	620	3140	628	3182	636	3224	645	3266	653	3309	662
Mangaldan Total (GR: 1.32%)	113185	22637	114679	22936	116193	23239	117727	23545	119281	23856	120855	24171	122450	24490

Source: PSA Actual Census 2020 & MPT Computation- GR 1.32% (5 Members of the Family)

Table IX. Urban-Rural Distribution

Region, Province, Highly Urbanized City, City/Municipality, and Urban Barangay	Urban Population		Category	
	2015	2010	2015	2010
Mangaldan	40,767	38,681		
Amansabina	2,609	2,387	3	
Anolid	7,393	6,507	1	1
Banaoang	5,267	4,958	1	
Bari	6,044	5,925	1	1
David	4,389	4,275	2	
Malabago	5,095	4,679	1	
Poblacion	4,639	4,992	3	3
Salay	5,331	4,958	1	

Table X. Age-sex Distribution (Baseyear 2015)

Age Group	2015			2020			2021			2022			2023		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
All Ages	106331	54049	52282	114323	58111	56212	115992	58960	57032	117686	59821	57865	119404	60694	58710
Under 1	2087	1190	897	2244	1279	964	2277	1298	979	2310	1317	993	2344	1336	1007
1 - 4	8754	4593	4161	9412	4938	4474	9549	5010	4539	9689	5083	4605	9830	5158	4673
5 - 9	11298	5949	5349	12147	6396	5751	12325	6490	5835	12504	6584	5920	12687	6680	6007
10 - 14	11036	5675	5361	11865	6102	5764	12039	6191	5848	12215	6281	5933	12393	6373	6020
15 - 19	10490	5414	5076	11278	5821	5458	11443	5906	5537	11610	5992	5618	11780	6080	5700
20 - 24	9639	4928	4711	10363	5298	5065	10515	5376	5139	10668	5454	5214	10824	5534	5290
25 - 29	8466	4305	4161	9102	4629	4474	9235	4696	4539	9370	4765	4605	9507	4834	4673
30 - 34	7955	4104	3851	8553	4412	4140	8678	4477	4201	8804	4542	4262	8933	4609	4324
35 - 39	7411	3844	3567	7968	4133	3835	8084	4193	3891	8202	4254	3948	8322	4317	4006
40 - 44	6232	3235	2997	6700	3478	3222	6798	3529	3269	6897	3580	3317	6998	3633	3365
45 - 49	5569	2875	2694	5988	3091	2896	6075	3136	2939	6164	3182	2982	6254	3228	3025
50 - 54	4618	2335	2283	4965	2511	2455	5038	2547	2490	5111	2584	2527	5186	2622	2564
55 - 59	3778	1855	1923	4062	1994	2068	4121	2024	2098	4181	2053	2128	4242	2083	2159
60 - 64	3055	1446	1609	3285	1555	1730	3333	1577	1755	3381	1600	1781	3431	1624	1807
65 - 69	2429	1026	1403	2612	1103	1508	2650	1119	1530	2688	1136	1553	1728	1152	1575
70 - 74	1417	602	868	1580	647	933	1604	657	947	1627	666	961	1651	676	975
75 - 79	1074	382	692	1155	411	744	1172	417	755	1189	423	766	1206	429	777
80 years and over	970	291	679	1043	313	730	1058	317	741	1074	322	752	1089	327	762
TOTAL	106331	54049	52282	114323	58111	56212	115992	58960	57032	117686	59821	57865	119404	60694	58710

Table XI. Distribution of Population per Barangay

Barangay	Code	Urban/Rural	Population
Amansabina	15526002	Rural	2,609
Anolid	15526003	Urban	7,393
Banaoang	15526004	Rural	5,267
Bantayan	15526005	Rural	3,633
Bari	15526006	Urban	6,044
Bateng	15526007	Rural	2,715
Buenlag	15526008	Rural	3,787
David	15526009	Rural	4,389
Embarcadero	15526010	Rural	3,021
Gueguesangaen	15526011	Rural	2,551
Guesang	15526012	Rural	3,935
Guiguilonen	15526013	Rural	2,945
Guilig	15526014	Rural	3,491
Inlambo	15526015	Rural	1,673
Lanas	15526016	Rural	3,285
Landas	15526017	Rural	2,023
Maasin	15526018	Rural	3,862
Macayug	15526019	Rural	2,485
Malabago	15526020	Rural	5,095
Navaluan	15526021	Rural	3,678
Nibaliw	15526022	Rural	3,105
Osiem	15526023	Rural	3,437
Palua	15526024	Rural	2,013
Poblacion	15526025	Urban	4,639
Pogo	15526026	Rural	1,631
Salaan	15526027	Rural	2,598
Salay	15526028	Rural	5,331
Talogtog	15526030	Rural	2,486
Tebag	15526029	Rural	2,832

F. HEALTH

Health Facilities

There is no hospital in the municipality but it has two RHUs namely, Rural Health Unit I located in poblacion, RHU II located in Bantayan; and Urgent Care Clinic which operates 24/7. Health facilities have a total land area of 0.26 hectares or 0.05 percent of the land area.

HEALTH FACILITY TYPE	NUMBER
Number of Rural Health Units	2
Number of Barangay Health Stations	20
Number of Licensed Government Birthing Homes	1
Number of Licensed Private Birthing Homes	3
Number of Social Hygiene Clinics	1
Number of Government Hospitals	0
Number of Private Hospitals	0
Number of Government Urgent Care Clinic (24/7)	1
Number of Private Infirmaries	0
Number of Government Drug Abuse Treatment and Rehabilitation Centers	0

Number of Private Drug Abuse Treatment and Rehabilitation Centers	0
Number of Government Drug Testing Laboratories	1
Number of Private Drug Testing Laboratories	1
Number of Government Dialysis Clinics	0
Number of Private Dialysis Clinics	0
Number of Government Psychiatric Care Facilities	0
Number of Private Psychiatric Care Facilities	0

b. Health Facilities



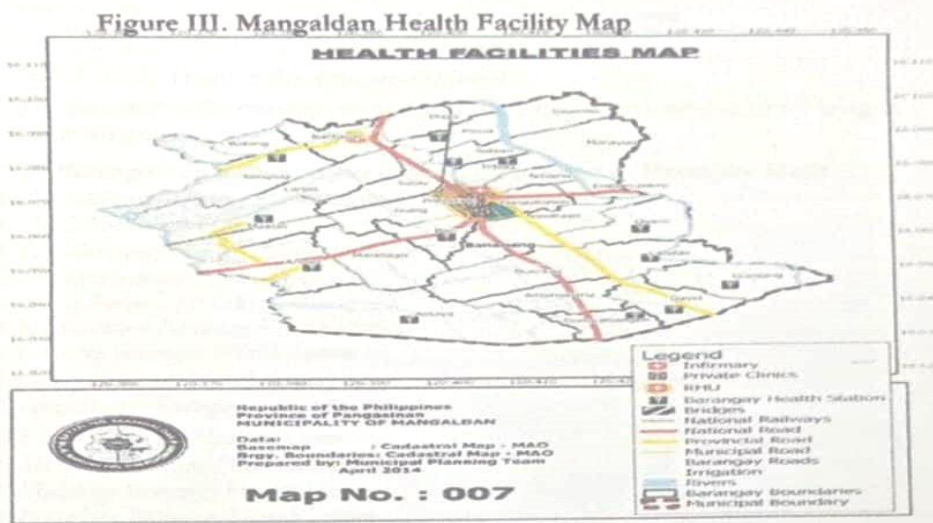
Mangaldan Rural Health Unit I



Mangaldan Rural Health Unit II



Mangaldan Infirmary and Urgent Care Clinic



Health and Health Statistics

The Mangaldan Municipal Health Office delivers basic health services to all the people of the entire municipality. Programs of the MHO include primary health services such as maternal and childcare, family planning, Nutrition, immunization program, micronutrient supplementation, communicable and non-communicable disease control services, dental care services, environmental sanitation and health education.

The Municipal Health Office manages two function Rural Health Units, one Infirmary/Maternity Clinic facilitated by 66 medical and non-medical personnel (Permanent, Contract of Service and Job Orders). There are five physicians including and led by the Municipal Health Officer. There are also 30 Barangay Health Station located in each barangay of the municipality managed by the Barangay Chairpersons, with the assistance provided by the Rural Health Midwives, Barangay Health Workers and the Barangay SPOs.

Table XII. Human Resource for Health in the MUNICIPALITY OF Mangaldan vs WHO Standards

Health Personnel 2023	Number	WHO Standards	Actual Ratio
Physician	3	1:20,000	1:18,000
Nurse	6	1:20,000	1:43,000
Rural Health Midwife	16	1:5,000	1:4,000
Medical Technologist	2	1:20,00	1:23,000
Rural Sanitary Inspector	1	1:20,00	1:14,000
Dentist	1	1:50,000	1:50,000
Emergency Medical Technicians/Paramedics	8		1:6,250
Isolation Center Staff	15		1:5,000
WaSH Team	4		1:12,500

Note:

- 3 Plantilla positions and 3 Contract of Service
- Four (4) – 2 Plantilla and 2 JOC – LGU hired; 9 DOH-hired
- 11 – 5 Plantilla 6 JOC – LGU hired; 3 Provincially hired
- 1 – Plantilla LGU -hired and 1 DOH hired
- 1 – LGU Hired and 3 Provincially hired
- The increase in the nursing and the midwife components are due to the lying-in clinic assignments

16 Barangay Health Stations that are connected to Barangay Halls

1. Amansabina Barangay Health Station

2. Anolid Barangay Health Station

3. Bari Barangay Health Station

4. Bateng Barangay Health Station

5. David Barangay Health Station

6. Embarcadero Barangay Health Station

7. Guesang Barangay Health Station

8. GuiligBarangay Health Station

9. GuiguilonenBarangay Health Station

10. LanasBarangay Health Station

11. MacayugBarangay Health Station

12. MalabagoBarangay Health Station

13. NavaluanBarangay Health Station

14. NibaliwBarangay Health Station

15. Pogo Barangay Health Station

16. SalayBarangay Health Station

Other health services are provided by 31 private clinics – 11 medical clinics, 6 midwife/birthing clinics, 5 dental clinics, 4 optical clinics, 1 ultrasound clinic, 1 children’s clinic, 1 OB-Gyne clinic, 1 skin clinic, and 1 clinical laboratory.

Table XIII. Vital Health Indices

VITAL HEALTH INDICES	CY 2020	CY 2019	CY 2018	CY 2017	CY 2016	CY 2015
Total Birth	724	1,368	1,444	1,599	1,771	1,780
Total Death	531	525	524	507	458	464
Infant Death	0	5	5	2	10	17
Neonatal Death	0	2	4	2	4	9
Maternal Death	0	4	0	0	1	0
Crude Birth Rate	0	12.28%	1.30%	14.09%	16%	16.38%
Crude Death Rate	47.42%	47.18%	0.47%	44.70%	41.39%	42.70%
Infant Mortality Rate	0	3.45%	3.46%	1.25%	5.64%	9.55%
NeonatalMortality Rate	0	1.46%	2.77%	1.25%	2.25%	5.05%
Maternal Mortality Rate	0	0.35%	0	0	0.09%	0
Contraceptive Prevalence Rate	0	49%	0	0	0	51.76%

Table XIV. Nutrition Status of Preschoolers

NUTRITIONAL STATUS	No. OF SCHOOL CHILDREN		Percentage	
	2019	2020	2019	2020
Estimated No Of PreSchool Children	11,928	11796		100
Actual No. Of PreSchool Children	10,085	10191	84.55%	86.4
Total # of identified preschool Children with Normal Weight	9,018	8928	89.42%	87.6
Total # of identified wasted Preschool Children	224	223	2.22%	2.2
Total # of identified Several Wasted Preschool Children	151	164	1.50%	1.6
Total # of identified Several Stunted and Stunted	720		7.14%	
Total # of Preschool Children Wasted And Severely Wasted	375	1045	3.72%	10.3
Total # of identified Overweight Preschool Children	439	465	4.35%	4.6
Total # of identified Obese Preschool Children	253	411	2.51%	4
NUTRITIONAL STATUS	No. of Preschool Children		Percentage	
Estimated No Of PreSchool Children	11,928	11796		100
Preschool Weighed	10,085	10191	84.55%	86.4
Severely Underweight	120	475	1.19%	4.7
Underweight	236	465	2.34%	4.6
Above Normal	351	411	3.48%	4
Normal	9,348	8928	92.69%	87.6
Combine Severely Underweight and Underweight	356		3.53%	
Stunted		1045		10.3
Wasted		387		3.8

Table XV. Malnourish Children CY 2019

Barangay	POPULATION		1st DEGREE	
	0-6 Years Old		Number	%
Alitaya	441		24	5.44%
Amansabina	293		8	2.73%
Anolid	829		18	2.17%
Banaoang	591		11	1.86%
Bantayan	408		11	2.70%
Bari	678		26	3.83%
Bateng	305		10	3.28%
Buenlag	425		4	0.94%
David	492		4	81.00%
Embarcadero	339		5	1.47%
Gueguesangaen	286		10	3.50%
Guesang	441		4	0.91%
Guiguilonen	330		4	1.21%
Guilig	392		5	1.28%
Inlambo	188		2	1.06%
Lanas	368		3	0.82%

Landas	256	7	2.73%
Maasin	302	3	0.99%
Macayug	263	8	3.04%
Malabago	471	3	0.64%
Navaluan	374	5	1.34%
Nibaliw	348	3	0.86%
Osiem	486	8	2.07%
Palua	226	11	4.87%
Poblacion	520	4	0.77%
Pogo	183	2	1.09%
Salaan	291	5	1.72%
Salay	598	11	1.84%
Talogtog	279	5	1.79%
Tebag	318	12	3.77%
TOTAL	11,621	236	2.03%

Region: I ILOCOS REGION
MUNICIPALITY OF MANGALDAN
 PROVINCE: PANGASINAN

Table XVI. OPERATION TIMBANG PLUS 2022 (STUNTING AND SEVERE STUNTING)

Rank*	Barangay	0-59 Months OPT Plus Coverage	HEIGHT FOR AGE		
			Normal (%)	Stunted + Severely Stunted (%)	Number of Stunted + Severely Stunted
1	LANAS	81.82%	83.84%	13.47%	40
2	AMANSABINA	83.33%	87.08%	9.58%	23
3	PALUA	69.37%	85.06%	7.79%	12
4	BUENLAG	81.10%	89.97%	5.01%	17
5	POBLACION	81.25%	90.87%	4.81%	20
6	ALITAYA	84.50%	93.64%	4.40%	18
7	BARI	51.12%	88.56%	4.40%	15
8	POGO	64.44%	87.93%	3.45%	4
9	LANDAS	92.86%	85.58%	3.37%	7
10	BANTAYAN	93.52%	90.93%	2.93%	11
11	TEBAG	99.64%	94.87%	2.93%	8
12	BANAOANG	90.53%	90.49	2.66%	14
13	TALOGTOG	77.00%	95.02%	2.49%	6
14	SALAY	82.85%	93.03%	2.46%	12
15	OSIEM	81.53%	95.47%	0.97%	3
16	MAASIN	75.82%	94.43%	0.93%	3
17	BATENG	85.00%	92.22%	0.78%	2
18	ANOLID	80.17%	95.27%	0.76%	5
19	GUESANG	95.62%	96.14%	0.72%	3
20	INLAMBO	79.46%	96.60%	0.68%	1
21	NAVALUAN	85.71%	95.98%	0.57%	2
22	GUIGUILONEN	66.15%	95.35%	0.47%	1
23	DAVID	93.39%	96.68%	0.44%	2
24	SALAAAN	85.37%	97.96%	0.41%	1
25	EMBARCADERO	85.93%	97.91%	0.35%	1
26	GUILIG	86.49%	96.40%	0.30%	1
27	MALABAGO	83.63%	99.36%	0.21%	1
28	GUEGUESANGEN	82.27%	99.14%	0.00%	0
29	MACAYUG	84.31%	99.13%	0.00%	0
30	NIBALIW	84.84%	96.56%	0.00%	0

Region: I ILOCOS REGION
MUNICIPALITY OF MANGALDAN
 PROVINCE: PANGASINAN

Table XVII. OPERATION TIMBANG PLUS 2022 (MODERATE AND SEVERE WASTING)

Rank*	Barangay	0-59 Months OPT Plus Coverage	HEIGHT FOR AGE		
			Normal (%)	Stunted + Severely Stunted (%)	Number of Stunted + Severely Stunted
1	BANAOANG	90.53%	90.68%	8.56%	45
2	PALUA	69.37%	87.01%	7.14%	11
3	POGO	64.44%	86.21%	6.03%	7
4	LANDAS	92.86%	87.98%	4.33%	9
5	INLAMBO	79.46%	95.24%	4.08%	6
6	TALOGTOG	77.00%	92.53%	3.32%	8
7	BUENLAG	81.10%	91.74%	3.24%	11
8	SALAY	82.85%	88.52%	3.07%	15
9	LANAS	81.82%	88.22%	2.69%	8
10	BANTAYAN	93.52%	90.93%	2.67%	10
11	TEBAG	99.64%	95.24%	2.56%	7
12	POBLACION	81.25%	83.17	2.40%	10
13	NAVALUAN	85.71%	92.24%	2.30%	8
14	BARI	51.12%	93.26%	2.05%	7
15	AMANSABINA	83.33%	94.58%	1.67%	4
16	OSIEM	81.53%	96.44%	1.62%	5
17	ALITAYA	84.50%	94.62%	1.47%	6
18	NIBALIW	84.84%	97.25%	1.37%	4
19	BATENG	85.00%	98.43%	1.18%	3
20	GUIGUILONEN	66.15%	98.60%	0.93%	2
21	MAASIN	75.82%	95.36%	0.62%	2
22	GUILIG	86.49%	99.40%	0.60%	2
23	ANOLID	80.17%	98.47%	0.46%	3
24	MACAYUG	84.31%	99.13%	0.43%	1
25	SALAAAN	85.37%	84.08%	0.41%	1
26	EMBARCADERO	85.93%	98.26%	0.35%	1
27	GUESANG	95.62%	99.76%	0.24%	1
28	DAVID	93.39%	99.56%	0.22%	1
29	MALABAGO	83.63%	99.79%	0.21%	1
30	GUEGUESANGEN	82.27%	100.00%	0.00%	0

Table XVIII. General Health Situation for 2015-2019

HEALTH INDICATORS	2019	2018	2017	2016	2015
FERTILITY					
Crude Birth Rates (CBR)	12.28	13.12	14.19	16	16.38
No.	1,368	1,444	1,599	1,771	1,780
MORBIDITY					
General Medical/Consultative Rate	12.69	18.35	14.7	22.5	0
No.	14,127	16,683	16,683	24,897	21,106
42.7					
Crude Death Rates (CBR)	47.15	47.62	44.7	41.39	42.7
No.	525	524	507	458	464
Neobatal Mortality Rate	1.46	2.77	1.25	2.25	5.05
No.	2	4	2	4	9
Infant Mortality Rate (IMR)	3.65	3.46	1.25	5.64	9.55
No.	5	5	2	10	17
Maternal Mortality Rate (MMR)	0.35	0	0	0.09	0
No.	4	0	0	1	0

Table XIX. Top Leading Causes of mortality CY 2015-2019

CASES	2019		2018		2017		2016		2015	
	RHU I & II	Rate	RHU I & II	Rate	RHU I & II	Rate	RHU I & II	Rate	RHU I & II	Rate
Atherosclerosis	188	168.8	100	90.88	81	71.41	42	36.96	59	54.3
HCVD	95	85.33	113	102.69	73	71.41	101	91.29	101	92.95
CAP	78	70.06	24	21.81	19	15.75	19	17.17	29	26.69
AMI	66	59.2	0	0	9	7.93	0	7.23	0	0
Diabetes	44	39.52	29	26.35	18	15.87	32	28.92	31	28.53
Cancer	32	28.74	36	32.71	20	17.63	0	0	56	51.54
COPD	29	26	7	6.36	9	7.93	8	7.23	17	16.64
Injuries, accidents	7	6.28	17	15.45	13	11.46	29	26.21	23	21.16
Bronchial Asthma	4	3.59	6	5.45	19	15.75	15	13.55	13	11.96
BPUD	1	0.89	3	2.72	0	0	0	0	11	10.12
Ischemic Disease	0	0	19	17.26	0	0	11	9.94	26	23.92
RHD	0	0	0	0	4	3.52	0	0	0	0
Carcinoma	0	0	0	0	0	0	69	62.36	0	0

Table XX. Top 10 Morbidity and Mortality in 2021

MORBIDITY 2021			
No.	(Current Year)		
	Diseases	ICD-10 Code	Actual Count
1	Hypertension I and II	I10.1	10,717
2	Acute Respiratory Infection	J06.9	5,750
3	Diabetes Mellitus Type I and II	E11.9	1,707
4	Renal Disorders (UTI,Cystitis< Urolithiasis, Urethritis	N39.0	1,335
5	Skin Disease	L98.9	908
6	Disorders of the Ears (Otitis Media, BPPV, Impacted Cerumen, etch)	H66.9	888
7	Musculoskeletal Disorders (RA, OA, Gouty Arthritis)	M79.9	648
8	Blood Related Disorders (IDA, Anemia ETBD, etch)	D64.9	450
9	Infectious Gastroenteritis and Colitis, unspecified (AGE, etch)	A09	438
10	Accidents and Injuries	V89.2XXA	61
TOTAL			22,902
MORTALITY 2021			
No.	(Current Year)		
	Diseases/ICD-10 Code	ICD-10 Code	Actual Count
1	Hypertension	I10.11	86
2	Acute Myocardial Infarction	I21.9	66
3	Cardio Vascular Disease	I51.6	61
4	Diabetes Mellitus	E11.9	36
5	Atherosclerosis	I70.9	32
6	Cerebrovascular Accident	I63.9	27
7	Cerebrovascular Disease	I67.9	24
8	Community Acquired Pneumonia	J18.9	22
9	Bronchial Asthma	J49.90	13
10	Undetermined Natural Cause of Death	R99	13
Total			380

Table XXI. Leading Causes of Neonatal Mortality CY 2015 - 2019

LEADING CAUSES OF NEONATAL MORTALITY CY 2015-2019					
CASES	2019	2018	2017	2016	2015
	Total No.	Total No.	Total No.	Total No.	Total No.
Intrauterine Fetal Death	0	5	5	5	5
Respiratory Distress Syndrome	0	3	3	1	3
Aspiratory Pneumonia	0	1	1	1	1
Anencephaly	0	1	1	1	1
Hypoxia	0	1	1	1	1
Aspiration	0	0	0	0	1
Sudden Neonatal Syndrome	0	0	0	0	1
Uteroplacental Insufficiency	2	3	0	1	0
Convulsive Seizure	0	0	0	1	0
TOTAL CASES	2	14	11	11	13

Table XXII. Leading Causes of Infant Mortality 2015 – 2019

CASES	2019		2018		2017		2016		2015	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Congestive Heart Failure	0	0	1	0.69	0	0	0	0	0	0
Viral Meningitis	0	0	1	0.69	0	0	0	0	0	0
Acute Gastroenteritis	2	1.46	1	0.69	0	0	0	0	0	0
Respiratory Failure			1	0.69	0	0	0	0	0	0
Hypogastric Encephalopathy	1	3.73	1	0.69	0	0	0	0	0	0
Aspiration Pneumonia	1	0	0	0	0	0	2	0	0	0
Systemic Viral Infection	1	0	0	0	0	0	1	0	0	0
Congenital Ventricular Septal Defect	0	0.73	0	0	0	0	1	0	0	0
Cleft Palate	0	0	0	0	0	0	1	0	0	0
Asphyxia	1	0.73	0	0	0	0	0	0	0	0
TOTAL NUMBER OF INFANT DEATHS	6	9.65	5	3.45	0	0	5	0	0	0

Table XXIII. Epidemic Occurrence for the Last (5) Five Years, 2015-2019

YEAR	2019		2018		2017		2016		2015	
	No. of cases	No. of Deaths	No. of cases	No. of Deaths	No. of cases	No. of Deaths	No. of cases	No. of Deaths	No. of cases	No. of Deaths
DENGUE	243(as of oct 2019)	1	421	1	164	0	109	1	202	0
LEPTOSPIROSIS		1	18	1	7	1	18	1	2	1
TOTAL			439	2	171	1	127	2	204	1

Table XXIV. ENVIRONMENT HEALTH SERVICES EXCRETA DISPOSAL FACILITIES 2014-2020

YEAR	POPULATION	HOUSEHOLD	FLUSH	WATER SEALED	UNSAN. TOILET	WITHOUT TOILET	SHARING	NO. HH W/ SAN. TOILET	PERCENTAGE (%)
2020	111,966	24,683	1,411	22,424	-	848	0	23,835	96.56%
2019	111,331	25,400	1,464	23,025	-	911	0	24,489	96.41%
2018	80,779	13,463	1,186	11,859	418	418	0	13,045	96.90%
2017	113,420	18,903	1,803	16,434	269	394	0	18,237	96.48%
2016	110,635	18,439	1,793	15,987	268	391	0	17,780	96.43%
2015	108,653	18,103	1,785	15,620	263	430	693	17,415	95.74%
2014	106,706	17,785	1,776	15,222	283	504	0	16,997	95.57%

Table XXV. ENVIRONMENTAL HEALTH SERVICES EXCRETA DISPOSAL CY 2020

BARANGAY	Population	Household	SAFE WATER SOURCES				Without Toilet	No. of HHs w/ out Toilet	Percentage (%)
			Flush	Water Sealed	No. of HHs w/ Sanitary Toilet	Percentage (%)			
Alitaya	4610	1016	40	942	982	96.65%	28	28	2.38%
Amansabina	2747	606	30	556	586	96.69	30	30	4.95
Anolid	7785	1716	68	1586	1654	96.38	40	40	2.33
Banaoang	5546	1223	43	1138	1181	96.56	29	29	2.37
Bantayan	3825	843	66	750	816	96.79	25	25	2.97
Bari	6364	1403	45	1308	1353	96.43	33	33	2.35
Bateng	2859	630	45	563	608	96.51	27	27	4.29
Buenlag	3988	879	34	815	849	96.5	26	26	2.96
David	4622	1019	43	941	984	96.56	24	24	2.36
Embarcadero	3181	701	31	643	674	96.14	32	32	4.56
Gueguesangaen	2686	592	36	533	569	96.11	29	29	4.89
Guesang	4143	913	27	853	880	96.38	24	24	2.63
Guiguilonen	3101	684	44	617	661	96.63	27	27	3.95
Guilig	3676	810	34	748	782	96.54	30	30	3.07
Inlambo	1762	388	27	348	375	96.64	28	28	7.22
Lanas	1459	763	42	692	734	96.19	29	29	3.08
Landas	2130	470	27	423	450	96.74	27	27	5.74
Maasin	4067	897	40	820	860	96.87	25	25	2.79
Macayug	2617	577	29	529	558	96.07	24	24	4.16
Malabago	5365	1183	31	1116	1147	96.95	32	32	2.07
Navaluan	3873	854	27	796	823	96.37	33	33	3.86
Nibaliw	3270	721	28	668	696	96.53	34	34	4.72
Osiem	3619	798	35	736	771	96.51	32	32	4.01
Palua	2120	467	24	427	451	96.57	26	26	5.57
Poblacion	4885	1077	340	718	1058	96.23	10	10	0.93
Pogo	1717	379	23	339	362	96.51	25	25	6.6
Salaan	2736	603	37	546	583	96.68	27	27	4.48
Salay	5613	1237	51	1146	1197	96.76	36	36	2.91
Talogtog	2982	657	36	559	635	96.65	26	26	3.96
Tebag	2618	577	28	528	556	96.36	30	30	5.19
TOTAL:	111,966	24,683	1,411	22,424	23,835	96.56%	848	848	3.44%

Table XXVI. Environmental Health Services Water Supply Sources Facilities 2015-2020

YEAR	POPULATION	HOUSEHOLD	PUBLIC DEEP WHEEL	PRIVATE DEEP WELL	SHALLOW/ PRIVATE	MAWAD	NO.HH W/ ACCESS TO SAFE	PERCENTAGE AGE(%)
2020	111,966	24,683	862	1,468	571	13,019	23,745	96.20%
2019	111,331	25,400	899	1,541	-	12,760	24,136	95.02%
2018	80,779	13,463	485	803	1262	9,045	13,086	97.20%
2017	113,420	18,903	915	1,563	1,475	11,109	18,270	96.65%
2016	110,635	18,439	914	1,572	1,538	10,407	17,756	96.30%
2015	104,965	18,103	914	1,572	1,592	10,147	17,332	95.74%

Table XXVII. Environmental Health Services Water Supply Sources Facilities CY 2020

BARANGAY	Population	Household	SAFE WATER SOURCES			UNSAFE WATER		Shallow/Private
			Public Deep Well	Private Deep Well	MAWAD	Total No. of HH. w/ Access to Safe Water	Percentage (%) of HH. w/ Access to Safe Water	
Alitaya	4610	1016	40	47	360	968	95.28%	30
Amansabi	2747	606	24	33	381	581	95.87	25
Anolid	7785	1716	30	25	911	1649	96.1	31
Banaoang	5546	1223	31	30	802	1182	96.65	22
Bantayan	3825	843	50	30	419	807	95.73	6

Bari	6364	1403	25	58	850	1348	96.08	31
Bateng	2859	630	41	61	204	608	96.5	5
Buenlag	3988	879	22	42	582	837	95.22	26
David	4622	1019	31	86	524	981	96.27	34
Embarcadero	3181	701	21	34	301	672	95.86	25
Gueguesangaen	2686	592	20	42	400	560	94.6	22
Guesang	4143	913	28	52	304	871	95.4	32
Guiguilonen	3101	684	21	30	543	655	95.76	29
Guilig	3676	810	22	31	464	771	95.19	27
Inlambo	1762	388	31	62	42	377	97.16	12
Lanas	1459	763	36	45	284	728	95.41	9
Landas	2130	470	22	27	300	452	96.17	18
Maasin	4067	897	56	69	454	855	95.32	7
Macayug	2617	577	24	82	190	554	96.01	15
Malabago	5365	1183	26	35	714	1124	95.01	23
Navaluan	3873	854	23	36	422	824	96.48	19
Nibaliw	3270	721	21	32	257	700	97.08	20
Osiem	3619	798	27	40	412	770	96.49	21
Palua	2120	467	33	46	151	455	97.43	5
Poblacion	4885	1077	14	58	1077	1077	100	16
Pogo	1717	379	23	51	131	368	97.09	6
Salaan	2736	603	22	99	306	587	97.35	10
Salay	5613	1237	38	52	641	1193	96.44	18
Talogtog	2982	657	40	54	278	636	96.8	7
Tebag	2618	577	20	29	285	555	96.19	20
TOTAL:	111,966	24,683	862	1,468	13,019	23,745	96.20%	571

Table XXVIII. No. of Households with Satisfactory Garbage Disposal 2019

BARANGAY	Project Population (2019)	Total Number of Households	Number of Households with Satisfaction Garbage Disposal 2019							Number of Households with Unsatisfaction Garbage Disposal	
			Composing	Burying	Pick-up by Trucks	Open Dumping	Open Burying	HHS w/ Satisfactory Garbage	Percentage (%)	HHS w/ Unsatisfactory Garbage	Percentage (%)
Alitaya	4,584	1046	440	594	0	25	20	989	94.55%	57	5.45%
Amansabina	2,732	623	234	354	0	25	22	588	94.38%	35	5.62%
Anolid	7,741	1766	345	277	1042	24	24	1,664	94.22%	102	5.78%
Banaoang	5,515	1258	286	187	723	26	22	1,196	95.07%	62	4.93%
Bantayan	3,804	868	465	367	0	10	15	832	95.85%	36	4.15%
Bari	6,328	1444	180	194	998	25	23	1,372	95.01%	72	4.99%
Bateng	2,843	649	357	260	0	11	10	617	95.07%	32	4.93%
Buenlag	3,965	905	388	478	0	24	24	866	95.69%	39	4.31%
David	4,595	1048	440	565	0	23	20	1,005	95.90%	43	4.10%

Embarcadero	3,163	722	400	288	0	26	23	688	95.29%	34	4.71%
Gueguesangaen	2761	609	262	325	0	23	21	587	96.39%	22	3.61%
Guesang	4120	940	500	399	0	24	22	899	95.64%	41	4.36%
Guiguilonen	3083	703	156	194	325	25	24	675	96.02%	28	3.98%
Guilig	3655	834	117	90	577	25	23	784	94.00%	50	6.00%
Inlambo	1752	400	304	179	0	13	10	383	95.75%	17	4.25%
Lanas	3439	785	480	286	0	15	11	766	97.58%	19	2.42%
Landas	2118	483	210	243	0	24	22	453	93.79%	30	6.21%
Maasin	4044	923	500	380	0	22	14	880	95.34%	43	4.66%
Macayug	2602	594	355	220	0	16	11	575	96.80%	19	3.20%
Malabago	5335	1217	200	160	800	23	24	1160	95.32%	57	4.68%
Navaluan	3851	879	511	311	0	26	22	822	93.52%	57	6.48%
Nibaliw	3251	742	370	330	0	26	23	700	94.34%	42	5.66%
Osiem	3599	821	438	345	0	25	23	783	95.37%	38	4.63%
Palua	2108	481	256	203	0	21	10	459	95.43%	22	4.57%
Poblacion	4857	1108	90	50	955	7	2	1095	98.83%	13	1.17%
Pogo	1709	390	195	177	0	20	10	372	95.38%	18	4.62%
Salaan	2720	621	340	253	0	14	15	573	92.27%	48	7.73%
Salay	5582	1273	742	478	0	24	16	1220	95.84%	53	4.16%
Talogtog	2603	594	295	273	0	17	11	568	95.62%	26	4.38%
Tebag	265	677	200	440	0	23	24	640	94.53%	37	5.47%
TOTAL:	111,331	25,400	10,056	8,755	542	634	535	24,231	95.40%	1,169	4.60%

Table XXIX. Municipal Health Office Program Accomplishment

PROGRAM/ACTIVITIES 2020	TOTAL	
	No.	%
A. Maternal Care		
1. Prenatal Care		
a. Prenatal Registration or AP seen on 1 st visit	742	28%
b. AP with 4 visits or more prenatal visits	1265	47%
c. AP with 2 doses of Tetanus Toxoid	622	23%
d. AP with TT2+	1121	42%
2. Post Partum Care		
a. Postpartum women with at least 2 Postpartum visits	1374	50%
b. Women initiated Breastfeeding with 1 hour after birth	997	37%
c. Infants age 6 months seen		
d. Infant exclusively breastfeed until 6 months	1458	55%
e. Infant referred for newborn screening		
C. Expanded Program on Immunization		
1. BCG	1260	48%
2. PENTA		
a. 1	1725	53%
b. 2	1765	67%
c. 3	1855	70%
3. OPV		
a. 1	1725	65%

b. 2	1765	67%
c. 3	1855	70%
4. Measles	1855	70%
5. Hepatitis B within 24 hours	1303	49%
6. Fully Immunized Child	1746	66%
7. MMR	1837	70%
8. Pregnant Mothers:TT1		
TT2		
TT3		
TT4		
TT5		
Fully Immunized Mother		
E. Control on Acute Respiratory Infection		
a. Pneumonia cases 0-59 months seen	0	
b. Pneumonia cases given treatment		
F. Nutrition Program		
1. Operation Timbang		
2. Micronutrient Supplementation		
a. Vitamin A		
6-11 months old (GP)	939	
12-59 months old (GP)	8123	
60-71 months old infants		
6-59 months (GP)		
Lactating mother	1373	
b. Ferrous Sulfate		
1. Pregnant women	1365	
2. Lactating mother	1373	
3. 2-6 months LBW		
4. 2-59 months anemic children		
G. Family Planning		
1. New acceptors		
Pill	68	
IUD	0	
Female sterilization (BTL)	0	
Male sterilization (VAS)	0	
Injections (DMPA)	95	
NFP-LAM	603	
Implant	28	
BBT		
STM		
SDM	0	
CONDOM	1	
2. Current Users		
Pill	2217	
IUD	308	
Female sterilization (BTL)	1456	
Male sterilization (VAS)	0	
Injections (DMPA)	1149	
NFP-LAM	416	
CM		
Implant	465	
STM		

SDM	31	
CONDOM	240	
CPR		
H. Cardiovascular Diseases Prevention and Control		
Hypertension cases seen	520	
Hypertension cases treated	520	
I. National Tuberculosis Program		
1. Tb symptomatic who underwent DSSM		
Smear positive discovered		
X-ray positive	168	
2. Treatment		
a. Category 1	168	
b. Category 2	0	
c. Category 3		
3. Treatment Outcome		
a. Cured	123	
b. Completed	109	
c. Defaulter	1	
d. Trans-out	2	
e. Failure		
f. Died		
J. National Leprosy Control Program		
a. Skin Consultation		
b. Leprosy cases seen	4	
c. Leprosy cases treated		
d. Leprosy cases cured/completed	3	
K. Dengue Control Program		
Dengue cases	138	
L. Leptospirosis Control Program		
Leptospirosis cases	4	

Table XXX. Dental Services 2020

Activities	TARGET	ACC.	%
I. CASE FINDING			
A. ORAL EXAMINATION			
1. Pregnant Mothers	2302	706	31%
2. School Children	2305	1411	61%
3. Pre- Schoolers	1208	1077	89%
4. Other Adults	5693	1696	30%
TOTAL	11508	4890	24.49%
II. PREVENTIVE DENTAL CARE			
A. ORAL PROPHYLAXIS			
1. Pregnant Mothers	2302	43	2%
2. School Children	2305	57	2%
III. CURATIVE DENTAL CARE			
A. PERMANENT FILLING			
1. Pregnant Mothers	2302		
2. School Children	2305		
3. Pre- Schoolers	1208		
4. Other Adults	5693	147	3%

B. TEMPORARY FILLING			
1. Pregnant Mothers	2303	59	2%
2. School Children	2305	1087	47%
3. Pre- Schoolers	1208	665	55%
4. Other Adults	5693	98	2%
C. GUM TREATMENT			
1. Pregnant Mothers	2302	449	19%
2. School Children	2305	286	10%
D. EXTRCTION			
1. Oral Adults	5693	386	7%
TOTAL	11508	4890	24.49%
II. PREVENTIVE DENTAL CARE			
A. ORAL PROPHYLAXIS			
1. Pregnant Mothers	2302	43	2%
2. School Children	2305	57	2%
III. CURATIVE DENTAL CARE			
A. PERMANENT FILLING			
1. Pregnant Mothers	2303		2%
2. School Children	2305		47%
3. Pre – Schoolers	1208		55%
4. Other Adults	5693	147	3%
B. TEMPORARY FILLING			
1. Pregnant Mothers	2303	59	2%
2. School Children	2305	1087	47%
3. Pre – Schoolers	1208	665	55%
4. Other Adults	5693	98	2%
C. GUM TREATMENT			
1. Pregnant Mothers	2302	449	19%
2. School Children	2305	286	10%
D. EXTRCTION			
1. Oral Adults	5693	386	7%

Table XXXI. Statistical Data on COVID-19 in Mangaldan CY 2020

Barangay	No. of Cases	No. of Active Cases	No. of Recoveries	No. of Death
Alitaya	7	0	7	0
Amansabina	13	0	12	1
Anolid	23	0	22	1
Banaoang	9	0	8	1
Bantayan	21	1	18	2
Bari	32	0	31	1
Bateng	7	0	7	0
Buenlag	3	0	2	1
David	2	0	2	0
Embarcadero	5	0	4	1
Gueguesangen	5	0	5	0
Guesang	3	0	3	0
Guiguilonen	15	0	11	4
Guilig	5	0	5	0
Inlambo	1	0	0	1
Lanas	6	0	5	1
Landas	2	0	2	0
Maasin	8	0	6	2

Macayug	5	0	4	1
Malabago	25	0	20	4
Navaluan	1	1	1	0
Nibaliw	8	0	5	3
Osiem	1	1	0	0
Palua	1	0	1	0
Población	17	1	13	3
Pogo	3	0	3	0
Salaan	5	0	5	0
Salay	18	0	17	1
Talogtog	3	0	3	0
Tebag	2	0	2	0
TOTAL	256	4	224	28

G. SOCIO- ECONOMIC PROFILE

a. Social Welfare

➤ No. of PWD

A total number of 267 persons with disabilities were provided PWD IDs and purchase medicines and prime commodities for the year 2020. *Source: Social Welfare Development Office*

➤ No. of Poor Families by Barangay

For year 2020, Assistance to individuals in Crisis Situation (AICS) were given to 1,546 qualified registered beneficiaries (Family Heads and other Needy Adults). There were 3,385 totals benefitted with the 4P's/ PANTAWID PAMILYANG PILIPINO PROGRAM.

Table XXXII. Financial Assistance 2016-2020

	2020 No. of clients served	2019 No. of clients served	2018 No. of clients served	2017 No. of clients served	2016 No. of clients served
AICS Fund (Assistance to Individuals in Crisis Situation)	1, 546 Individuals/family Heads and other needy Adult	5, 133 Individuals/family Heads and other needy Adult	3, 861 Individuals/family Heads and other needy Adult	4306 Individuals/family Heads and other needy Adult	Individuals/family Heads and other needy Adult
SEA Fund (Self Employment Assistance)	71 Individuals/family Heads and other needy Adult	Individuals/family Heads and other needy Adult	2 Individuals/family Heads and other needy Adult	527 Individuals/family Heads and other needy Adult	Individuals/family Heads and other needy Adult
ESA Fund (Emergency Shelter Assistance)	8 Individuals/family Heads and other needy Adult	Individuals/family Heads and other needy Adult	11 Individuals/family Heads and other needy Adult	1278 Individuals/family Heads and other needy Adult	Individuals/family Heads and other needy Adult

Table XXXIII. Elderly Welfare Program

NUMBER OF ISSUED ID. CARDS AND PURCHASE BOOKLETS FOR SENIOR CITIZENS		
TOTAL NO. OF I.D. CARDS ISSUED		TOTAL NO. OF PURCHASE BOOKLETS ISSUED
2020	2119	2080
2019	2240	2226
2018	2072	1459
2017	1970	3396
2016	-	-
2015	2640	2640
2014	1477	1303

Source: MSWDO

H. EDUCATION

a. Literacy Rate

Table XXXIV. Illiteracy rate by sex (CBMS 2016)

Municipality	Number of persons 10 years old and above			Illiterate persons 10 years old and above					
	Total	Male	Female	Magnitude *			Proportion*		
				Total	Male	Female	Total	Male	Female
MANGALDAN	72948	36755	36193	1408	698	710	1.93	1.9	1.96

* NUMBER OF ILLITERATE PERSONS 10 YEARS OLD AND ABOVE OVER TOTAL NUMBER OF PERSONS 10 YEARS OLD AND ABOVE

Source : CBMS Census 2016-2017

Table XXXV. School-Age Population and Participation Rate, by level (Elementary, Secondary, Tertiary) School Going Age Population 2019 and Number of enrollees

AGE GROUP	PROJECT SCHOOL AGE POP 2019	NO. OF ENROLEES	PARTICIPATION RATE %
4-3 (Preparatory) DCC	4, 714	2, 876	1.64
6-12 (PRIMARY)	16,596	16, 378	1.01
13-19(SECONDARY)	15, 793	10, 717	1.47
TOTAL	37, 103	29, 971	1.47

Source: NSO Census BASE Year 2015/ OMPDC

Table XXXVI. Enrolment Data SY 2020-2021 (MALE-FEMALE PROPORTION)

PUBLIC				
DISTRICT I	BRGY	MALE	FEMALE	TOTAL
ALITAYA E/S	ALITAYA	282	226	508
DONA FELISA NAVARRO E/S	AMANSABINA	53	46	99
ANOLID E/S	ANOLID	308	304	612
BARI E/S	BARI	204	207	411
BUENLAG E/S	BUENLAG	193	198	391
CENTRAL E/S	POBLACION	1380	1324	2704
DAVID E/S	LANDAS	559	572	1131
DON GREGORIO I. MAGNO E/S	BANAOANG	124	115	239
GUEGUESANGEN INTERGRATED SCHOOL E/S	GUEGUESANGEN	338	320	658
GUESANG E/S	GUESANG	249	240	489
NAVALUAN E/S	NAVALUAN	209	186	395
OSIEM E/S	OSIEM	166	143	309
		4065	3881	7946

DISTRICT II	BRGY	MALE	FEMALE	TOTAL
MANGALDAN INTERGRATED SCHOOL E/S	BANTAYAN	557	510	1067
EMBARCADERO E/S	EMBARCADERO	270	203	473
INLAMBO E/S	INLAMBO	130	127	257
LANAS E/S	LANAS	169	117	286
MAASIN E/S	MAASIN	217	199	416
MACAYUG E/S	MACAYUG	110	142	252
MALABAGO E/S	MALABAGO	435	420	855
NIBALIW E/S	NIBALIW	146	123	269
POGO-PALUA E/S	POGO	147	140	287
SALAAAN E/S	SALAAAN	298	289	587
SALAY E/S	SALAY	252	222	474
TALOGTOG E/S	TALOGTOG	271	235	506
TEBAG E/S	TEBAG	133	111	244
	SUB TOTAL 2	3135	2828	5973

PRIVATE	BRGY	MALE	FEMALE	TOTAL
GOLDEN ANGELS EDUCATIONAL INSTITUTION. INC.	POBLACION	63	34	97
STO. TOMAS CATHLIC SCHOOL	POBLACION	26	29	55
RIGHT FORMATIO SCHOOL	EMBARCADERO	140	150	290
CHESISHED MOMENTS SCHOOL	BARI	48	43	91
AURA VISTA MONTESSORI	BARI	260	271	531
CINDERELLA SCHOOL	POBLACION	51	68	119
CLARICE SCHOOL	SALAY	297	277	574
MANGALDAN ACHIEVERS ACADEMY	POBLACION	371	331	702
SUB TOTAL 3		1256	1203	2459
GRAND TOTAL.		8456	7922	16378

HIGH SCHOOL				
PUBLIC	BRGY	MALE	FEMALE	TOTAL
MANGALDAN NATIONAL HIGH SCHOOL	POBLACION	3800	3984	7787
DAVID NATIONAL HIGH SCHOOL	DAVID	299	202	501
GUEGUESANGEN INTERGRATED SCHOOL	GUEGUESANGEN	72	69	141
MANGALDAN INTERGRATED SCHOOL	BANTAYAN	568	424	992
HS SUBTOTAL 1		4739	4679	9421
PRIVATE	BRGY	MALE	FEMALE	TOTAL
METRO DAGUPAN COLLEGE SPECIAL SCIENCE HS	POBLACION	109	83	192
STO. TOMAS HIGH SCHOOL	POBLACION	87	90	177
BETHEL CHRISTIAN LEARNING CENTER	POBLACION	2	8	10
CHERISHED MOMENTS SCHOOL	BARI	176	178	354
AURA VISTA MONTESSORI	BARI	41	20	61
RIGHT FORMATION SCHOOL	EMBARCADERO	49	41	90
CINDERELLA SCHOOL	POBLACION	70	62	132
CLARICE ANGELS SCHOOL	SALAY	152	128	280
MANGANLDAN ACHIEVERS SCHOOL	SALAY	0	0	0
HS SUB TOTAL 2		686	610	1296
GRAND TOTAL		5425	5289	10717

Table XXXVII. School Data 2020-2021

SCHOOL CATEGORY	M	F	TOTAL
DISTRICT I	4065	3881	7946
DISTRICT II	3135	2838	5973
	7200	6719	13939
PRIVATE ELEMENTARY	1256	1203	2459
PUBLIC HIGHSCHOOL	4739	4679	9421
PRIVATE HIGHSCHOOL	686	610	1296
TOTAL	14209	13496	27708

B. EMPLOYMENT AND INCOME

➤ Employment Rate

Table XXXVIII. Employment by sex, by Barangay (CBMS 2016)

BARANGAY	NO. OF MEMBERS OF THE LABOR FORCE			EMPLOYED MEMBERS OF THE LABOR FORCE					
	TOTAL	MALE	FEMALE	MAGNITUDE			PROPORTION		
				TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
MANGALDAN	31389	20936	10453	28976	19400	9576	92.31	92.66	91.61
Alitaya	1335	941	394	1188	848	340	88.99	90.12	86.29
Amansabina	686	452	234	685	452	233	99.85	100	99.57
Anolid	2644	1746	898	2410	1611	799	91.15	92.27	88.98
Banoang	1230	887	343	1109	805	304	90.16	90.76	88.63
Bantayan	1112	777	335	1036	725	311	93.17	93.31	92.84
Bari	1481	979	502	1407	934	473	95	95.4	94.22
Bateng	801	571	230	780	555	225	97.38	97.2	97.83
Buenlag	1006	686	320	985	673	312	97.91	98.11	97.5
David	1581	997	584	1480	944	536	93.61	94.68	91.78
Embarcadero	878	613	264	806	566	240	91.8	92.33	90.57
Gueguesangen	947	573	374	905	551	354	95.56	96.16	94.65
Guesang	1323	930	393	1232	859	373	93.12	92.37	94.91
Guiguilonen	993	591	402	885	527	358	89.12	89.17	89.05
Guilig	997	644	353	988	639	349	99.1	99.22	98.87
Inlambo	361	267	94	312	234	78	86.43	87.64	82.98
Lanas	1126	761	365	1090	712	318	96.8	97.5	95.31
Landas	570	424	146	494	366	128	86.67	86.32	87.67
Maasin	834	577	257	762	542	220	91.37	93.93	85.6
Macayug	762	548	214	700	510	190	91.86	93.07	88.79
Malabago	1239	827	412	1070	723	347	86.36	87.42	84.22
Navaluan	1194	788	406	1083	713	370	90.7	90.48	91.13
Nibaliw	1066	723	343	937	624	313	87.9	86.31	91.25
Osiem	921	645	276	838	593	245	90.99	91.94	88.77
Palua	582	408	174	495	354	141	85.05	86.76	81.03
Población	1440	794	646	1401	767	634	97.29	96.6	98.14
Pogo	542	346	196	510	320	190	94.1	92.49	96.94
Salaan	816	545	271	779	523	256	95.47	95.96	94.46
Salay	1196	835	361	994	702	292	83.11	84.07	80.89

Tebag	898	561	337	857	545	312	95.43	97.15	92.58
Talogtog	828	500	328	758	453	305	91.55	90.6	92.99

*Employed members of the labor force, Labor force members includes all members 15 years old and above who are currently working or actively seeking for work.

**Number of Employed members of the Labor force otter total number members of the labor force

Source CBMS CENSUS 2010-2017

TABLE XXXIX. UNEMPLOYED by sex (CBMS 2016)

Municipality	Number of members of the Labor force			Unemployed members of the labor force*					
	Total	Male	Female	Magnitude *			Proportion *		
				Total	Male	Female	Total	Male	Female
MANGALDAN	31389	20936	10453	2413	1536	877	7.69	7.34	8.39

TABLE XL. Number of Overseas Filipino Workers (OFW)-CBMS 2016

Group	Frequency								
	Magnitude *						Proportion *		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
FILIPINO OVERSEAS									
OVERSEAS Filipino Workers (OFW)	3022	1424	1598	100	47.1				

Source: CBMS CENSUS 2016

TABLE XLI. CURRENT AND FUTURE POLICE FORCE REQUIREMENTS CY 2016-2020

CURRENT AND FUTURE POLICE FORCE REQUIREMENT CY 2016-2020			
YEAR	NO. OF POLICE (EXISTING)	PROFECTED POPULATION	POLICE FORCE REQUIREMENT
2016	75	107883	107
2017	75	109459	109
2018	72	111057	111
2019	66	112678	112
2020	81	113185(ACTUAL PSA CENSUS)	114

TABLE XLII. Projection and Existing Police-Population Ratio

	2016	2017	2018	2019	2020
POPULATION	107, 883	109,459	111,057	112,678	113185
Policemen (1:1000)	107	109	111	112	114
Existing	75	75	72	66	81

Table XLIII. Comparative Crimes Statistics CY 2018-2020

PEACE AND ORDER			
CRIME OFFENSE	2018	2019	2020
CRIME VOLUME	1365	943	231
INDEX CRIME	113	77	44
NONE-INDEX CRIME	151	138	187
CRIME SOLVED	1,112	786	173
AVERAGE MONTHLY CRIME RATE	1,232,72	851.62	17.38
CRIME SOLUTION EFFICIENCY	81.46	83.35	74.89

SOURCE: PNP 2020

Table XLIV. Fire Prevention Activities 2016-2019

FIRE PREVENTION ACTIVITIES	2016	2017	2018	2019	2020
NUMBER OF BUSINESS PERMIT APPLICATION PROCESSED	1,724	2,073	2,213	2,548	2,461
NUMBER OF FIRE SAFETY INSPECTION CERTIFICATE ISSUED	11,724	2,073	2,213	2,548	2,461
NUMBER OF BUILDING PLAN REVIEWED AND PROCESSED	202	238	226	236	266
NUMBER OF FIRE SAFETY INSPECTION CONDUCTED	1,926	2,311	2,439	2,784	2,727
NUMBER OF FIRE CODE FEES COLLECTED	Php 583,083	Php 631,899.00	Php 672,872	Php 933,670	Php 2,094,803
AMOUNT OF FIRE DRILL CONDUCTED	37	40	37	45	
NUMBER OF LECTURES CONDUCTED	8	34	8	45	
NUMBER OF UGNAYAN SA BARANGAY CONDUCTED	24	30	24	24	5

Table XLV. Fire Incidents Responded CY 2017-2020

FIRE INCIDENT RESPONDED	2017	2018	2019	2020
NUMBER OF STRUCTURAL FIRE RESPONDED WITHIN AOR	1	6	6	7
NUMBER OF POST FIRE RESPONDED WITHIN AOR	0			
NUMBER OF GRASS FIRE RESPONDED WITHIN AOR	13		1	
NUMBER OF RUBBISH FIRE RESPONDED WITHIN AOR	0	1		2
NUMBER OF VEHICULAR FIRE RESPONDED WITHIN AOR	1			2

As of 2020, Mangaldan Fire Station has a total strength of Thirteen (13) active BFP personnel. Despite of the insufficiency in manpower, BFP personnel of this station are performing multi-function and designations to efficiently render fire prevention, fire suppression, fire investigation, emergency medical/ rescue services and administrative functions.

Table XLVI. Fire Incidence by Barangay, CY 2020

BARANGAY	AFFECTED PROPERTY	EXTENT OF DAMAGE	YEAR: DATE: TIME	ESTIMATED AMOUNT OF DAMAGES
ALITAYA	RESIDENTIAL		16 FEB 2019	120,000
RIZAL. ST. POBLACION	GRASS		01 MARCH 2019	
BARI	RESIDENTIAL		28 MARCH 2019	300,000
PALUA	RESIDENTIAL		13 MAY 2019	30,000
GUILIG	RESIDENTIAL		14 MAY 2019	20,000
GUILIG	RESIDENTIAL		18 DEC 2019	30,000
ALITAYA	RESIDENTIAL		26 DEC 2019	15,000

- ***Transportation and Communication***

In the municipality of Mangaldan, tricycle is the common transport facility being used. There is a tricycle station located at the public market area which is intended to traverse from Poblacion to other barangays. There is no jeepney terminal in the municipality. For residents who wish to travel to other municipalities, there are jeepneys and buses which pass by the area coming from Dagupan, San Fabian, Manaoag and Mapandan. Fare structure varies from regular to special rates. For tricycle, regular fare is Php 9.00 for the first kilometers and additional of Php 1.00 for every succeeding kilometer. Students and senior citizens have a discount of 1.50 for every kilometer. Jeepneys have different fare rate for as set forth by the Land Transformation Franchising Regulatory Board. Communication Facilities

- ***Tourist Attractions***

Attraction of Existing Tourism Establishment and Tourist Attraction

Mangaldan is located in an area near busy Dagupan City, San Fabian and Manaoag, where many people flock to pay homage to the Minor Basilica of Our Lady of the Most Holy Rosary of Manaoag and visit beach resorts which attract many visitors from far flung towns and cities. In support to the Manaoag Tourism Development Plan, Mangaldan can supply its local products for sale such as meat and meat products, native delicacies, food products, novelty items as well as recreational facilities.

Mangaldan, being a peace-loving community is attractive to tourists, where in the general peace and order situation is very satisfactory. Traditionally, a destination is thought to be specific geographical area but in today's world a destination can be an alloy of tourism products to satisfy visitors located in an area. There is a destination of every kind to suit the personality of every traveler. With so many choices for tourist, they must be convinced as to why they should visit Mangaldan over other places.

The role of the government identified as key to developing the tourism industry. To become an attractive destination for tourists, a location requires a wide range of services including infrastructure and effective marketing in order to attain the vision and the role of the municipality to the Province of Pangasinan as the meat-processing capital of Pangasinan providing quality pasalubong products to tourists and visitors.

- ***Cultural Tourism Activities***

The municipality of Mangaldan is proud to have its Pindang Festival held during annual fiesta, this is a week-long activity.

Table XLVII. Mangaldan DRRM-H Action Plan 2021

MANGALDAN DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH PLAN 2021							
<p>Rationale</p> <p>Community health is continuously threatened worldwide. Over the past decades, emergencies and disaster significantly affect the entirety of a community causing vast disruptions and reductions in healthcare system, Yearly, there are paucity of evidences on the safety and efficacy of individual and community-level strategies to improve disaster risk reduction and management program and its relation to health. These destructive events should not be the reason for us to be shaken, rather they must stand as means for us to stay stronger.</p> <p>Disaster Risk Reduction Management in Health is an intricate process and evidence-based system carefully strategized to evaluate the hazard, vulnerabilities and risks that may occur in a community. Micro and macro plans are created to play integral role in respond to all the emerging disasters in our community. These emergency and contingency are ways for us to manage this unwarranted situation.</p>							
<p>Objectives</p> <p>General Objective/s</p> <p>The main objective of this output is to create an operational framework that will guide and define the functionality of healthcare system and service in the Municipality of Mangaldan in time of emergencies and disasters</p> <p>Specific Objective/s</p> <ul style="list-style-type: none"> • Strengthen the municipality’s disaster risk reduction and management plan on health by showcasing the preparedness of the municipality to mitigate the impacts of emergencies and disaster • Provide equitable access to all healthcare services especially in time of emergencies and disaster` • Strengthen the capability of the Operation Center (OpCen) and the DRRM-H team • Coordinate and communicate efficiently and effectively with other agencies, departments and units of the government • Protect and restore the manpower of Mangaldan, who act as the essential caretaker of the community’s economy • Ensure the safety of all the townspeople of Mangaldan at all times 							
I. BUILDING BLOCK : LEADERSHIP AND GOVERNANCE							
Concerns	Project/Programs/Activities	Expected Outcome	Time Frame	Person Responsible	Materials Required	Budgetary Requirement	Funding Source
CAPACITY BUILDING OF COUNCIL MEMBERS	<ul style="list-style-type: none"> • Orientation of Council members on the approved DRRM-H Plan, including individual functions and responsibilities 	Awareness and acknowledgement of council members and planning committee members on their specific functions, the goals, objectives, vision and the mission of the DRRM-H	January-March 2024	LCE, DRRM-H Planning Committee	Snacks, DRRM-H Plan , AIP	P 10,000	MHO/LGU
	<ul style="list-style-type: none"> • Seminars, Training on DRRM-H Related Programs 	Having knowledgeable, skillful and efficient staffs and personnel always ready in every circumstance	January-December 2024	MHO, MDRRMO	Snacks, transportation, Laptops, Wifi	P 100,000	MHO/LGU

	<ul style="list-style-type: none"> • DRRM-H Planning Local Health Board Meetings on DRMM-H Plan review 	Improved, Updated and Approved plan	January-March 2024	DRRM-H Planning Committee, LHB,SB	Snacks, DRRM-H Plan,	₱10,000	MHO/LGU
	<ul style="list-style-type: none"> • Institutionalization and capacity building of all ICS at all levels 	Review and update the existing ICS structure, composition and defining roles and function of its members	January-March 2024	MHO,MDRRMO,S B	Snack, transportation, Laptops, Wifi	P 50,000	MHO/LGU
	<ul style="list-style-type: none"> • Strengthening of Referral Networks and to other 	Conduction of meeting between health stakeholders Crafting and signing of policies and MOA with other service network providers for smooth referral system	January-December 2024	MHO,PHO,CHD1	Snacks, MOA template	P 20,000	GAD,MHO
II. BUILDING BLOCK: HEALTH WORK FORCE							
Concern	Projects/Programs/Activities	Expected Outcome	Time Frame	Perso Responsible	Materials Required	Budgetary Requirement	Funding Source
Strengthening Network with the Local Level and with other sectors	<ul style="list-style-type: none"> • Dialogue with ILHZ and other nearby institutions 	Conduction of meeting between health stakeholders particularly in the local level	January-December 2024	DRRM-H Committee ILHZ	DRR-H Plan, templates, Visuals	P 20,000	MHO
Formulation of Human Resource Contingency plan for all hazards	<ul style="list-style-type: none"> • Meetings with DRRM-H personnel on exiting disaster protocols • Formulation of Contingency Plan Health Emergency Responded 	Update exiting directory of DRRM-H personnel involved in disaster preparedness and response Review and update existing contingency plan	January-March 2024	DRRM-H Committee MDRRMO	DRRM-H Plan laptop, templates, snacks	P 20,000	MHO
Establishment of regular emergency drills	<ul style="list-style-type: none"> • Conduction of regular emergency drills 	Strengthening preparedness and response to disaster by the DRRM-H personnel and other involved groups like MDRRMO, PNP, BFP	March-September 2024	DRRM-H personnel, MDRRMO, PNP, BFP	Fist aid medicines and equipment, snacks, Transportation, ambulance	P 50,000	MDRRMO, MHO
III. BUILDING BLOCK: MEDICINE AND TECHNOLOGY							
Concern	Projects/Programs/Activities	Expected Outcome	Time Frame	Person Responsible	Materials Required	Budgetary Requirement	Funding Source

Prepositioning of butter medicines, supplies, equipment and vaccines	<ul style="list-style-type: none"> • Inventory of medicines, vaccines and equipment • Purchase of medicines, supplies and equipment • Requisition of vaccines • Inventory of functional and non-functional equipment 	Update list of available medicines and equipment	January-December 2024	MHO, GSO	Commodities (machines, IVP, Other equipment)	P 500,000	MHO
	Communication and Information Discrimination	Provision of relevant and updated information on disaster risk reduction and response	January-December 2024	DRRM-H Personnel	IEC Materials	P 30,000	MHO
	Other Equipment/Logistics	Provision of all essential needs for the vaccination program to ensure proper and harmonious program for all eligible population	January-December 2024	MHO, GSO	Medical equipment (stretchers, wheelchair and others)	P 500,000	MHO
	COVID Vaccine Procurement	Increase the rollout of vaccines	January-December 2024	MHO	Vaccines, refrigerators, vaccine carriers, safety collection boxes, syringes, card	P 500,000	MHO/LGU

IV. BUILDING BLOCK: INFORMATION AND RESEARCH

Concerns	Project/Programs/Activities	Expected outcome	Time Frame	Person Responsible	Materials Required	Budgetary Requirement	Funding Source
Preposition backup system for hazard maps, IEC materials	<ul style="list-style-type: none"> ➤ Designation of a Health Information Officer ➤ Inventory of exiting electronic systems (Laptops, desktop Computer) and purchase of other essential technologies 	Centralized and accessible information management system for smooth delivery of information education and communication	January-March 2024	DRRM-H Personnel	Laptop, desktop, wifi	P 50,000	MHO
Preposition of backup electronic system for medical services	Creation of RHU e-databases and IEC	Organized information and management system ready for any unwarranted events that may destroy the database	January-December 2024	DRRM-H Personnel	Laptop, wifi	P 50,000	MHO

V. BUILDING BLOCK: HEALTH FINANCING

Concerns	Projects/Programs/Activities	Expected Outcome	Time Frame	Personal Responsible	Material Required	Budgetary Requirement	Funding source
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Allocation of funds for health from DRRM funds	Inclusion of DRRM-H in the budget allocation from MDRRM funds	Utilization of MDRRM funds allocated for DRRM-H in times of disaster and emergencies	January-March 2024	DRRMO, MHO, MBO	DRRM-H Plan, AIP	P 10,000	MDRRMO
Institutionalization of policy in the utilization of DRRM-H fund for prepositioning of supplies, equipment for every cluster	Integrate DRRM-H to MDRRM Plan to allocate budget	Allocation of funds to different DRRM-H clusters such as Wash, Nutrition, MPHSS, and others	January-March 2024	MDRRMO, MHO, MBO	DRRM-H Plan, AIP	P 10,000	MDRRMO
VI. BUILDING BLOCK-HEALTH SERVICE DELIVERY							
Concerns	Projects/Program/Activities	Expected Outcome	Time Frame	Person Responsible	Materials Required	Budgetary Requirement	Funding Source
Provision of a typhoon resilient ambulance	Procurement of ambulance and other necessary materials and equipment	Acquisition of a resilient and always ready ambulance	January – December 2024	MHO, MDRRMO, MBO	Program of works	P 1M	MHO, LGU
Crafting of contingency plan for services of BEmONC, TB DOTS and other medical services	Construction of meeting with the Local Health Board and MDRRMC	Crafted contingency manual and review existing referral system during emergencies and disasters	January – March 2024	DRRM-H Planning Council, MDRRMO, MPDC	Meals, template	P 10, 000	MHO
Organization and capacitation of Health Response Teams	Health education and mobilization of WaSH Teams Provision of water kits and water disinfectants Monitoring of drinking water sources	Strengthening WaSH Programs and Mobilization of Barangay WaSH Teams	March – April 2024	MHO, MDRRMO	IEC Materials, Transportation, Meals	P 50,000	MHO
Institutionalization of Municipal Nutrition Programs	Provision of micronutrient supplements to target clients	Solidification on the fight against micronutrient deficiency especially during emergency or disaster situations	July 2024	MHO, CHD	RUTF, MNP	P 30,000	MHO

	Installation of Breastfeeding areas in evacuation centers	Provision of breastfeeding areas to mothers likewise counselling mothers and caregivers in evacuation centers	January – December 2024	MDRRMO, MHO	Visual aids, furniture	P 20,000	MHO
Institutionalization of Mental Health Program	Creation of Mental Health Page on social media and other platforms	Intensifying the fight against mental health awareness	January – March 2024	MHO	Laptop, Cellphone	P 20,000	MHO
	Strengthening the referral networks on mental health	Crafted MOA for strengthened network on mental health referral system especially during emergency or disaster situations	January – December 2024	MDRRMO, MHO	Logbook of mental health patient's Two-way referral system	As needed	MHO

VII. BUILDING BLOCK COMMUNITY RESILIENCE							
Concerns	Project/Programs/Activities	Expected Outcome	Time Frame	Person Responsible	Materials Required	Budgetary Requirement	Funding Source
Re-orientation and capacity building of BDRRMC Members	Training on Basic HEM & BLS and Basic First Aid	Increased knowledge and skills in handling emergency cases especially during disasters	June – July 2024	MDRRMC, MLGOO, MHO, DOH, PHO	Laptop, Projector, Snacks, Pens, Bond papers, TEV	P 50,000	MHO
	<ul style="list-style-type: none"> ➤ Training on <ul style="list-style-type: none"> - BLS - Standard First Aid - Mass Casualty Management - Basis Health Emergency Management 		September – October 2024	LHB, MDRRMC, ABC, MHO, MDRRMC, BHW's, DOH, PHO, HEMS	Meals & Snacks, Venue writing materials, visual aids	P 50,000	MHO
Institutionalization of Barangay Based Health Emergency Management	<ul style="list-style-type: none"> • Creation of Brgy. HEM • Crafting of policy on the creation of barangay- based health emergency management 	Coordinated barangay council and health worker members during disasters	March – April 2024	MDRRMC, MLGOO, MHO, BDRRMC	Laptop, Projector, Snacks, Pens, Bond papers	P 10,000	MHO
GRAND TOTAL						PHP 3,170,000.00	

THE FOUR THEMATIC AREAS

A. Prevention and Mitigation

a. *Long-term Goal/s*

- The primary goal of this area is to prevent and mitigate the burdens and impacts of disasters in the healthcare through institutional strengthening and implementation of healthcare system and delivery

b. *Objective/s*

- To partner with other departments, agencies, barangays and other sectoral groups regarding planning, designing, strategizing, implementing, monitoring and evaluating the Prevention and Mitigation Action Plan

c. *Outcome/s*

- Created and organized prevention and mitigation action plan that have effectively trained all groups and agencies involved to prevent and mitigate the impacts of disasters to health

B. Preparedness

a. *Long-term Goal/s*

- The primary goal of this area is to enhance the capabilities of all the stakeholders on health-disaster preparedness

b. *Objective/s*

- To develop a health-disaster preparedness program at the grassroot level with the participation of community-based organization
- To adequately equip the DRRM-H Operation Center and DRRM-H response team

c. *Outcome/s*

- Organized community groups with enhanced capacity on health-disaster preparedness
- Equipped disaster operation center and activate response team

C. Response

a. *Long-term Goal/s*

- The primary goal of this area is to enhance the capacities of all the stakeholders to response to disasters and emergencies

b. *Objective/s*

- To augment the availability of healthcare services and other hospital facilities and morgues in times of major disasters

c. *Outcome/s*

- Achieved sufficient medical and healthcare services, and hospital facilities and morgues in times of major disasters and institute ICS

D. Recovery and Rehabilitation

a. *Long-term Goal/s*

- Enhance capacities of the Local Government Unit to recover and rehabilitate from the impacts of disasters in the field of healthcare

b. *Objective/s*

- To strengthen the capacity and coordination of different departments and agencies in the LGU on disaster damages
- To strengthen the capacity and coordination of LGU with other neighboring LGUs on debris clearing

c. Outcome/s

- Coordinated and strengthened program with all departments and agencies involved
- Coordinated and strengthened clean-up drive undertaken jointly by different LGUs

III. KEY CONCEPTS IN DRRM-H

❖ Goals of the Health Sector on Emergencies and Disasters

A. Conceptual Framework

Disaster Risk Reduction Management on Health is an intricate process and evidence-based system carefully strategized to evaluate the hazards, vulnerabilities and risks that may occur in a community. The principle’s framework lies on the four thematic areas carrying equal rehabilitation. The CORE Processes of this plan include governance, service delivery, resource management and mobilization, and information and knowledge management. Healthcare services and packages are not limited to medical healthcare but also include public health, nutrition, water sanitation and hygiene, mental health and psychosocial support. The ultimate goal of this plan is to ensure the durability and resiliency of the healthcare system, making sure that all forms of healthcare services are continuously flowing in a community amidst disasters

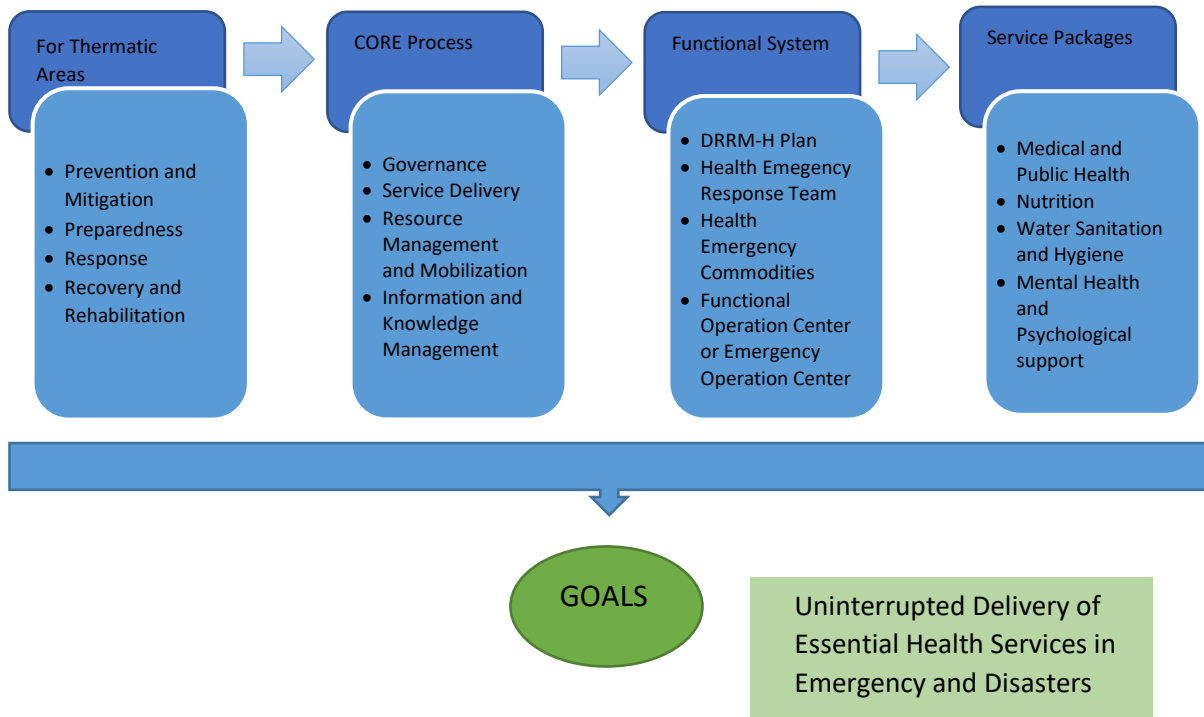


Figure IV. DRRM-H Conceptual Framework

B. Guiding Principle on Disaster Risk Reduction and Management in Health

Last August 4, 2020, the Department of Health created Administrative Order No. 20200036 to explain the need to emphasize the “Guidelines on the Institutionalization of Disaster Risk Reduction and Management in Health (DRRM-H) in Province-wide and City-wide Health System”, which is an integrated, multi-sectoral systems-based approach to mitigate or prevent health risks during disasters thereby helping the community easily adapt rehabilitate in times disasters and emergencies. As defined by the Department of Health, DRRM-H is an evidence-based compilation of plans, programs, strategies and systems. Institutionalizing this program means creating a systems-based approach in the delivery of healthcare services that will work in communities in times of vulnerability. The plans, policies and programs framed are intended to serve focusing on the health outcomes mandated by the national and international guidelines.

IV. DRRM-H PLANNING COMMITTEE

A. Composition of the LGU DRRM-H Planning Committee for 2021

- a. Municipal Mayor.....Bona Fe De vera- Parayno
- b. Municipal Health Officer/ HEMS Manage.....Larry B. Sarito, MD, DPCOM
- c. DRRM-H Focal PersonLarry B. Sarito, MD, DPCOM
- d. Assistant HEMS Manager 1.....Zita L. Lapore
2.....Virgilio Manzano
- e. MDRRM OfficerRodolfo Corla
- f. MPDOMilagros Juguillon
- g. MLGOOMarilyn Laguipo
- h. MBOJulieta C. Petonio
- i. MSWDORowena C. De Guzman

Figure V. Organizational Structure of the DRRM-H Planning Committee

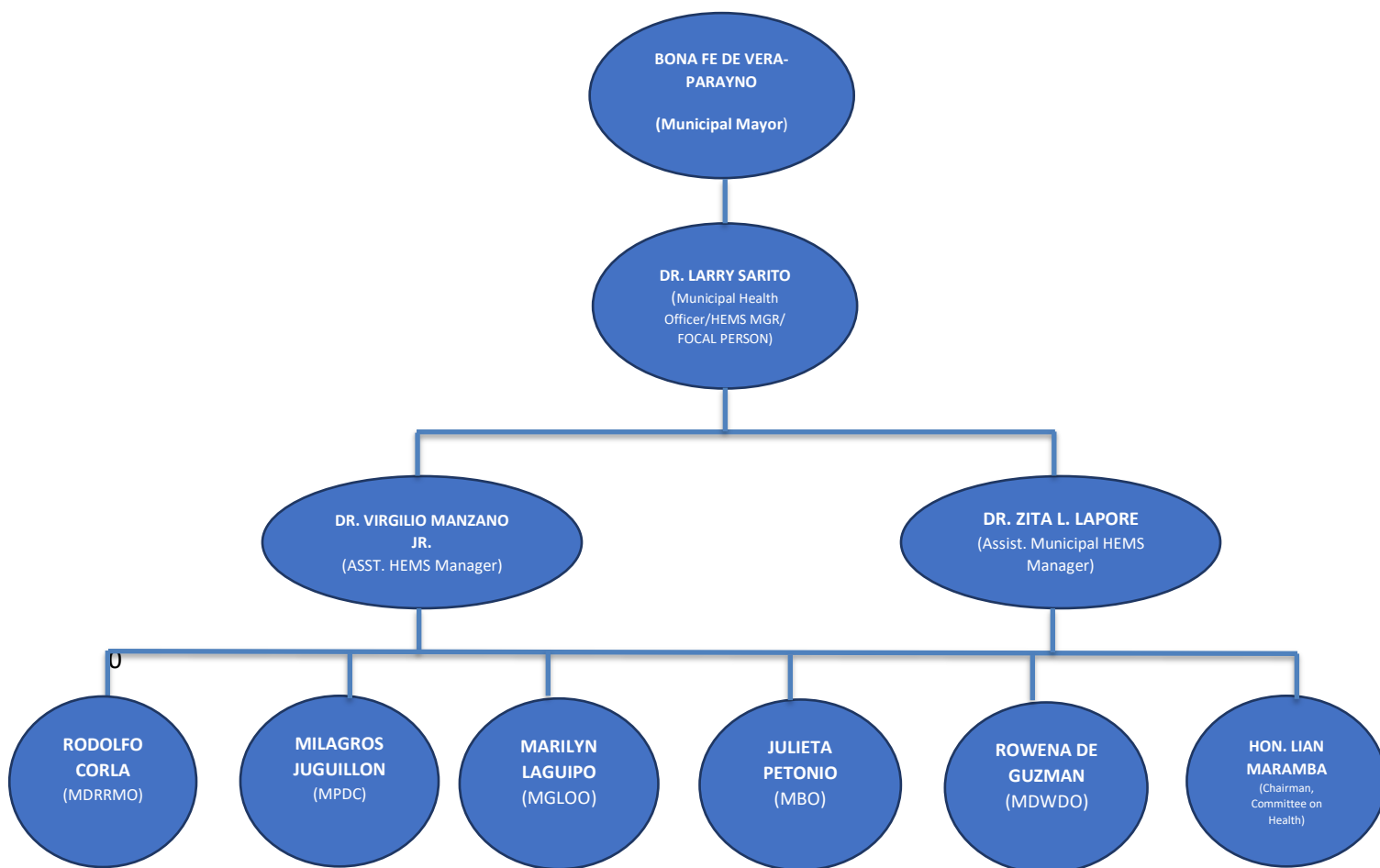
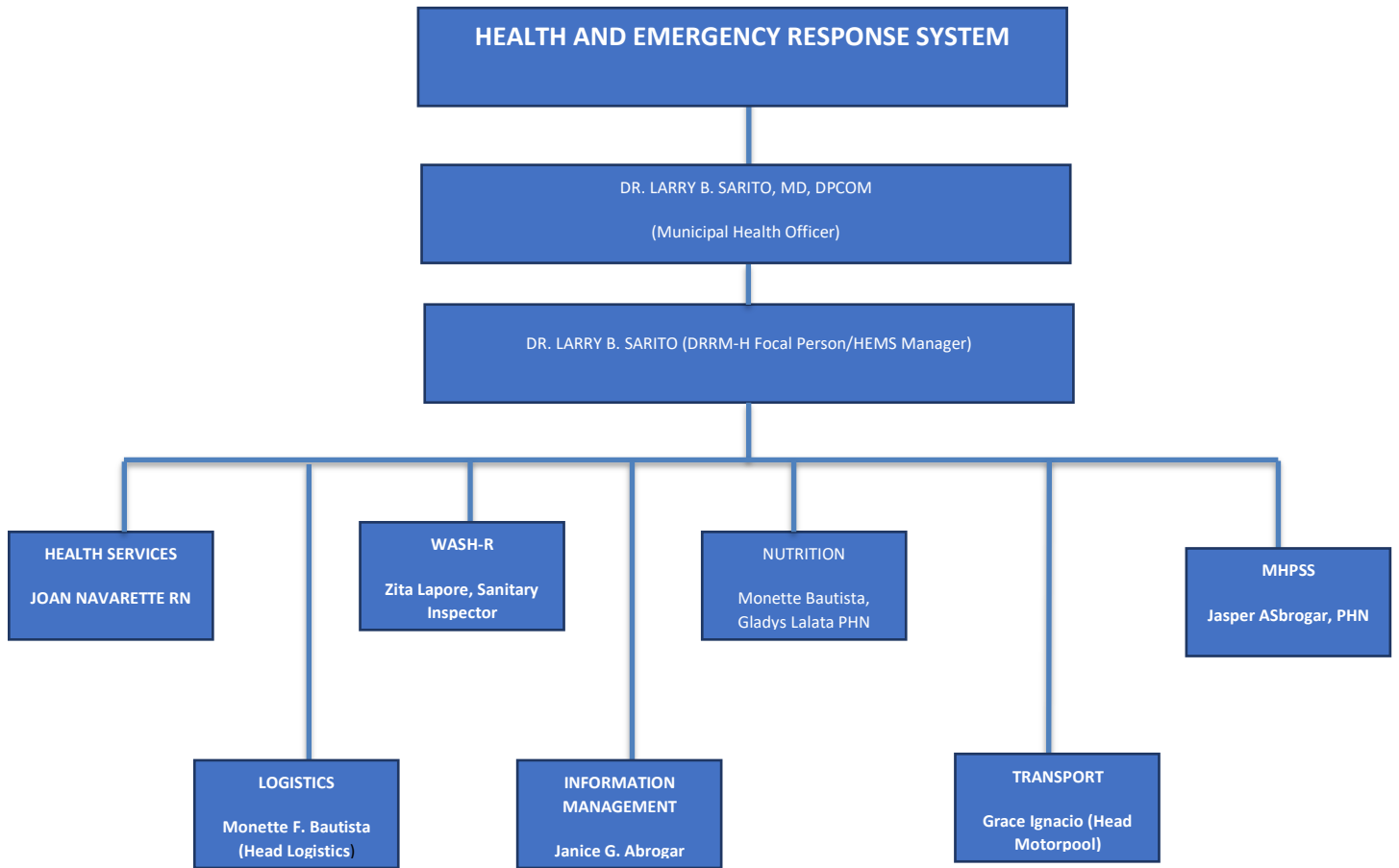


FIGURE VI. Health and Emergency Response Team Composition



C. Roles and Responsibilities of the LGU Planning Committee

a. Municipal Health Officer

- Has the main authority for the implementation of the plan
- Assures the adequacy of resources for the management of events and the compliance of the team on policies for higher ups.

b. HEMS Team

- Pre-disaster
 - Plans and designs program for disaster risk reduction aligning with the NDDMP standards and guidelines
 - Collaborates with MDRRMO and consolidates local disaster risk reduction information of the municipality such as natural hazard, vulnerabilities and climate change risks and maintain local risk map
 - Attends and conducts trainings, orientations, and knowledge management activities on disaster risk reduction and management
 - Conducts continuous monitoring of the possible health hazards and mobilizes instrumentalities and entities of the LGUs, CSOs, and private groups and organize volunteers, to utilize all possible resources
 - Disseminates IEC materials on disaster risk reduction and management and its threat to health
- During disaster
 - Assesses the hazards, risks and vulnerabilities in the municipality and makes evaluation and reports directly to the local chief executive
 - Always available and accessible for the needs of people
 - Coordinates with government agencies and NGOs for proper response and referral
 - Documents all emergency-related activities such as post-incident evaluation and submits it to the LCE, PHO and DOH

c. Municipal Budget Officer

- Monitors the LGU's financial assets and approves the incident financial status reports related to staffs and logistics needed
- Updates the LCE and other unit leaders pertinent to financial status

d. Supply Officer

- Responsible for the anticipation, control and provision of all logistical needs; coordinates with stocking and availability of supplies and equipment and with the finance officer for monetary assistance

e. Municipal DRRM Officer, MPDO, MLGOO and MSWDO

- Assist in the formulation of the plan and on health-related policies, guidelines and procedures pertaining to community wide emergencies and disasters
- Provides additional assistance mass capacity situations and in evaluation and monitoring

f. Sangguniang Bayan Chairman, Committee on Health

- Facilitates the approval of the adoption of the DRRM-H plan at the legislative level and expedite the appropriation of the legislative body of the budget to facilitate the accomplishment of the strategies signified in the DRRM-H Plan



Republic of the Philippines
Province of Pangasinan
Municipality of Mangaldan
OFFICE OF THE MAYOR



Abante!

**EXECUTIVE ORDER NO. 2022-025
SERIES OF 2022**

**AN ORDER INSTITUTIONALIZING THE DISASTER RISK REDUCTION AND
MANAGEMENT IN HEALTH (DRRM-H) SYSTEM IN THE MUNICIPALITY OF
MANGALDAN, PANGASINAN**

WHEREAS, Republic Act (RA) 10121 or the "Philippine Disaster Risk Reduction and Management Act of 2010" and the Implementing Rules and Regulations (IRR) of RA 11223, "Universal Health Care Act" stress the need to adopt an integrated disaster risk reduction and management (DRRM) and climate change mitigation and adaptation approach and to develop health systems with timely, effective, and efficient preparedness and response to public health emergencies and disasters; thus ensuring delivery of essential population-based health services.;

WHEREAS, the National Objectives for Health (2017-2022) espouses the development of resilient health systems to manage health risks brought about by natural, biological, technological and societal hazards;

WHEREAS, DOH Administrative Order (AO) No. 2019-0046 or the "National Policy on Disaster Risk Reduction and Management in Health" provides strategies for the institutionalization of disaster risk reduction and management in health (DRRM-H) at all levels of the health system;

WHEREAS, to ensure that DRRM-H becomes an integral part of the health systems management and service delivery functions of P/CWHS, the DOH hereby issues this Order to guide the local government units (LGUs) in the institutionalization of DRRM-H;

NOW, THEREFORE, by the authority vested in me as the Municipal Mayor by the Constitution and the laws of the Republic of the Philippines, I, **HON. BONA FE DE VERA PARAYNO**, do hereby order the **Institutionalization of the Disaster Risk Reduction and Management in Health (DRRM-H) System** in the municipality.

SECTION 1. COMPOSITION OF DRRM-H

DRRM-H PLANNING COMMITTEE

- | | |
|-------------------------|---|
| Chairperson: | HON. BONA FE DE VERA PARAYNO ,
<i>Municipal Mayor</i> |
| Vice Chairperson: | MARK STEPHEN DV. MEJIA ,
<i>Municipal Vice Mayor</i> |
| HEMS Manager: | DR. LARRY B. SARITO , <i>Municipal Health Officer</i> |
| DRRM-H Focal Person: | DR. VIRGILIO M. MANZANO, JR. , <i>Medical Officer III</i> |
| Municipal DRRM Officer: | RODOLFO CORLA , <i>Municipal MDRRMC</i> |
| Members: | MARILYN LAGUIPO , <i>MLGOO</i>
JULIETA PETONIO , <i>Municipal Budget Officer</i>
ROWENA DE GUZMAN , <i>MSWDO</i> |

SERBISYONG MATIBAY, WALANG KAPANTAY!



LOVELY LIAN C. MARAMBA, SB Chair, Health Committee
ZITA LAPORE, Sanitary Inspector
JASPER ABROGAR, Public Health Nurse
JAMIE CORONADO, Public Health Nurse
IMELDA FERNANDEZ, Midwife II

HEALTH EMERGENCY RESPONSE TEAM

HEMS Manager:	DR. LARRY B. SARITO, Municipal Health Officer
HEMS Coordinator:	DR. VIRGILIO M. MANZANO, JR., Medical Officer III
Municipal DRRM Officer:	RODOLFO CORLA, Municipal MDRRMC
Health Services:	REMEDIOS GARIN, Public Health Nurse
Wash-R:	ZITA LAPORE, Sanitary Inspector
Nutrition:	MONETTE BAUTISTA, Public Health Nurse
MHPSS:	JASPER ABROGAR, Public Health Nurse
Logistics:	IOLIE DELOS SANTOS, Head Logistics
Information Management:	JAMIE CORONADO, Public Health Nurse
Transport:	GERRY YDIA, Head Motorpool

SECTION 2. ROLES AND RESPONSIBILITIES

1. Ensure managerial, technical and financial integration through the Municipal Health Office to enforce the implementation of functional DRRM-H System and provide the needed resources and support mechanisms to make the integration possible and sustainable;
2. Ensure compliance with the latest standards on DRRM-H;
3. Together with the local Disaster Risk Reduction and Management Council/Office and Public Health Units, Epidemiological Surveillance Units and Health Promotion Units deliver the expected DRRM-H function, essential health service and products in all phases of emergency/disaster;
4. Participate in the capacity and capability building activities;
5. Promote and advocate DRRM-H through various platforms applicable and accessible in the LGU;
6. Implement mechanisms to monitor and evaluate initiatives on the program and report progress;
7. Collaborate and build DRRM-H capacities through viable partnership;
8. Ensure the use and management of the Special Health Fund for DRRM-H activities; and
9. Invest and upgrade systems on DRRM-H supported by the LIPH, Special Health Fund and the local DRRM fund of the local government.

This Executive Order shall take effect immediately.

Done this 17th day of November, 2022 in the Mangaldan, Pangasinan.


HON. BONA FE DE VERA PARAYNO
 Municipal Mayor

SERBISYONG MATIBAY, WALANG KAPANTAY!

www.mangaldan.gov.ph ☎ (075) 540-2400 to 02 📠 (075) 523-6168 ✉ abante.mangaldan@gmail.com

IV. HEALTH EMERGENCY PREPAREDNESS PLAN

A. Hazard, Vulnerability and Risk Assessment

Mangaldan is located in the Central Plain of Luzon specifically on the northern part of Pangasinan and forms part of the southern shores of the Lingayen Gulf. The plain is bounded by a ring of inactive volcanoes to the south, some of which have been active within recorded history. There is a theoretical possibility that any of these may become active again but this is highly unlikely and too remote to justify being incorporated in these planning considerations. Mount Pinatubo that lies 95 km to the south and erupted in 1991 and 1992 ensued light ash fall in the municipality. The Cayanga-Patalan River System between Mangaldan and San Fabian is one of the Allied River that discharges into the Lingayen Gulf. This river system carries sediments from mine tailings and eroded top soils from the highlands to the Lingayen Gulf. It has been noted that many fishponds become dry during the summer months. It is believed that siltation of the river beds is the cause of this problem. Most of the area along the riverbanks is underlain by quaternary alluvial deposits, composed of sand, gravel and clay. The accumulation of sands and gravel are the result of repeated flooding and meandering of the rivers.

Ground deformations caused by the Luzon Earthquake of July 16,1990 affected only the areas in Mangaldan along the river banks. A number of residential buildings were tilted at various degrees due to the liquefaction of their foundation soil. While in other cases, structural damages were also observed. The magnitude of the earthquake was 7.8 on the Richter scale. Not only were the loose alluvial deposits subjected to liquefaction during earthquakes but also the uncompacted man-made fills, placed in the fishponds and swampy areas. The liquefaction produced sand boils which were the most common evidence for the liquefaction phenomenon. Witnesses observed sand and water fountains a meter high or even greater.

Another considered natural risk areas are the flood and erosion prone areas along the northern most and eastern portions of the town which is being traversed by the Angalacan River and the Old Mangaldan River. Affected areas are 17 barangays namely: Inlambo, Pogo, Palua, Salaan, Macayug, Tebag, Nibaliw, Embarcadero, Guiguilonen, Navaluan, Osiem, Landas, Guesang, Bantayan, Talogtog, Bateng and Maasin. The most affected of these are Barangays Inlambo, Macayug and Guesang as they become isolated during floods.

Table XLVIII. Hazards Affecting or May Affect the Municipality

Rank	Hazard	Probability	Impact	Average
1	Typhoon	5	3	4
2	Flooding	3	5	4
3	Earthquake	4	3	3.5
4	Monsoon winds	4	3	3.5
5	Dam Break	2	5	3.5
6	El Niño	3	3	3
7	Disease epidemic	3	1	2
8	Landslide	2	1	1.5
9	Tsunami	2	1	1.5

Typhoon has been identified as the most common hazard affecting the municipality. This can turn for the worse as climate changes, urbanization continuous to come and population movement resulting to congestion arise.

Table XLIX. Most Common Disaster Observed in the Municipality

DESCRIPTION	AFFECTED AREAS	AFFECTED POPULATION	RECOMMENDATION
Overflow of flood water along the Angalacan River	Guesang, David, Landas, Osiem, Nibaliw, Salaan, Inlambo, Palua, and Pogo	28,000	Periodic Dredging, Clearing, Embankment Protection
Overflow of flood water along old Mangaldan River	Poblacion, Salay, Lanas, Maasin, Tebag, Salaan, Bantayan, Talogtog and Bateng	32,000	Periodic Dredging, Clearing, Embankment Protection
Barangay which have malnourished children (ranked 1-10 priority)	Bateng, Tebag, Macayug, Landas, Pogo, Inlambo, Guesang, Navaluan, Lanas, Nibaliw	205	Supplemental Feeding, Nutrition Information Dissemination; Backyard Gardening
Banaoang Controlled Dumpsite	Banaoang, Bari, Buenlag, Malabago	15,000	Implementation of RA 9003

Source: MDCC Secretariat

Identification of factors that may arise in the development of possible hazards and risks are important in vulnerability and risk assessments. These factors that led to the vulnerability of the people, properties, services, environment and livelihood that may end up in a municipality that is unable to recoil after facing an emergency or disaster. Vulnerability and risk assessment is a critical process that aims to anticipate the possibility of emergencies and disasters, making a community able to determine the needs that will be essential before, during and after the face of these disasters. The following are critical steps to follow a risk assessment:

- a. Identify vulnerable population in specified disaster scenarios and identify possible impact to health and to the LGU in general.
 - For example, in cases of typhoon, vulnerable population will include those living in the low-lying areas, where flood may also rise.
- b. List down all possible health conditions that may arise and may possibly threaten the healthcare system and its delivery.
 - An example is the COVID-19 pandemic that led to the death of many people. It has not affected the health conditions but also of the human resource creating a devastating impact on the economic sector as well.
 - Another health risk during flood is an increase number of water-washed diseases such as fungal skin diseases, and diseases of the eye, and infections caused or carried by lice or ticks.
 - Increases incidence of water-borne diseases (ex: Cholera, diarrhea, typhoid fever)

Table L. Risk Assessment Profiling

Barangay		Population affected (worst case scenario)	Seriously Affected Population	Population Composition			
From Where	To Where			Women	Men	Children	Elderly
INCASE OF FIRE							
Bari	Malabago	5% (50) households	250 Govt workers- 3 Farmers- 15 Skilled Workers-12 Unemployed- 20	47	118	52	33
IN CASE OF FLOODING							
Inlambo	Inlambo ES	10% (120)	120	40	30	25	25
			Pedicab/tricycle drivers, farmers, vendors				
IN CASE OF AN OUTBREAK							
BHS RHU	RHU Hospitals	5% (55cases) For diagnosis and mgt and treatment	55 indigents, children, workers	5	42	5	3

B. Early Warning Systems

The Municipality of Mangaldan is dependent on the national agencies advisories and forecast on the current situation of the municipality and on other important updates. PAGASA forecast, advisories from National/Regional/Provincial DRRMCs and OCD R1, are the basis of response on typhoon. The Municipality is well-aware of the months of typhoons, habagats, water dam releases that may result to severe flooding and other unwarranted events. As per typhoons updates and other related advisories from PAGASA, the MDRRMO, together with the DRRM-H conduct public address advisories and other information and education dissemination strategies to alert and prepare the people.

- **Communication and Warning Unit**

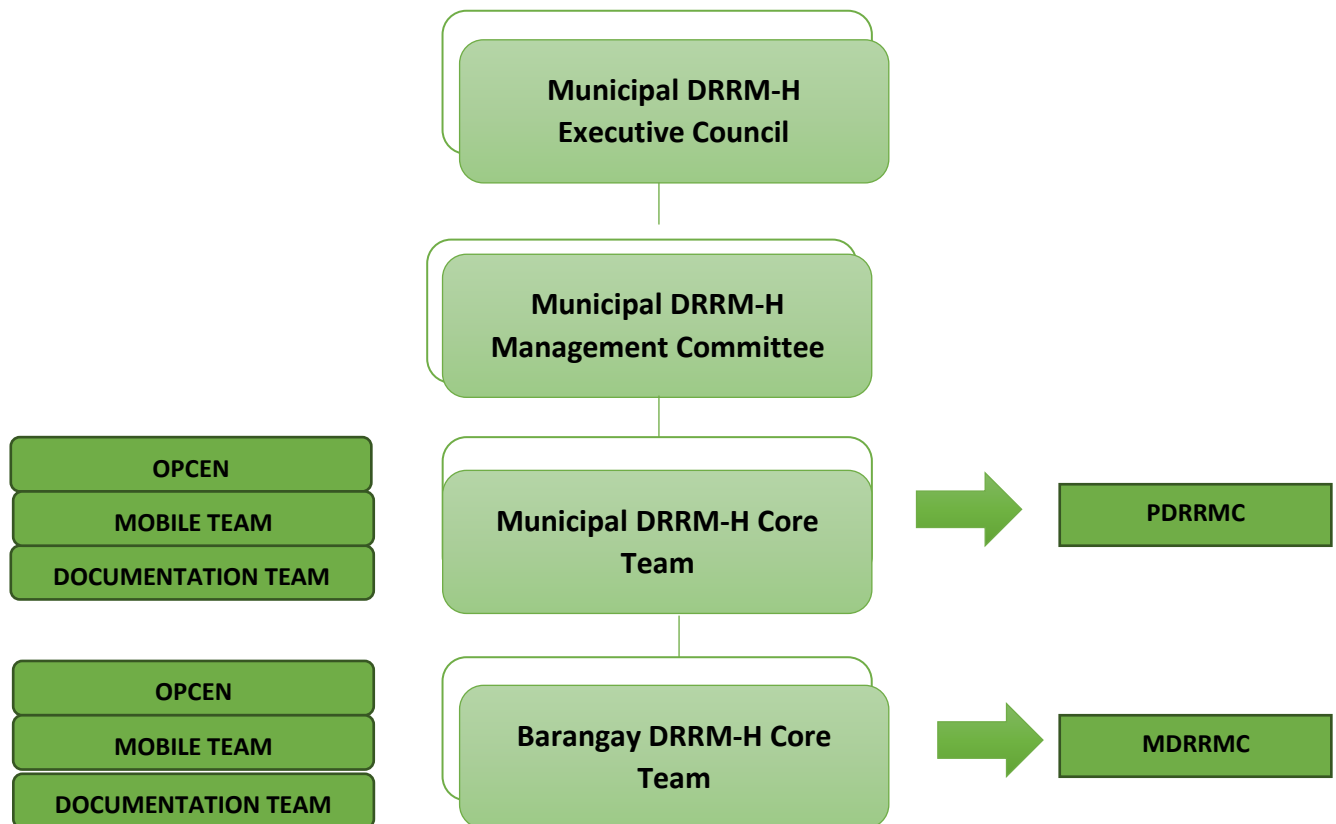
- Maintain close coordination with the BHERTs of impact barangays
- Continuous monitoring of water levels for typhoon and possibility of flooding and implements SOP
- Continuous monitoring of other related incidents/inform concerned officials for appropriate actions
- Regularly updates the general public thru identified thru pre-identified communication systems in the area to undertake precautionary measures
- Inform the concerned sectors for appropriate actions
- Alert the BDC thru the BHERTs and all other support communication groups
- Inform the general public thru pre-identified communication system/partners in the area, among others;
- Alert response sectors to stand by and ready for deployment. They are expected to have the following readiness on manpower, tools/materials and equipment and operation systems and;
- Update LCE, provincial and regional offices for the actions taken, other issues and concerns especially on the monitoring and evaluation.

V. HEALTH EMERGENCY RESPONSE PLAN

Health emergency plan is essential to provide accessible information and guidance for health professional under Health Emergency Medicine Team to identify health hazards and prioritize disaster response as quickly as possible with efficient working capacity and ethics. Our health emergency response team focuses on the preparation health consequences of disasters, hazards and emergency crises including those of epidemics, pandemics and other daily health emergencies, which could be potentially threatening to the people, the community of the healthcare system.

Wide-ranging public health response plans and activities are needed to minimize the impact of potential public health risks. It is also important to build and maintain community-level capacity to effectively prevent, detect and manage communicable diseases thereby preventing outbreaks, or in cases of ongoing outbreaks properly respond to these thereby avoiding more unwarranted events.

Figure VII. DRRM-H Management Structure



The local Government Unit of Mangaldan created the Disaster Risk Reduction Management in Health to direct an effective and efficient health care service and delivery in response any the entire municipality. This will include a set of strategies, activities and plans structured on the bases of the municipality’s hazards, risks and vulnerabilities. The endpoint of this structure is a resilient municipality.

As defined by the National Disaster Risk Reduction and Management Plan (NDRRMP), this management structure will include four thematic areas namely; (a) Disaster Prevention and Mitigation that will work to avoid hazards, thereby alleviating there vulnerable impacts to the community; (b) Disaster Preparedness, that will establish and strengthen the capacity of our community to anticipate and recoil to occurrences of disaster and emergencies; (c) Disaster Response, this targets life preservation and provides standard care and needs for the affected individuals; (d) Disaster Rehabilitation and Recovery, which aids to restore and reorganize affected facilities, livelihoods for a better community. All these four will guide us to achieve a *safer, adaptive and disaster-resilient Filipino communities toward sustainable development*.

Table LI. Health Conditions and Response Services Required

TIMELINE	URGENT CONDITIONS	OTHER CONDITIONS	SERVICES REQUIRED
After 2-3 days	<ul style="list-style-type: none"> ➤ Lack of food and safe drinking water ➤ Lack of meds for chronic diseases ➤ Sporadic disease out breaks (diarrhea, UTI, Flu, Tetanus) 	<ul style="list-style-type: none"> ➤ Logistic problems (fuel, transportation, electricity, lack of medicines, HF) 	<ul style="list-style-type: none"> ➤ Fogging ➤ Chronic disease care (meds) ➤ Toilet facility ➤ Restoration of power supply ➤ Water Treatment solutions/tablet
After 1 week	<ul style="list-style-type: none"> ➤ Sporadic Diseases outbreak (dengue, measles, leptospirosis) ➤ Mental health problems ➤ Mental health problems (24 hours – 1 year) ➤ Wound infections 	<ul style="list-style-type: none"> ➤ 	<ul style="list-style-type: none"> ➤ Psychosocial processing ➤ Mental health services ➤ Mental health and personal well-being ➤ Treatment and preventive isolation
After 1 month	<ul style="list-style-type: none"> ➤ Malnutrition 	<ul style="list-style-type: none"> ➤ 	<ul style="list-style-type: none"> ➤ Community management of acute malnutrition

Table LII. Health Emergency Response Cluster Categories

EMERGENCY RESPONSE CLUSTER CATEGORY	GROUPING OF SERVICES REQUIRED
<p>MEDICAL SERVICES</p> <ul style="list-style-type: none"> Maternal & Child Health Pocal Person: Rosemarie De vera 	<ul style="list-style-type: none"> Rapid health assessment (24 hrs) Minimum Initial Service Package (MISP) (continual) <ul style="list-style-type: none"> Birthing services-delivery, newborn care Provision of FP services, and counseling Pre-natal services-iron tab, TT Post-natal services-antibiotics and painkillers Reproductive Health medical missions MR-OPV mass immunization Vitamin B supplementation
<ul style="list-style-type: none"> Injuries Pocal Person: Jodan Navarrete 	<ul style="list-style-type: none"> Trauma first aid and surgical care (First 24hrs) Medical Services (First 24hrs) Referral to higher institution if needed
<ul style="list-style-type: none"> Communicable diseases Pocal Person: Jasper Credo Abrogar 	<ul style="list-style-type: none"> Contact tracing of patients and close contacts Diagnosis and management of patients (1-2 days) Possible transfer to isolation facility (1-2 days) Possible referral to higher institution
<ul style="list-style-type: none"> Life Threatening Chronic Conditions Pocal Person: Monetty Bautista / Jodan Navarrete 	<ul style="list-style-type: none"> Provision of chronic disease care (maintenance meds) (2-3 days onwards) Counseling Referral to higher institution if necessary
<ul style="list-style-type: none"> WASH Pocal Person: Zita L. Lapore 	<ul style="list-style-type: none"> Sanitation survey (2-3 days and periodically) Water analysis and treatment (2-3 days) Provision of JERRY Cans, water treatment solutions/tablets (2-3 days and onwards) Provision of toilet facility (2-3 days and onwards) Fogging or misting the evacuation center (if appropriate 2-3 days and periodically)
<ul style="list-style-type: none"> NUTRITION Pocal Person: Monette F. Bautista 	<ul style="list-style-type: none"> Provision of relief goods (water & food) (First 24hrs onwards) Feeding of affected population especially the children and vulnerable groups (First 24hrs) Nutritional assessment using MUAC (1 week) Supplemental feeding for malnourished (1 week and onwards) Promotion of breast-feeding practices, Vit. A supplementation (2-3 days onwards)
<ul style="list-style-type: none"> MENTAL HEALTH AND PSYCHOSOCIAL SERVICES Pocal Person: Jasper Credo Abrogar 	<ul style="list-style-type: none"> Psychological first aid (PFA) (First 24hrs) Psychosocial processing for responders/health workers (First 24hrs) Mental health & psychosocial support (MHPSS) (1 week and ongoing) MH & personal well-being (1 week and ongoing)
<ul style="list-style-type: none"> OTHERS 	<ul style="list-style-type: none"> Dry linens for hypothermia, Claims processing in insurance/others benefits, Cash for work program, Temporary shelters/evacuation services Search and rescue Management of dead and missing Security services/crowd control Infra/logistics (rehabilitation of health facilities, restoration of power supply, emergency communication, transportation services) Assessment and coordination of health volunteers

VII. HEALTH EMERGENCY RECOVERY AND RECONSTRUCTION PLAN

A safe and secure community is a healthy place where people are able to anticipate, respond quickly to and recovers effectively to any forms of hazards and risks leading to a safe, healthy and dignified environment to live in. Opportunities for health and livelihoods also thrive in this kind of community. A health emergency recovery and reconstruction plan aim to promote an active community strengthened by resiliency. A multi-hazard approach is fundamental in the management of hazards and disasters such as typhoons due to climate changes, urbanization and emerging and re- emerging diseases.

Standard Operating Procedures

1. *Damage assessment / needs*
2. *Psychosocial intervention*
3. *Repair of damaged facilities*
4. *Post Incident Evaluation*
5. *Documentation of Lessons*
6. *Update "Health Emergency Preparedness, Response and Recovery (HEPRR) Plan"*
7. *Inventory utilized resources*
8. *Awarding and recognition rites for the major players*
9. *Provision of overtime compensation for responder*
10. *Continuing survey*

MONITORING AND EVALUATION

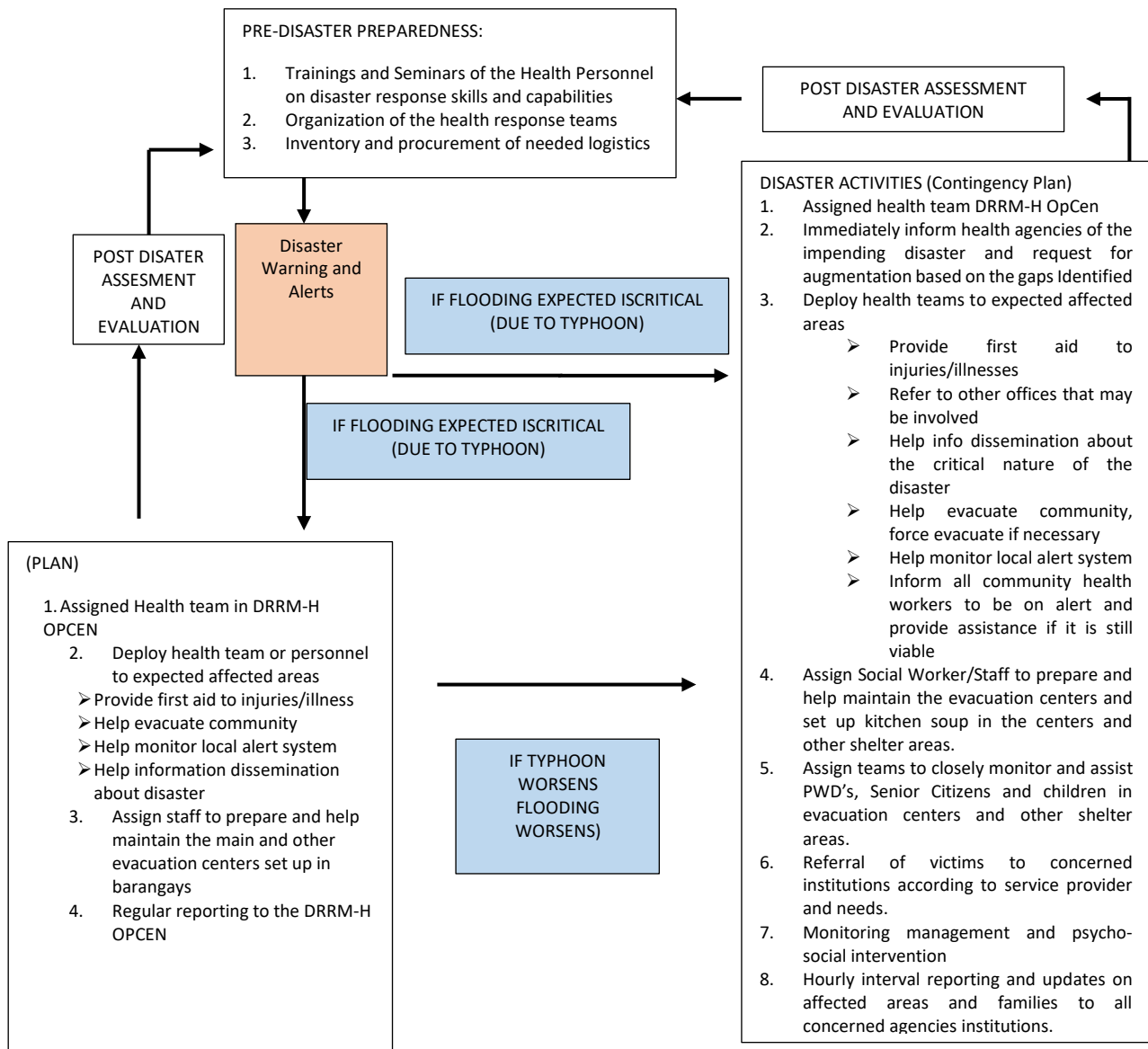
The Health / Medical Sector will fundamentally maintain and sustain a team who are properly trained on the necessary skills to respond to disasters that may occur in the municipality. The health services, including essential medicines, emergency supplies and equipment, will be regularly monitored, inventory activities to be done and procure needed logistics. The organization of health teams will be instituted especially in high-risk areas where support teams will be designated due to the possibility that the assigned health personnel in those areas will actually be part of the population who will be affected by the disaster. Emergency vehicles should be routinely checked to ensure of their utilization during emergencies and at times of disasters.

In the event of an impending disaster, such a worst case scenario flooding in Mangaldan, once a warning and news have been issued by the LDRRMC, the health team will immediately set in place the preparation of the health staff responders; the dissemination of information to the health personnel in identified risk areas for them to take precaution and inform their community of the coming disaster; support the sectors monitoring the local warning system; help other sectors in the evacuation and provide proper instructions to volunteer workers on the critical nature of the disaster and support all the efforts in minimizing any risk to the members of the community. The lead agency will coordinate with all the concerned health agencies such as the DOH Regional Office, the Provincial Health Office and the District Hospital regarding the impending disaster and request for any support and assistance needed for proper emergency response. A team will be assigned at the LDRRMC command post to coordinate health and medical needs and concerns throughout the duration of the disaster.

Even before the evacuees arrive, teams will be deployed to all accessible evacuation centers or shelter areas to set up field health service posts, ensure the availability of needed supplies and request for additional ones if so required; inspect and make necessary actions for the sanitation, hygiene and safety of the evacuation centers. During the disaster and immediately after, the health teams will render health services not only at the evacuation centers but also at the affected communities once the areas are already accessible.

Continuous monitoring, management and treatment of illnesses such as diarrheal diseases, respiratory diseases, non-communicable diseases and other illnesses will be performed in order to prevent deterioration of the health situation. Communicable diseases will be closely monitored to avoid epidemics and if ever cases are observed, these are properly reported to the concerned epidemiological teams for proper investigation and interventions in order to prevent the spread and transmission of the disease. Daily reports of the events and cases of illnesses as well as logistic utilization shall be done and submitted to the LDRRMC. Formal requests for augmentation for manpower and logistics, when necessary, will be immediately sent to concerned agencies and partners, to be duly noted and approved by the LDRRMC.


After the disaster, a post-disaster event meeting will be held at the health office to evaluate the actions, activities, problems encountered and to provide possible improvements of the procedures performed. The minutes of the meeting will be submitted to the LDRRMC for further evaluation and analysis.



VIII. Water Sanitation and Hygiene (WASH) in Emergency Plan LGU-MANGALDAN

Water Sanitation and Hygiene (WASH) in Emergency Plan LGU-MANGALDAN


Prepared by:


ZITA L. LAPORE
Sanitary Inspector II

Noted by:


LARRY B. SARITO, MD, DPCOM
Municipal Health Officer

Approved by:


HON. BONA FÉ DE VERA-PARAYNO
Municipal Mayor



WASH IN EMERGENCIES



Table LIII.

HAZARD IDENTIFICATION AND PRIORITIZATION

Hazard	Severity	Frequency	Extent	Duration	Manageability	Rating (f)	Rank
	(a)	(b)	(c)	(d)	(e)	(a+b+c+d-e)	
Typhoon	4	4	4	4	4	12	1
Flood	4	3	4	3	3	11	2
Disease Outbreak (Covid-19)	3	3	3	2	2	9	3
Earthquake	2	2	2	2	2	6	4



WASH IN EMERGENCIES



Vulnerability Assessment

Hazard	Vulnerable Area	Vulnerabilities				
		People	Properties	Services	Environment	Livelihood
Typhoon	Municipal wide	Lack of awareness on personal hygiene.(proper hand washing)	House made of light materials	Delay in procurement of commodities	Proliferation of vector breeding sites	No primary source of income
Flood	Barangays located near the riverbanks (Poblacion, Tebag, Nibaliw, Salaan, Gue sang, Macayug, Inlambo, Embarcadero, Anolid, portion of Navaluan, Bateng, Talogtog, Banaoang, Landas, Amansabina, Alitaya, Guiguilone n, and Maasin.	Limited of access to toilet facilities. Lack on awareness on proper waste disposal Limited supply of potable water High incidence of water wash disease cases Ex: fungal skin diseases such ringworm, scabies, diseases of the eye such as conjunctivitis.	Limited health commodity storeroom Inadequate excreta disposal facilities Agricultural products are damage and devastated Infrastructure facilities damage Health facility along flood prone area	Limited access of water testing laboratory No access to garbage collector Inadequate supply of potable water	Poor drainage system	No regular source of income Damage crops



WASH IN EMERGENCIES



RISK ASSESSMENT

Hazard	Vulnerabilities	Capacity		Risk
		Strength	Weakness	
Typhoon	<p>Families with houses made of light materials</p> <p>Limited health commodity storeroom</p> <p>Limited access to toilet</p> <p>Limited water sources and financial resources</p>	<p>WASH Response team organize</p> <p>Preparedness and Response plan developed</p> <p>Coordinated team between health and LCE</p> <p>Availability of Barangay Sanitation Officer</p>	<p>Lack of trained Hygiene promoter</p> <p>Limited IEC campaign materials on proper waste disposal</p> <p>Lack of WASH in Emergency Plan</p> <p>No organize Brgy. Sanitation Officer</p> <p>Delayed weather forecasting by the PAG-ASA and irrelevant reports by the same.</p> <p>Lack of communication and transportations</p>	<p>Outbreak of water wash diseases</p> <p>Death/Mortality</p> <p>Damage water sources</p>
<p><i>The examples above are intended for GUIDANCE ONLY. They do not collectively represent an all-inclusive list.</i></p>				



WASH IN EMERGENCIES



PREVENTION AND MITIGATION PLAN

Hazard	Vulnerability	Strategies and Activities	Time frame	Resource		Person in charge	Indicator
				Required	Source		
Typhoon	Poor environmental sanitation and hygiene practices Limited household using safe and potable water Increase number of water wash diseases Ex: fungal & skin diseases such ringworm, scabies, diseases of the eye such as conjunctivitis	Strategy 1.					
		Activity 1.1. Conduct health & hygiene promotion	2 nd Quarter of 2023	IEC materials	LGU Fund	Municipal WASH Coordinator/MHO staff/RSI	Partner in Hygiene promotion identified
		Activity 1.2 Organize Barangay Sanitation Inspector		Transport Allowance of health personnel	LGU Fund		Brgy. Sanitation Inspector Organized
		Activity 1.3 Conduct Inventory of Water Supply sources	3 rd Quarter of 2023	Transport Allowance	LGU Fund	Municipal WASH Coordinator/MHO staff/RSI	Number of Water Sources according to identified Level
Activity 1.4 Project Proposal for the Construction of the Ground water sources	4 th Quarter of 2023 to 1 st Quarter of 2024		LGU Fund, portion of MDDRMO fund	MEO, MHO, RSI			



WASH IN EMERGENCIES



PREPAREDNESS PLAN

Risk	Strategies and Activities	Time frame	Resource		Person in charge	Indicator
			Required	Source		
1. Mortality/Death on Water wash diseases	Strategy 1:					
	Activity 1.1 Update DRRM-H plan and formulate WASH plan and present to LCE for approval	2 nd Quarter Of 2023	Venue/Meals	LGU Fund	Wash coordinators/ MHO	DRRM-H Plan & WASH updated and Approved by LCE
	Activity 1.2 Integrate WASH plan to the DRRM-H	2 nd Quarter Or 2023		LGU Fund		WASH plan integrate to DRRM-H paln
2. Outbreaks of Disease(Acute Gastro Enteritis, Dengue, Covid-19,Leptospirosis Typhoid fever, skin disease	Activity 1.3 Disseminate DRRM-H plan and WASH plan workshop to the barangays.	2 nd Quarter of 2023		LGU Fund		DRRM-H planning and workshop

The examples provided are intended for GUIDANCE ONLY. They do not collectively represent an all-inclusive list.



WASH IN EMERGENCIES



Response Plan

Activity	Steps / actions to be undertaken			Responsible Person/ Institution / Agency
	Pre-impact (0 day)	Impact (0-48 hrs)	Post-impact (>48 hrs)	
Activate Municipal Operations Center (Open) on a 24/7 basis and Incident Command System (ICS)	Assume incident commander and Activation of OpCen and ICS.	Transfer command if need arises	Reconvene	MHO
Provision and construction of excreta facilities	Assessment of excreta facilities	Ensure the functionality of sanitation facilities	repair and construction of excreta facilities and toilet separate from men and women	RSI, MHO MEO
Vermin Control Hygiene Promotion	Misting and Fogging at the evacuation center Information Dissimination campaign on WASH	Implement infectious vector control measures if necessary Continue Hygiene Promotion, Distribution /Provision of Hygiene Kit, etc	Continuous monitoring Reiteration of WASH	RSI, DRRMO WASH coordinator/Hygiene promoter

The examples provided are intended for GUIDANCE ONLY. They do not collectively represent an all-inclusive list.

WASH IN EMERGENCIES



Recovery and Rehabilitation Plan Activities

Activity	Steps / actions to be undertaken		Responsible Person
	Within 1 year	1- 3 years	
Repair of damaged water facilities	Conduct onsite damaged assessment of water supply source Prepare cost of needs Submit report		DRRM-H focal person, MEO MEO
Repair and reconstruction of sanitation facilities	Prepare program of works and bidding document Prepare plans and estimated		MEO

The examples listed are intended for GUIDANCE ONLY. They do not collectively represent an all-inclusive list.



WASH IN EMERGENCIES



APPENDICES

A. MONITORING CORE COMPETENCIES FOR RESILIENT HEALTH SYSTEMS

Fully Achieved (all measurement met)	Partially Achieved (one or more measurements) Provide details of measurement to be achieved	Not Achieved (no measurement met)
---	---	--------------------------------------

BUILDING BLOCK	CORE COMPETENCIES/ MAJOR INDICATOR	MEASUREMENT	MEANS OF VERIFICATION	Make an assessment on MAJOR INDICATORS each year according to the color codes		
				2022	2022	2022
		<i>Check with apply</i>				
LEADERSHIP & GOVERNANCE DRRM-H PREPARED AND APPROVED	<input type="checkbox"/>	<ul style="list-style-type: none"> Formulated, Updated and disseminated annually 	<ul style="list-style-type: none"> Copy of the updated/ approved DRRM-H 			
	<input type="checkbox"/>	<ul style="list-style-type: none"> Endorse/approved by sangguniang Bayan 	<ul style="list-style-type: none"> Copy of updated / approved DRRM-H 			
	<input type="checkbox"/>	<ul style="list-style-type: none"> DRRM-H Integrated into other local plan & MDRRM Plan 	<ul style="list-style-type: none"> Check copies of AOP/AIP and MDRRM Plan 			
Note for L&G 1.	The Sangguniang bayan is yet to approved and adopt the formulated DRRM-H plan. Integration to the MDRRM Plan will follow the approval.					
LEADERSHIP & GOVERNANCE	2. Municipal DRRM ordinance adoption of RA 10121 & AO 168 and other policies on HEMS.	<input type="checkbox"/>	Approved Municipal Ordinance on DRRM	Copy of the ordinance		
Note for L&G 2.	The LGU has adopted the said national policies. The DRRM plan has health components shall form part of the DRRM-H core plan					

BUILDING BLOCK	CORE COMPETENCIES/ MAJOR INDICATOR	MEASUREMENT	MEANS OF VERIFICATION	Make an assessment on MAJOR INDICATORS each year according to the color codes
<i>Check which apply</i>				
LEADERSHIP & GOVERNANCE	3. ICS Organizational structure established	<ul style="list-style-type: none"> • Presence of Executive Order Command System(ICS) Organization (members, positions, roles and function, etc.) • Copy of Executive Order 		
Note for L&G 3.				
LEADERSHIP & GOVERNANCE	4. Functional DRRM-H	/ <ul style="list-style-type: none"> • Regular Meeting Conducted 	<ul style="list-style-type: none"> • Minutes of the Meeting 	
		☐ <ul style="list-style-type: none"> • Ordinance approving DRRM-H 	<ul style="list-style-type: none"> • Designation or office order 	
Note for L&G 4.	DRRM-H has become functional due to the advent of the COVID-19 Pandemic			

BUILDING BLOCK	CORE COMPETENCIES/ MAJOR INDICATORS	MEASUREMENT	MOVs	Make an assessment on MAJOR INDICATORS each year according to the color codes	
Check which apply					
LEADERSHIP & GOVERNANCE	5. Established effective Monitoring & Evaluation	<input type="checkbox"/>	<ul style="list-style-type: none"> Presence of Monitoring & Evaluation tool 	<ul style="list-style-type: none"> Monitoring & Evaluation tool 	
		<input type="checkbox"/>	<ul style="list-style-type: none"> Drill & PIE conducted (minutes of meeting reports, documents submitted) 	<ul style="list-style-type: none"> Drill plan/after action report / improvement plan, PIE documentation 	
Notes for L&G 5.	Drill are conducted However, PIEs have not been conducted yet.				
LEADERSHIP & GOVERNANCE	6. Local Chief Executive and other policy makers oriented	<input type="checkbox"/>	Local Chief Executive and other policy maker are effectively oriented on DRRM-H	Minutes of Orientation meeting	
		Notes for L&G 6.			

B. INSTITUTIONALIZATION OF THE MANGALDAN DRRM-H SYSTEM

Province of Pangasinan
MUNICIPALITY OF MANGALDAN
Office of the Sangguniang Bayan

EXCERPT FROM THE JOURNAL OF PROCEEDINGS OF THE REGULAR SESSION OF THE SANGGUNIANG BAYAN OF MANGALDAN, PANGASINAN HELD AT THE SESSION HALL AT M.Y.D.C. ON OCTOBER 1, 2021.

Vice Mayor Atty. Pedro A. Surdilla, Jr. called the session to order at exactly 5:45 P.M.

ROLL CALL

- Present:
- | | |
|--|----------------------------------|
| 1. Hon. Pedro A. Surdilla, Jr. | Vice Mayor/
Presiding Officer |
| 2. Hon. Joseph Emmanuel B. Cera | Councilor - P.O. Pro
Tempore |
| 3. Hon. Maria Teresa M. Abalos | Councilor |
| 4. Hon. Joselito G. Quinto | Councilor |
| 5. Hon. Aldrin O. Soriano | Councilor |
| 6. Hon. Christopher G. Romero | Councilor |
| 7. Hon. Joel C. Meneses | Councilor |
| 8. Hon. Fernando Juan A. Cabrera | Councilor - Floorleader |
| 9. Hon. Juvy O. Frialde | Councilor |
| 10. Hon. Rolly G. Abalos | Councilor - LIGA Pres. |
| 11. Hon. Michael Ervin C. Lornibao | Councilor - SKF Pres. |

Absent: None

MUNICIPAL ORDINANCE NO. 2021-21

AN ORDINANCE ESTABLISHING THE INSTITUTIONALIZATION OF THE DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH (DRRM-H) SYSTEM IN THE MUNICIPALITY OF MANGALDAN.

WHEREAS, Section 15, Article II of the 1987 Philippine Constitution provides, "The State shall protect and promote the right to health of the people and instill health consciousness among them";

WHEREAS, COVID-19 pandemic has led to a dramatic loss of human life and presents an unprecedented challenge to public health, food system and the world of work;

WHEREAS, communities are at risk of emergencies and disasters including those associated with infectious disease outbreaks, conflicts, natural and other hazards. Health, economic, political and societal consequences of these events can be devastating;

WHEREAS, climate change, population growth and displacement, antimicrobial resistance are contributing to the increasing severity and impacts of

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many types of hazardous events that may lead to emergencies and disasters without effective risk management;

WHEREAS, DRRM-H aims to strengthen good governance of the Local Government Unit and support the community in building more resilient system, promote better planning, improve livelihood, enhance quality of life, and ultimately reduce casualty rates from the impact of disaster;

NOW THEREFORE, be it ORDAINED by the Sangguniang Bayan of Mangaldan, Pangasinan in its regular session assembled that:

SECTION 1. TITLE. This Ordinance shall be known and cited as "An Ordinance establishing the Institutionalization of the Disaster Risk Reduction and Management in Health in the Municipality of Mangaldan".

SECTION 2. PURPOSE. This Ordinance is hereby enacted to emphasize the importance of prevention, preparedness and readiness, together with response and recovery, to save lives and protect health.

SECTION 3. GENERAL PROVISION. The LGU must adopt a disaster risk reduction and management approach that is holistic, comprehensive, integrated and proactive in lessening the socioeconomic and environmental impacts of disasters including climate change, and promote the involvement and participation of all sectors at all levels, especially the local community. Recognize, develop and strengthen the capacities of LGUs, vulnerable and marginalized groups to mitigate, prepare for, respond to, and recover from the effects of disasters.

SECTION 4. SCOPE OF APPLICATION. These Ordinance provide for the development of policies and plans and the implementation of actions and measures pertaining to all aspects of disaster risk reduction and management, including good governance, risk assessment, knowledge building and awareness raising and preparedness for effective response and early recovery. These shall apply to all level of civil societies, private sectors and all other DRM stakeholders.

SECTION 5. DEFINITION OF TERMS. Whenever used in these Ordinance, the following terms shall refer to:

- a. Climate Change – a change in climate that can be identified by changes in the mean and/or variability of its properties and that persists for an extended period typically decades or longer, whether due to natural variability or as a result of human activity.
- b. Disaster – a serious disruption of the functioning of a community or a society involving widespread human, material, economy or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources. Disasters are often described as a result of the combination of: the exposure to a hazard; the condition of vulnerability that are present; and insufficient capacity or measures to reduce or cope with the potential negative consequences. Disaster impacts may include loss of life, injury, disease and other negative effects on human, physical, mental and social well-being, together with damage to property, destruction of assets, loss of services, social and economic disruption.

- c. Disaster Risk – the potential disaster losses in lives, health status, livelihood, assets and services, which could occur to a particular community or a society over some specified future time period.
- d. Disaster Risk Reduction – the concept and practice of reducing disaster risks through systematic efforts to analyze and manage the causal factors of disasters, including through reduced exposures to hazards, lessened vulnerability of people and property.
- e. Risk Management – the systematic approach and practice of managing uncertainty to minimize potential harm and loss. It comprises risk assessment and analysis, and the implementation of strategies and specific actions to control, reduce and transfer risks.
- f. Vulnerability – the characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard. Vulnerability may arise from various physical, social, economic, and environmental factors such as poor design and construction of buildings, inadequate protection of assets, lack of public information and awareness, limited official recognition of risks and preparedness measures, and disregard for wise environmental management.

SECTION 6. COMPOSITION OF DRRM-H. The Disaster Risk Reduction and Management in Health (DRRM-H) shall be composed of the Local Chief Executive, Chairman, Municipal Vice Mayor, Vice Chairman, HEMS Manager, DRRM-H Focal Person, Municipal DRRM Officer, Members (MLGOO, Municipal Budget Officer, MSWDO, SB Committee on Health Chairman, Rural Health Physicians, Sanitary Inspector, Public Health Nurse, Midwife II).

SECTION 7. HEALTH EMERGENCY RESPONSE TEAM. The Health Emergency Response Team shall be composed of HEMS Manager, Asst. HEMS Manager, HEMS Coordinator, Asst. HEMS Coordinator, Municipal DRRM Officer, Health Services, Wash-R, Nutrition, MHPPS, Logistics, Information Management, and Transport.

SECTION 8. ROLES AND RESPONSIBILITIES:

- a. Ensure managerial, technical and financial integration through the Municipal Health Office to enforce the implementation of functional DRRM-H System and provide the needed resources and support mechanism to make the integration possible and sustainable;
- b. Ensure compliance with the latest standards on DRRM-H;
- c. Together with the Local Disaster Risk Reduction and Management Council/Office and Public Health Units, Epidemiological Surveillance Units and Health Promotion Units deliver the expected DRRM-H function, essential health service and products in all phases of emergency/disaster;
- d. Participate in the capacity and capability building activities;

- e. Promote and advocate DRRM-H through various platforms applicable and accessible in the LGU;
- f. Implement mechanism to monitor and evaluate initiatives on the program and report progress;
- g. Collaborate and build DRRM-H capacities through viable partnership;
- h. Ensure the use and management of the Special Health Fund for DRRM-H activities; and
- i. Invest and upgrade systems on DRRM-H supported by the LIPH, Special Health Fund and the local DRRM fund of the local government.

SECTION 9. STANDARD OPERATIONS PROCEDURE OF THE DRRM-H TEAM IN MANAGING DIFFERENT EMERGENCIES AND DISASTERS.

1. The DRRM-H Team shall ensure uninterrupted delivery of essential health services during health emergencies and disasters.
2. An emergency hotline number to be stationed in the DOH-MHO will be the communication access of citizens for the team's action should health emergency and disaster occurs.
3. A medical post to be identified by DOH will be utilized as the impacted area for health emergencies and disasters in coordination with the incident command.
4. The team headed by DOH-MHO conducts clinical assessment on the scenario and the patients.
5. There will be triaging of affected patients to be conducted at the Municipal Health Unit.
6. First aid treatment shall be administered by DOH-MHU should patient be tested positive.
7. Conduct of referral to patients in need of further evaluation and management should be done to further mitigate health risk.
8. Proper managing of dead bodies following DOH Standard Operating Procedures (SOPs) should be strictly followed.
9. The Information Management should provide updates to Health Emergency Medical Surveillance Coordinator.
10. The team shall warrant uninterrupted health services to avert preventable morbidities and mortalities as well as ensure that no outbreaks occur secondary to disasters

The Disaster Risk Reduction and Management in Health in coordination with the Health Emergency and Management Surveillance will fundamentally maintain and sustain efficient and properly trained members to man the team in times of disasters and emergencies. The teams will also be on stand-by mode for any emergency calls. Essential medicines, emergency supplies and equipment, and all other essential medical needs will be regularly checked for proper healthcare delivery services. In the event of an impending disaster and high risk situations, health staff responders will be working hand in hand with the LDRRMC team for a more unified group to cater patients and to properly deliver services. Proper risk assessments and precautions will always be observed by the team members at all times.

Reporting and evaluation of the scenarios and patients will always be done. Proper reporting to DRRM-H and HEMS coordinator will be conducted every after work. The coordinator will take charge in the coordination with the Local Government Unit, Provincial Health Office, the DOH Regional Office and referral hospitals for impending disaster and request for any support and assistance needed for proper emergency response.

Continuous management and monitoring of cases must always be taken especially for communicable diseases to prevent further outbreaks or deterioration of the health situations. These must also be reported properly to higher institutions and to DOH for further epidemiological investigation and management.

In every after an emergency or disaster, a post-event meeting will be held at the health office to evaluate the actions, activities, problems encountered and to provide possible improvements of the procedures performed.

SECTION 10. SEPARABILITY CLAUSE. If any section or part of this Ordinance is held invalid or unconstitutional, the other section or provisions not otherwise affected shall remain in full force or effect.

SECTION 11. REPEALING CLAUSE. All other Ordinances, orders, issuances, rules and regulations which are inconsistent with the provisions of this Ordinance are hereby repealed, amended or modified accordingly.

SECTION 12. EFFECTIVITY. This Ordinance shall take effect after fifteen (15) days following its publication in a newspaper of general circulation.

CERTIFIED CORRECT:

JUAN C. AQUINO
SB Secretary

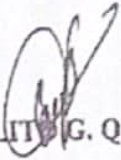
APPROVED UNANIMOUSLY:
October 1, 2021


ATTY. JOSEPH EMMANUEL B. CERA

MARIA TERESA M. ABALOS

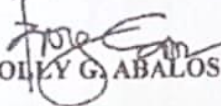
SB Ordinance No. 2021 - 21
October 1, 2021

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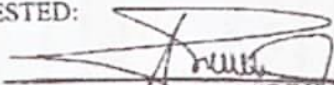

DR. JOSE LITO G. QUINTO


CHRISTOPHER G. ROMERO

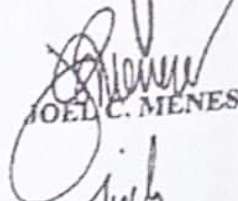

ATTY. FERNANDO JUAN A. CABRERA

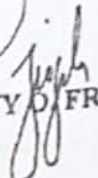

ROLLY G. ABALOS

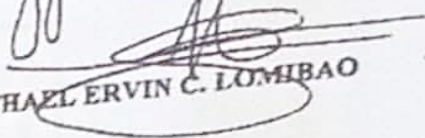
ATTESTED:


ATTY. PEDRO A. SURDIELA, JR.
Municipal Vice Mayor/
Presiding Officer


ALDRIN D. SORIANO


JOEL C. MENESES

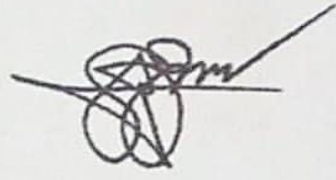

JUVY O. FRIALDE


MICHAEL ERVIN C. LOMBAO

APPROVED:


MARY MARILYN D.G. LAMBINO
Municipal Mayor





**EXECUTIVE ORDER NO. 2022-009-B
SERIES OF 2022**

**CREATING THE MUNICIPAL INCIDENT COMMAND SYSTEM (MICS)
STRUCTURE, COMPOSITION AND DEFINING ITS TEAM FUNCTIONS AS AN ON-
SCENE DISASTER RESPONSE AND MANAGEMENT MECHANISM, AND
ACTIVATED ONLY IN RESPONSE TO DISASTER OR EMERGENCIES AND
SITUATIONS APPROACHING CRISIS LEVEL**

WHEREAS, the new RA 10121 IRR Rule 7 (h) "Philippine Disaster Risk Reduction and Management Act of 2010" provide for the establishment of an Incident Command System (ICS) as part of the country's on-scene disaster response system to ensure the effective consequence management of disasters or emergencies;

WHEREAS, the new law mandates the provision of emergency service and public assistance during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected;

WHEREAS, the new law has restructured the roles of key players during disaster giving local government units the capacity to manage disaster as "first responders and manage the adverse effects of emergencies and carry out recovery activities";

WHEREAS, in the implementation of such roles requires the structuring of an incidence command system that will govern responses and appropriate actions for pre-disaster, during disaster and post disaster responses;

NOW, THEREFORE, I, HON. BONA FE DE VERA PARAYNO, Municipal Mayor of the Municipality of Mangaldan, by virtue of the power vested by law, do hereby order the CREATION OF THE MUNICIPAL INCIDENT COMMAND SYSTEM (MICS) STRUCTURE, ITS COMPOSITION, DEFINING ITS TEAM FUNCTION, which shall be the following:

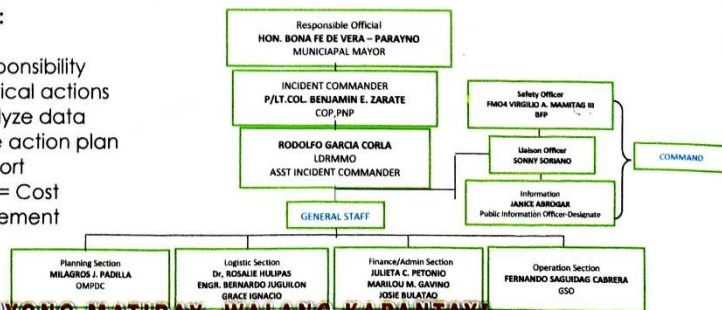
PRIMARY ICS MANAGEMENT FUNCTION:

ICS ORGANIZATION

Functional responsibility:

- Command** = overall responsibility
- Operations** = direct tactical actions
- Planning** = collects/analyze data and prepare action plan
- Logistics** = provide support
- Finance/Administration** = Cost Accounting and procurement

INCIDENT COMMAND SYSTEM



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Republic of the Philippines
Province of Pangasinan
Municipality of Mangaldan
OFFICE OF THE MAYOR



Abante!

The **MUNICIPAL INCIDENT COMMAND SYSTEM (MICS) STRUCTURE** shall be composed of following:

Responsible Official: **HON. BONA FE DE VERA PARAYNO**, *Municipal Mayor*
 Incident Commander (IC): **PLTCOL BENJAMIN E ZARATE**, *COP. PNP*
 Deputy IC: **RODOLFO G. CORLA**, *LDRRM Officer*
 Safety Officers: **FMO4 VIRGILIO A. MAMITAG III**, *BFP Chief*
FERNANDO SAGUISAG A. CABRERA, *GSO*
 Information Officer: **JANICE ABROGAR**, *PIO-Designated*
 Liaison Officer: **SONNY SORIANO**, *Community affairs Officer*
ERNIE CUISON, *LDRRM Staff*

Basic Function Role and Responsibilities

COMMAND

- I. **RESPONSIBLE OFFICIAL (RO)** – The official responsible for administering policy for an agency or jurisdiction, having full authority for making decisions, and providing directions to the management organization for an incident. The **RO** is the chairperson of the **DRRMC**, Local Chief Executive (**LCE**) or Agency Head or their duly authorized representative.
 - a) Typically makes the decision to activate **ICS** and order an Incident Management Team (**IMT**)
 - b) Delegates authority to the Incident Commander (**IC**) for on scene incident Operation
 - c) Conducts an initial meeting (preferably face to face) with **IC** and Deputy **IC**.
 - d) Conducts an in briefing for the incoming **IMT** for the delegation of authority, current situation, incident goals and performance expectations.
 - e) Interacts with **IMT** during response operations to validate objectives and ensure that the **IMT** is progressing toward meeting those objectives.
 - f) Conducts closeout meeting with **IMT** and evaluates team performance.
 - g) Ensure resource coordination and support to the **IMT** from the Emergency Operation Center (EOC)
- II. **INCIDENT COMMANDER (IC)**
 - a) Has clear authority on the incident and knows the agency policy;
 - b) Ensures incident safety;
 - c) Establish and Incident Command Post (ICP)
 - d) Obtains briefing from **RO** and prior **IC** and assesses the situation;
 - e) Establish immediate priorities;
 - f) Determine incident objectives and strategies to be followed;
 - g) Establish the level of organization needed and monitor the operations and effectiveness of the organization;
 - h) Oversee planning meetings;
 - i) To approve the Incident Action Plan (**IAP**);
 - j) Coordinates activities of the Command and General Staff;
 - k) To request for additional resources or for the release of resources;
 - l) To approve the use of trainees, volunteers and auxiliary personnel;

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Municipality of Mangaldan
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Abante!

- m) To authorize the release of information to the news media;
- n) Orders demobilization of the incident when appropriate;
- o) Ensure incident after action reports are complete;
- p) Keeps **DRRMC** Chairperson and / or Responsible Official informed of incident status; and.
- q) Displays Command Presence

III. **PUBLIC INFORMATION OFFICER (PIO)**

- a) To determine from the **IC** any limits of information release;
- b) To prepare press release;
- c) Obtains **IC** approval of media news release;
- d) Conducts periodic media briefings;
- e) Arranges for tours and other interviews or briefing that may be required;
- f) Monitors and forwards media information that may be useful to incident planning;
- g) Maintains current information summaries and/or display on the incident;
- h) Makes information about the incident available to incident personnel; and
- i) Participates in the planning meeting;

IV. **LIAISON OFFICER (LOFR)**

- a) Acts as point of contact for agency representatives and other entities;
- b) To maintain a list of assisting and cooperating agencies and agency representatives;
- c) Assists in setting up and coordinating interagency contacts;
- d) Monitors incident operations to identify current or potential inter-organizational problems;
- e) Participates in planning meetings, provide current resources status, including limitation and capability of agency resources ; and
- f) Provides agency specific demobilization information and requirements.

V. **SAFETY OFFICER (SOFR)**

- a) Monitors hazardous/unsafe situations;
- b) Develops safety procedures and safety plan;
- c) Has authority to stop unsafe acts on the incident;
- d) Participates in planning meetings;
- e) Identifies and mitigates hazardous situations;
- f) Assigns line safeties qualified to evaluate hazards on the incident;
- g) Initiates preliminary investigation of accidents within the incident area;
- h) Reviews and approves the medical plan; and
- i) Ensure safety messages and briefing are made

GENERAL STAFF

I. **OPERATION SECTION CHIEF (OSC)**

- a) Direct the execution of the **IAP**;
- b) Activate and execute the site safety and health plan;
- c) Directs and prepare the unit operation plans;

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Municipality of Mangaldan
OFFICE OF THE MAYOR



Abante!

- d) Request or release resources;
- e) Make expedient changes to the **IAPs**, as necessary;
- f) Report to the **IC/DIC**
- g) May assign a deputy **OSC** to assist in supervising operational activities

II. PLANNING SECTION CHIEF (PSC)

- a) Work closely with the **OSC** and the **IC** formulating the best possible picture of the current situation;
- b) Work closely with the **IC** and the **OSC** in determining the incident strategies and tactical objectives;
- c) Staffing organizing, and supervising the plan section;
- d) Plan for relief and replacement of staff, as appropriate;
- e) Complete necessary **ICS forms IAP**;
- f) Ensure the **IAP** is constructed, copied and disseminated to all incident personnel;
- g) Communicate and implement the **IAP**
- h) Provide periodic status reports to the **IC**;
- i) May assign a deputy **PSC** to assist in supervising planning activities

III. LOGISTIC SECTION CHIEF (LSC)

- a) Work closely with the **IC/DIC** in anticipating and providing all incident support requirements
- b) Order all resources through appropriate procurements methods;
- c) Provide all establishment all incident facilities, transportation, supplies equipment maintenance and fueling, food service, communication, and medical services for incident personnel;
- d) Staff, Organize and Supervise the logistics section;
- e) Plan for relief and replacement staff, as appropriate;
- f) Prepare for and participates in the operational planning process;
- g) Complete necessary **ICS forms for the IAP**;
- h) Provide periodic status reports to the **IC/UC**;
- i) May assign a deputy **LSC** to assist in supervising logistic activities.

IV. FINANCE AND ADMINISTRATION SECTION CHIEF

- a) Work closely with the **IC/UC** in estimating, tracking and approving all incident expenses;
- b) Monitor and coordinate funding from multiple sources;
- c) Ensure that all local, regional and national laws are complied with, in regard to spending;
- d) Staff, organize and supervise the finance/administration and section;
- e) Plan for relief and replacement of staff, as appropriate;
- f) Prepare for and participate in operational planning process;
- g) Complete necessary **ICS forms for the IAP**;
- h) Provide periodic status report to the **IC**;
- i) May assign deputy **FSC** to assist in the supervising finance activities.

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OPERATIONAL PLANS, TASKING AND FUNCTIONS

PRE-DISASTER

1. **Communication and Warning**
 Chairperson: **Sonny Soriano**
 Members: **MDRRMO/CAO/PIO**
 Purpose: to rapidly disseminate information concerning imminent disaster threats to government officials, institutions, properties and population at large in the areas of immediate risk.
 Basic Functions:
 - a) To relay 24-hour weather bulletin and advisory from **PAG-ASA**.
 - b) To forewarn vulnerable areas for possible impact of hazard so as to enable protective or preventive actions to be taken by disaster management officials.
 - c) To assist in the activation of warning system devices.
 - d) To furnish information on updates to responsible persons/agencies.
 - e) Establish linkage with other agencies.
 - f) Post and updates information advisory thru social networks, websites, **PAG-ASA**, resources agencies, etc.

2. **Pre-Emptive Evacuation and Transportation**
 Chairperson: **GRACE IGNATIO**
 Members: **GENERAL RESERVIC OFFICE**
NAVAL RESERVE CENTER NORTH LUZON
PHILIPPINE NATIONAL POLICE
MDRRMO/CAO
 Purpose: To provide vehicles for transporting evacuees to designated evacuation centers and to give information to the **MDRRMO** Operation Center any needed assistance of the evacuees.
 Basic Functions:
 - a) Transport the evacuees to the designated evacuation center
 - b) Transport relief goods
 - c) Provide assistance in the proper and orderly distribution of supplies and materials
 - d) Responsible for checking if the evacuation areas have the needed basic necessities and report to the barangay or operation center what is lacking in the evacuation center.

DURING DISASTER

1. **Search and Rescue Team**
 Chairperson: **GERARDO G. YDIA**
 Members: **WASAR**
PHILIPPINE COASTGUARD
PHILIPPINE NATIONAL POLICE
PHILIPPINE NAVY/NAVAL RESERVE CENTER NORTHERN LUZON
BUREAU of FIRE PROTECTION
PHILIPPINE RED CROSS
LIGA NG MGA BARANGAY / ALL BARANGAY OFFICIALS

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Purpose: To save lives and prevent or minimize damage to properties

Basic Functions:

- a) To have capable rescue personnel assigned in search and rescue operations
- b) To minimize further injury to people and damage to properties

2. Evacuation and Relief Operation

Chairperson: **ROWENA C. DE GUZMAN**

Co-chairperson: **DR. LARRY SARITO**

Members: **MUNICIPAL NUTRITION COUNCIL
DEPARTMENT OF EDUCATION
TRAINED PSYCHOSOCIAL STRESS MANAGEMENT FACILITATORS
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
MUNICIPAL HEALTH OFFICE
BPATS**

Basic Functions:

- a) To assist the evacuation of affected families to prevent casualties
- b) To facilitate and conduct relief operations while in evacuation centers (food and non-food items including portable water, hygiene kits, etc.)
- c) To ensure that the well-being of the evacuees are properly taken care of including provision or conduct of Critical Incident Stress Management (**CISM**) to affected individuals.
- d) Identify beneficiaries in coordination with barangay Disaster Risk Reduction and Management Council
- e) Distribution of relief goods
- f) Ensure that Welfare Desk is in place manned by trained personnel or volunteers.
- g) Lead in the relocation of victims to safe place.
- h) Maintain and manage the evacuation center/camp
- i) Conduct Critical Incident Stress Management to affected individuals and families.
- j) Constant coordination with the Operation Center.

3. Emergency Medical Services

Chairperson: **DR. LARRY B. SARITO**

Members: **MUNICIPAL HEALTH OFFICE
PHILIPPINE RED CROSS
DOH/PHO
RTMC**

Purpose: To provide medical services (emergencies) & post emergencies to all victims of the incident

Basic Functions:

- a) Conduct Rapid Health Assessment to the affected areas.
- b) Disposable of dead bodies if the need arises.
- c) Sanitation in the evacuation centers are highly maintained.
- d) Health education is being conducted in the affected areas to prevent spread communicable diseases.
- e) Provision of essential medicines/medical supplies

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- f) Update the incident commander on health status of the affected families or individuals in the affected areas and evacuation centers.
- g) Ensure the serious health case will be referred to proper authorities on institution for further treatment and management.
- h) Recommend and suggest medical actions.
- i) Establish protocol of command on health and sanitation.

4. Fire Suppression/Prevention

Chairperson: **BFP OPERATIONS CHIEF**

Members: **ALL BFP PERSONNEL & VOLUNTEER FIRE BRIGADE**

Purpose: To minimize effects of the occurrence of fire

Basic Functions:

- a) Conduct of fire suppression operation during Conflaguration
- b) Pre and post assessment of coast damage.
- c) Prepare reports and submit to **MDRRM** Operation Center.

5. Safety and Security

Chairperson: **MPS OPERATION CHIEF**

Members: **ALL PNP/BFP**

MTRG

PHILIPPINE COAST GUARD

BPATS

Purpose: To ensure safety and security of the **ICS** members, the affected area especially the affected families and properties in the affected areas and evacuation center and maintain peace and order situation at the site.

Basic Functions:

- a) Police visibility at the site
- b) Maintain and monitor peace and order at the site
- c) Proper coordination with the barangay official at the site.
- d) Report any untoward incidents at the operation center for any unusual peace &
- e) Order situations.
- f) Crowd control during search and rescue and relief distribution.

POST DISASTER

1. Damage Assessment & Needs Analysis – Rapid Damage Assessment & Needs Analysis/Post Disaster Need Assessment (RDNAA)

Chairperson: **ENGR. BERNARD JUGUILON**

Members: **MUN. ENGINEERING OFFICE**

MDRRMC

BARANGAY QUICK RESPONSE TEAM

AGRICULTURE OFFICE

MUNICIPAL SOCIAL WELFARE OFFICE/CAO/MO

Purpose: To rapidly and accurately assess the disaster damages as well as identify the needs for immediate assistance in relief and reconstruction.

Basic Functions:

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- a) Provide a "snapshot" of the immediate disaster situation by concentrating on the scale and severity of the disaster; the most affected areas; the impacts on the most vulnerable populations and the immediate needs arising from the disaster.
- b) Obtain a general overview of the damage in terms of nature of a disaster, extent of damage and the secondary threats; impacts to availability of resources and local response capacity and the level of continuing or emerging threats.
- c) Assess the situation and recommend the most urgent relief needs; the potential methods for delivery or priority for action; the utilization of resources for immediate response; the need for detailed assessment of specific geographical areas or substantive sector.
- d) Recommends options for relief assistance and the need for international assistance if necessary.

2. **Retrieval Operation**

Chairperson: **GERARDO G. YDIA**

Members: **WASAR
PHILIPPINE COAST GUARD
PHILIPPINE NATIONAL POLICE
BUREAU OF FIRE PROTECTION
PHILIPPINE NAVY
PHILIPPINE ARMY
MDRRMO**

Purposes:

- a) To locate or retrieve any missing person or bodies as reported
- b) To locate important things or properties as reported missing

Basic Functions:

- a) After the search and rescue operations, retrieval operations will commence
- b) To locate missing bodies and/ or properties
- c) Constant coordination with the team.

This Executive Order shall take effect immediately.

Done this 14th day of August, 2022 in the Municipality off Mangaldan, Pangasinan.


HON. BONA FE DE VERA-PARAYNO
Municipal Mayor

SERBISYONG MATIBAY, WALANG KAPANTAY!

DOCUMENTATIONS

Name of LGU: Mangaldan Local Government Unit

Name of LCE: Hon. Mayor Bona Fe DV. Parayno

Designated DRMM-H Focal Person: Dr. Larry B. Sarito

Contact Details (Email Address and Mobile Number):

EARTHQUAKE AND FIRE DRILL



Earthquake drill is being observed quarterly. During this pandemic, strict implementation of the minimum public health standards (BIDA Solusyon Plus) is being observed. Patient's safety is the outmost priority and urgent first aid is being rendered to casualties. Health workers, PNP, BFP personnel, MDRRMO personnel, barangay personnel and other government agencies concerned were trained to perform basic first aid/basic life support in order to minimize further injuries before transporting to higher level of health facility for treatment and management.



EARTHQUAKE AND FIRE DRILL



DROP, COVER AND HOLD!

MANGALDAN LGU TOGETHER
WITH DOH-HRH HELD A DRILL TO
SHOW HOW TO PROTECT
OURSELVES DURING
EARTHQUAKES.

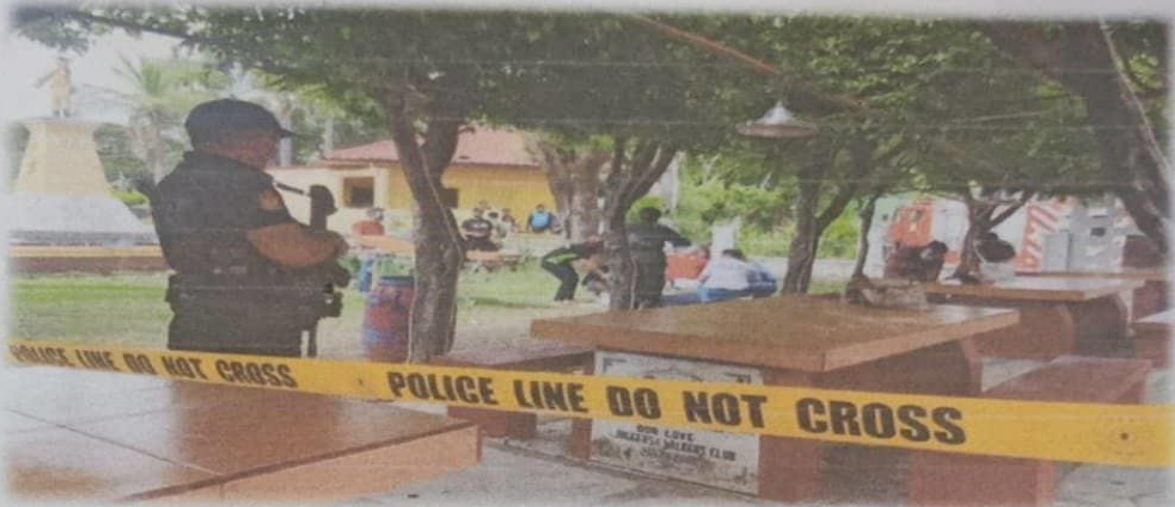
BOMB DRILL



Boom Drill Headed by MANGALDAN PNP Chief Jun Wacnag and joined by neighboring city and Municipalities (Dagupan City, San Jacinto, San Fabian, Manaoag), together with RHU Mangaldan, DOH-HRH team and BFP Mangaldan.



EXPLOSION EMERGENCY MANAGEMENT



Another Explosion Drill participated different cities and municipalities done in Mangaldan to showcase the preparedness of the communities in times of these types of emergencies.

MR - OPV SUPPLEMENTAL IMMUNIZATION ACTIVITY 2020

MANGALDAN LGU AND DOH-HRH IN COORDINATION WITH WHO, UNICEF AND CHD-I REPRESENTATIVES WORKED HAND IN HAND DURING THE EXECUTION OF SIA IN DIFFERENT BARANGAYS.



MANGALDAN LGU AND DOH-HRH IN COORDINATION WITH WHO, UNICEF AND CHD-I REPRESENTATIVES WORKED HAND IN HAND DURING THE EXECUTION OF SIA IN DIFFERENT BARANGAYS.





MR-OPV SIA IS A NATIONAL IMMUNIZATION ACTIVITY CAMPAIGN THAT PROVIDES CHILDREN IMMUNITY TO MEASLES, RUBELLA AND POLIO. EFFORTS OF THE MANGALDAN LGU AND DOH-HRH LIKE INFORMATION DISSEMINATION SUCH AS INSTALLING SIA POSTERS IN EVERY BARANGAY HEALTH STATION AND CONDUCTING LECTURES IN THE COMMUNITY MADE THIS

MANAGING COVID-19 PANDEMIC





THE LARGEST AND MOST TRAGIC DISASTER FACED NOT ONLY IN THE MUNICIPALITY BUT IN THE ENTIRE GLOBE FROM 2019 UP TO PRESENT IS THE DREADED COVID-19 PANDEMIC. IT HAS CLAIMED A LOT OF LIVES AND CLOSED ECONOMIC OPPORTUNITIES.

LOCKDOWNS WERE ESTABLISHED TO CONTROL AND MINIMIZE THE MOVEMENT OF PEOPLE ALL OVER THE WORLD. PHOTOS SHOWN ARE AMONG THE STRATEGIC PDITR DONE BY THE MUNICIPALITY, HEADED BY THE MUNICIPAL HEALTH OFFICE IN COORDINATION WITH THE DEPARTMENT OF HEALTH.

PROVISION OF FOOD ASSISTANCE IN BARANGAY GUEGUESANGEN, MANGALDAN



FACILITATION OF
FOOD RELIEFS TO
FAMILIES LOCKED
DOWN IN BARANGAY
GUEGUESANGEN.
THIS WAS LED BY
OUR HON. MAYOR
MARY MARILYN DG.
LAMBINO
ACCOMPANIED BY
SANGGUNIANG
BAYAN MEMBERS
AND OTHER THE
MANGALDAN LGU
STAFFS.

PROVISION OF HEALTHCARE ASSISTANCE TO AN IDENTIFIED CLOSE CONTACT DURING COVID-19 PANDEMIC



HEALTHCARE SERVICE DELIVERY BY MANGALDAN COVID-19 FOCAL PERSON, TOGETHER WITH MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT (MSWD) TO AN IDENTIFIED CLOSE CONTACT OF A COVID-19 CONFIRMED CASE.



COVID-19 VACCINATION ROLLOUT



IN 2020, MASSIVE VACCINATION AGAINST COVID-19 WAS INITIATED AND CONTINUES UP TO THIS DATE TO VACCINATE AND PROTECT THE WHOLE POPULATION OF THE COUNTRY.



WATER SEARCH AND RESCUE TRAINING



THE PNP MANGALDAN
ALONG WITH THE
MANGALDAN LGU STAFFS
MANUEVERED THEIR
RUBBER BOATS ADEPTLY TO
ANGALACAN RIVER IN A
SEARCH AND RESCUE
TRAINING TO SAVE PEOPLE
FROM DROWNING.



HOME VISITS TO PERSONS WITH DISABILITY



HOME VISITS AND
PROVISION OF MEDICAL,
FINANCIAL AND
PSYCHOSOCIAL SERVICES
WITH STAFFS FROM
MANGALDAN RURAL
HEALTH UNIT,
DEPARTMENT OF HEALTH
AND MANGALDAN
MUNICIPAL SOCIAL
WELFARE AND
DEVELOPMENT




ANTI-RABIES VACCINATION PROGRAMS




ANTI-RABIES
VACCINATION
PROGRAM MUNICIPAL
AGRICULTURIST OFFICE
IN DIFFERENT
BARANGAYS IN THE
MUNICIPALITY
PARTICIPATED BY
RESPECTIVE BARANGAY
COUNCILS AND
FARMERS ASSOCIATION
MEMEBERS WITH THE
MUNICIPAL HEALTH
OFFICE STAFFS.



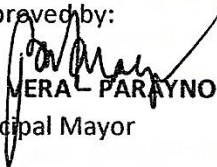
Prepared by:


RODOLFO G. CORLA
LDRRMO IV

Prepared by:


LARRY B. SARITO, MD, DPCOM
Municipal Health Officer

Approved by:


BONA FE DE MERA-PARAYNO
Municipal Mayor

**MANGALDAN DISASTER RISK REDUCTION MANAGEMENT ON HEALTH
PLAN**