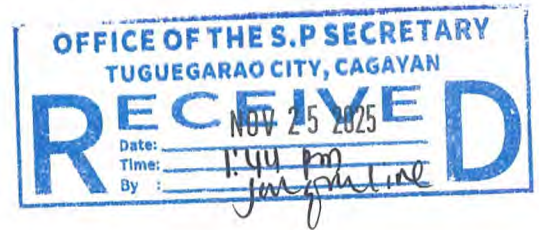




Republic of the Philippines  
Province of Cagayan  
TUGUEGARAO CITY

Phone number: 0953-588-3721 | email address: [cmotuguegaraocity@gmail.com](mailto:cmotuguegaraocity@gmail.com)



**OFFICE OF THE CITY MAYOR**

25 November 2025

**THE HONORABLE MEMBERS**

Sangguniang Panlungsod  
This City

**Thru: HON. ROSAURO RODRIGO G. RESUELLO**  
Vice Mayor and Presiding Officer

Dear *Honorable Members of the Sanggunian*:

Herewith is the Memorandum of Understanding between the Tuguegarao City Government and Department of Health- Cagayan Valley Center for Health Development (CV-CHD) relative to augmentation of Human Resources for Health in the City of Tuguegarao, for your information and appropriate action.

Thank you!

In the name of public service,

**MAILA ROSARIO S. TING-QUE**  
City Mayor

*Copy furnished:*

- CLO
- CHO
- HRMO





## **MEMORANDUM OF UNDERSTANDING (MOU)**

This Memorandum of Understanding (MOU) made and entered into by and between:

The Department of Health - Cagayan Valley Center for Health Development (CV-CHD), a government agency with office address at Maharlika highway, Carig Norte, Tuguegarao City, Cagayan represented by **DR. FERDINAND M. BENBENEN** – Director IV, hereinafter referred to as the **FIRST PARTY**; and the Municipality/City of **Tuguegarao City**, Province of Cagayan, a local government unit represented by Honorable Mayor **MAILA ROSARIO S. TING-QUE**, hereunder referred to as the **SECOND PARTY**.

### **I. PURPOSE**

To establish collaboration among the different stakeholders in the implementation of the 2026 Human Resources for Health Deployment Program (HRH) pursuant to Administrative Order No. 2020-0038 or the Guidelines on the Deployment of Human Resources for Health (HRH) under the National Health Workforce Support System (NHWSS) and Department Order No. 2022-0451 or Operational Guidelines in the Implementation of Select Human Resource for Health Composite Programs and Projects under the National Health Workforce Support System dated August 5, 2022 for the attainment of the following:

- a. Improve local health systems that will support the country's attainment of Universal Health Care (UHC) Act and Devolution Transition Plan for Health;
- b. Provide personnel complement in the focus municipalities and other concerned areas such as but not limited to;
  1. Underserved and Unserved (UUA) Barangays,
  2. Indigenous Cultural Communities,
  3. Priority areas for poverty reduction and peace building efforts,
  4. 5<sup>th</sup> to 6<sup>th</sup> class Municipalities,
  5. Critical HRH Gap, and;
- c. Provide policies and guidelines in the implementation of the Human Resources for Health under the National Health Workforce Support System.

### **II. PARTIES' ROLES AND RESPONSIBILITIES**

In furtherance of the above PURPOSE, both parties agree to make every reasonable effort to fulfill the responsibilities outlined below.

The **FIRST PARTY** shall:

- a. Be responsible for the recruitment and selection of applicants through the PDOHOs / CDOHO in close coordination with the HRMO and Human Resource Development Unit of the CVCHD.
- b. Hire Human Resources for Health (HRH) for deployment in the different priority cities/municipalities focused and concerned areas specifically for the following list of professionals:

1. Doctors (DTTB, PRDP, EPSB)
2. Dentists
3. Nurses
4. Midwives
5. Pharmacists
6. Medical Technologists
7. Nutritionist Dieticians





## 8. Physical Therapists

- c. Be responsible for the processing and signing of Appointments and such other related documents of the deployed HRH under the NHWSS.
- d. Conduct a Pre and Post Deployment Orientation and Oath Taking to the HRH.
- e. Determine the areas for Deployment where the HRH will be equitably distributed to the different municipalities and cities in the Region prioritizing the Underserved and Unserved (UUA) Barangays, Indigenous Cultural Communities, 5<sup>th</sup>- 6<sup>th</sup> class municipalities, priority areas for poverty reduction and peace building efforts and areas with critical HRH gap.
- f. Be responsible for the social preparation of the HRH and shall formally endorse them through the Provincial DOH Office supported by a Deployment letter addressed to the **SECOND PARTY**.
- g. Coordinate closely with the **SECOND PARTY** in provision of technical and administrative supervision over the deployed HRH.
- h. Provide Learning and Development Interventions for the HRH to enhance their knowledge, technical skills and competencies.
- i. Be responsible to facilitate the immediate pull-out of deployed HRH from the municipality within 24 hours in case of HRH report of threat to his/ her life, whether verified or not.
- j. Monitor the performance, working conditions, and engagement of deployed HRH through the PDOHOs and CDOHO and provide feedback to the LGUs.

The **SECOND PARTY**, shall:

- a. Accept the HRH hired by the **FIRST PARTY** as personnel complement in the locality.
- b. Assign the HRH in close coordination with the **FIRST PARTY** in their identified priority areas of assignment or barangay pursuant to the functions and responsibilities of the HRH.
- c. Provide administrative and technical supervision to HRH deployed within its jurisdiction in close coordination with the **FIRST PARTY** through the PDOHO and CDOHO.
- d. Sign Daily Time Records, Itinerary, Individual Performance Commitment Review, and other necessary documents of the HRH through their City/Municipal Health Officers (CHOs/MHOs/RHP/DTTB) or in their absence, the PHN and initialed by their respective Development Management Officer (DMOs).
- e. For LGUs without MHOs, the daily time record of the DTTBs shall be signed by the LCEs or any authorized official.
- f. Individual Performance Commitment Review and other technical duties and functions will be signed by their respective MHOs/CHOs/LCEs/Chief of Hospitals as supervisors and initialed by the DMO IVs prior to the signing/approval of the DMO Vs as the Next Higher Supervisor except DTTBs and PRDPs.





- g. Pay overtime services in cases where the HRH are required by the LGU to render services beyond their regular working hours or exceed the **40 hours per week** for any LGU programs and other related activities as supported by an LGU/RHU Office Order. However, in lieu of overtime pay, the HRH shall be entitled to Certificate of Overtime Credits (COC) and the availment of Compensatory Time-Off shall be subject to CSC-DBM Joint Circular No.2 s. 2004.
- h. Endeavor to hire the deployed HRH in their municipalities to promote the decrease of HRH gap in their localities pursuant to the implementation of UHC Law and Devolution Transition Plan for Health.
- i. Establishment of a Safety and Security Committee. The LGU, through its Local Health Board (LHB) shall organize a Safety and Security Committee consisting of, at the minimum, the DMO as the DOH Representative, an LHB member, and representatives from the Philippine National Police (PNP), Armed Forces of the Philippines (AFP), and Municipal Disaster Risk Reduction and Management Office (MDRRMO).
  - 1. Members of the LGU Safety and Security Committee shall serve as the immediate point of contact for and first responders to reported safety and security incidents concerning the HRH including, but not limited to, natural disasters, industrial and transport accidents, civilian threats, insurgencies, or any nature of the harassment.
  - 2. Further, the LGU Safety and Security Committee shall be responsible for the following:
    - a. Supply updated emergency hotline and contact numbers;
    - b. Develop safety and security protocol within the municipality;
    - c. Closely coordinate with the PDOHO regarding the safety and security issues raised by the HRH;
    - d. Conduct regular meetings and investigations on occupation-related incidents, injuries, illness, and/or death;
    - e. Evaluate the effectiveness of existing safety protocols and recalibrate measures and outcomes as needed through the conduct of periodic meetings with stakeholders, including deployed the HRH; and
    - f. Maintain health and safety records, constituting reported incidents and actions taken, to be submitted to the CHD.
- j. Monitor the HRH assigned in their areas in close coordination with the FIRST PARTY, and its authorized representatives.

### III. MUTUAL AGREEMENT

Both **PARTIES** have an interest in better understanding of the spatial patterns, relationships and dynamics of HRH. This requires sharing of analysis, collaboration of both parties for the achievement of the Sustainable Development Goals (SDG) through the implementation of the Universal Health Care Act that will redound to the benefit of the local community.





Pursuant to the Department Memorandum No. 2022 – 0451 dated August 5, 2022 and the foregoing statements both parties hereby consent to the following guidelines as agreed upon \_\_\_\_\_ 2025:

1. It is understood that this MOU shall only apply in case there are deployed HRH.
2. Policies, rules and regulations for the deployment of HRH shall be in accordance with CSC ORA-OHRA and all other CSC laws, policies and issuances.
3. HRH shall perform the duties and responsibilities expected of the position and shall serve in their area of assignment for **forty (40) hours per week**.
4. Nurses and Midwives shall be assigned in the barangays especially to UUA or far- flung barangays of the **SECOND PARTY**.
5. Once the areas of assignment are finalized the **FIRST PARTY** through the PDOHO/CDOHO shall issue Provincial/City DOH Office Order copy furnished the PHOs.
6. Nurses and Midwives shall be allowed to report to the Rural Health Units once a week to be scheduled by the **SECOND PARTY** through their CHO/MHO in coordination with respective Development Management Officers.
7. The attendance of the HRH during Flag raising ceremony is mandatory. However, HRH that are deployed in coastal barangays and UUA barangays with difficulty in transportation may attend the barangay flag raising ceremony.
8. For efficiency, HRH shall time-in and time-out in their respective barangays or areas of assignment, thus they are not required to time-in and time-out in the RHU once they will report to their areas of assignment.
9. Night duty shall only be allowed to Midwives under the Rural Health Midwives Placement Program (RHMPP) in Municipalities/Cities with Licensed Birthing Homes of the **SECOND PARTY**. Such night duty shall be permitted **only under the following conditions**:
  - The Midwife is **accompanied by a trained BEMONC-competent regular staff** of the **SECOND PARTY** during the entire shift.
  - Night duty shall be limited to **eight (8) hours per day** only.
  - **The day immediately following a night duty shall be considered an automatic day off** for the concerned RHMPP Midwife, to ensure adequate rest and compliance with labor standards.

RHMPP Midwives shall also deliver primary care services in support of various Department of Health (DOH) programs, including but not limited to: Immunization Program, TB Control Program, home visits for monitoring of pregnant and post-partum mothers, assistance in Family Planning program services, and provision of direct maternal and child health care.





Other Health Human Resources (HRH) shall be allowed to render night duty **only during emergencies and disasters**, and only when **supported by an Office Order** from the Local Government Unit (LGU) or Rural Health Unit (RHU).

10. In exigency of the service, HRH may be allowed to accompany patient in the ambulance within or outside of the municipality of assignment provided the **SECOND PARTY** shall issue LGU/RHU travel order for this purpose and shall pay their overtime services rendered beyond their regular working hours plus daily travel expenses (DTE) pursuant to E.O. 77 series of 2019.
11. All requests of HRH pertaining to attendance on Learning and Development, seminars, conventions and/or for Continuing Professional Development (CPD) within and outside the region shall be approved by the **FIRST PARTY** following this procedure.

Step 1: HRH Shall submit written request together with the invitation for attendance to LDI for the approval of the LGU (MHO) or authorized official;

Step 2: If the request is approved, the LGU (MHO) shall endorse it to PDOHO/CDOHO for the preparation of request for travel.

Step 3: PDOHO/ CDOHO shall endorse the request for travel to CVCHD for the presentation of Regional Office Order.

12. In the event that the HRH is required to attend the LGU/RHU related activities/ invitations outside their area of assignments, the LGU/RHU shall issue an LGU/RHU Office Order for the said purpose indication the payment of his DTE copy furnish PDOHO/CDOHO.
13. **FIRST PARTY** is responsible for the issuance of Certificate of Employment, Service Records, Processing of leaves, Terminal Pay, PHIC enrolment, and Remittances while PDOHOs and CDOHO are responsible for the preparation of payrolls.
14. Nepotism is prohibited under the Civil Service Commission specifically under Sec. 9, Rule XIII (Prohibitions), Revised Omnibus Rules on Appointments and Other Personnel Actions (CSC MC No. 40, s. 1998), therefore, HRH shall not have a direct supervisor such as MHO, PHN, DMO IV and DMO V, who is a relative up to the third degree, either by consanguinity or affinity.
15. Nonpartisan political activity shall be strictly implemented thus HRH shall not campaign for any candidate.
16. Actual working hours including night shift and week-end duties shall be reflected in the Daily Time Record (DTR) of the HRH supported by a LGU/RHU Office Order.
17. During the deployment, the **FIRST PARTY** and **SECOND PARTY** concerned shall ensure the safety and security of the HRH in their areas of assignment. Safety protocol shall be followed, thus **FIRST PARTY** and **SECOND PARTY** shall regularly monitor the HRH in their areas of assignment.
18. Grievances by the deployed HRH shall be addressed expeditiously following the hierarchy of management of grievances and in accordance with the existing grievance mechanisms of the DOH – CO and CHDs.
19. All request of HRH or the **SECOND PARTY** for transfer of municipality shall be approved by the DMO V after thorough deliberation and evaluation.





20. In case of declaration of Public Health State of Emergency throughout the country, the **FIRST PARTY** may temporarily redeploy HRH and shall issue a Regional Office Order.

#### IV. FUNDING AND FINANCIAL RESPONSIBILITIES

1. The **FIRST PARTY** shall provide HRH with their salaries, benefits and other remunerations subject to the deductions based on the existing rules and regulations.
2. The **SECOND PARTY** shall provide a financial counterpart and assume responsibility and ownership of the deployed HRH, recognizing the benefits derived by the sending LGUs from such deployment. In the event that the **HRH is required by the SECOND PARTY**, in the interest of the service, to undertake official travel, the **SECOND PARTY shall cover the necessary transportation and other travel-related expenses**, subject to the availability of funds and in accordance with the usual government accounting and auditing rules and regulations.
3. For **activities and invitations initiated by Program Managers of the Department of Health – Cagayan Valley Center for Health Development (DOH-CVCHD)**, the inviting party shall likewise shoulder the traveling and incidental expenses, subject to availability of funds. However, Program Managers may indicate in the official letter of invitation that such expenses shall be borne by the sending agency, upon mutual agreement and proper coordination.

#### V. VOLUNTARY DISASSOCIATION

**This MoU is a binding agreement that both parties have entered into in good faith.** Either party may disassociate from the effort without penalty or liability by notifying the other in writing. Written notice shall be sent thirty (30) days prior to the disassociation.

#### VI. TERM AND AMENDMENT

This Memorandum shall be in effect for the period of three (3) years beginning January 2026. Both parties reserve the right to renegotiate this Memorandum upon the mutual consent of the other party.

This Memorandum represents the entire understanding of both parties with respect to this partnership. Any modification of this Memorandum must be in writing and signed by the parties.

SIGNED BY:

FERDINAND M. BENBENEN, MD, DPCP, MHA, FPSMS  
Director IV, DOH Cagayan Valley CHD

\_\_\_\_\_  
Date

HON. MAILA ROSARIO S. TING-QUE  
City/Municipal Mayor,  
Municipality of Tuguegarao City

\_\_\_\_\_  
Date



Republic of the Philippines  
Department of Health  
**CAGAYAN VALLEY CENTER FOR HEALTH DEVELOPMENT**



WITNESS:

Dr. ROBIN R. ZINGAPAN  
City Health Officer

ALAN L. SIBAL  
Development Management Officer IV

**ACKNOWLEDGMENT**

Republic of the Philippines )  
Province of Cagayan )s.s  
City of Tuguegarao )

BEFORE ME, a Notary Public for and in the above jurisdiction, personally appeared the following:

NAME	TIN NO.	DATE ISSUED
_____	_____	_____

KNOWN TO ME to be the same persons who executed the foregoing instrument and acknowledged to me that the same is their own free will and voluntary act and deed.

This instrument consists of three pages including the page wherein this Acknowledgment is written, and is agreed by the parties and their instrumental witnesses.

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ at Tuguegarao City, Cagayan Valley, Philippines.

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Series of \_\_\_\_\_