Republic of the Philippines
MUNICIPALITY OF CAGWAIT
PROVINCE OF SURIGAO DEL SUR

Office of the Sangguniang Bayan Secretary

December 18, 2025

The Honorable
Sangguniang Panlalawigan Members
Thru: Hon. Manuel O. Alameda
Provincial Vice Governor
Tandag City
Sir:

TANGGAPAN NG SANGGUNIANG PANLALAWIGAN
RECEIVED
DATE: 12-19-25
BY:
TIME: 10:10 AM
TANDAG CITY, SURIGAO DEL SUR

Pursuant to pertinent provision of the Local Government Code of 1991, I have the honor to submit the herein approved ordinance by the Sangguniang Bayan of Cagwait, for your review and approval, to wit:

ORD. NO. 39-24 – AN ORDINANCE ENACTING THE INSTITUTIONALIZATION OF A FUNCTIONAL DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH (DRRM-H) SYSTEM IN THE MUNICIPAL WIDE HEALTH SYSTEMS OF CAGWAIT, SURIGAO DEL SUR.

Hoping for your favorable consideration and appropriate action.

Attached herewith:

- **Certificate of Posting and Publication,**

Very truly yours,

ALAN A. CABRERA
Secretary to the Sanggunian

Republic of the Philippines
MUNICIPALITY OF CAGWAIT
SURIGAO DEL SUR

Office of the Sangguniang Bayan Secretary

CERTIFICATE OF POSTING AND PUBLICATION

This is to certify that, in compliance to Section 59 of RA 7160; Article 113, IRR of R.A. No. 7160, copy of approved Ordinance titled hereunder was properly posted and published in three conspicuous places in the municipality.

ORDINANCE NO. 39-25 – AN ORDINANCE ENACTING THE INSTITUTIONALIZATION OF A FUCTIONAL DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH (DRRM-H) SYSTEM IN THE MUNICIPAL WIDE HEALTH SYSTEMS OF CAGWAIT, SURIGAO DEL SUR.

Date Enacted	:	November 25, 2025
Date Approved	:	December 18, 2025
Date Posted	:	December 18, 2025
Place Posted	:	Municipal Hall Bulletin Board; Tubo-tubo Public Terminal; and Poblacion Gymnasium Cagwait, Surigao del Sur

Certified Correct:

ALAN A. CABRERA
Secretary to the Sanggunian

Refer To: Committee on Disaster Risk Reduction and Climate Change Adaptation

Republika ng Pilipinas
LALAWIGAN NG SURIGAO DEL SUR
BAYAN NG CAGWAIT

Tanggapan ng Sangguniang Bayan

EXCERPT FROM THE MINUTES OF THE 43RD REGULAR SESSION OF THE SANGGUNIANG BAYAN OF THE MUNICIPALITY OF CAGWAIT, SURIGAO DEL SUR, HELD AT THE SESSION HALL ON NOVEMBER 25, 2025:

PRESENT:

Hon. Armando P. Reyes - SB Member
(Temporary Presiding Officer)

REGULAR SANGGUNIANG BAYAN MEMBERS:

Hon. Joanne Socorro L. Ubongen
Hon. Arthur M. Sanchez
Hon. Amelito E. Estrada
Hon. Rogen P. Tabugoc
Hon. Joel E. Bayogbog, CE
Hon. Guardiano C. Lozada
Hon. Angelyn P. Prado

SANGGUNIANG PANLALAWIGAN
TANGGAPAN
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DATE: 12-19-25
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TANDAG CITY, SURIGAO DEL SUR

EX-OFFICIO MEMBERS:

Hon. Bernard V. Loma - - - - - - - - - - - - LnB Fed. Pres./SB Member
Hon. Princess Chewon C. Park - - - - - - SK Fed. Pres./SB Member

ON OFFICIAL BUSINESS:

Hon. Melchie C. Tuscano - - - - - - - - - - - - Municipal Vice Mayor

ORDINANCE NO. 39-25

AN ORDINANCE ENACTING THE INSTITUTIONALIZATION OF A FUNCTIONAL DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH (DRRM-H) SYSTEM IN THE MUNICIPAL WIDE HEALTH SYSTEMS OF CAGWAIT, SURIGAO DEL SUR:

WHEREAS, Section 16 of Republic Act No. 7160, otherwise known as the Local Government Code of 1991, provides that every local government shall exercise powers necessary, appropriate or incidental for its efficient and effective governance and those which are essential for the promotion of the general welfare. Within their respective territorial jurisdictions, local government units (LGUs) shall ensure and support, among other things, the promotion of health and safety;

WHEREAS, Section 17 of said Code also states that local governments are granted powers to discharge functions and responsibilities to provide basic services and facilities. At the municipal level, these include, but are not limited to, health and social services;

WHEREAS, Section 102, the Code further provides that one of the functions of the local health board is to propose to the sanggunian concerned, in accordance with standard and criteria set by the Department of Health)DOH) annual budgetary allocations for the operation and maintenance of health facilities and services within the municipality, city or province, as the case maybe;

WHEREAS, Section 2 (d) of Republic Act No. 10121, also known as the "Philippine Disaster Risk Reduction and Management Act of 2010" provides that the State shall adopt a disaster risk reduction and management approach and promote the involvement of all sectors and all stakeholders concerned;

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Received by:
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WHEREAS, Section 2 (a) of Republic Act No. 11223, also known as the "Universal health Care Act" provides that the State shall adopt an integrated and comprehensive approach to ensure that all Filipinos are health literate, provided healthy living conditions and protected from hazards and risks that could affect their health;

WHEREAS, in October 2019, the Department of Health (DOH) issued Administrative Order No. 2019-0046 or the National Policy on Disaster Risk Reduction and Management (DRRM-H), which necessitated the institutionalization of DRRM-H to enhance the capacities of the health system to manage health risks and attain resilience in the communities;

WHEREAS, Section 41 of Rule XI of the Implementing Rules and Regulations (IRR) of RA No. 11223 provides that, at the minimum, managerial and technical integration shall be characterized by functional disaster risk reduction and management in the health system, among other requirements, as its primary focus;

WHEREAS, to this end, the Municipal Government of Cagwait organizes and implements a functional DRRM-H system for public health and hospitals using the procedures and technical specifications necessary for the operationalization and transition, with considerations of the context of the "New Normal" outlined in this Ordinance;

NOW THEREFORE:

BE IT ORDAINED, by the Sangguniang Bayan of the Municipality of Cagwait, Province of Surigao del Sur in session assembled, that:

CHAPTER I
General Provisions

SECTION 1. Short Title. This Ordinance shall be known and cited as the ***"DRRM-H System in the Municipal-Wide Health Systems of Cagwait, Surigao del Sur".***

SECTION 2. Declaration of Principles and Policies. It is the policy of the Municipality of Cagwait to promote the health and safety of its constituents by ensuring support and assistance. Toward this end, the municipality shall adopt:

a) Science and evidence-based, easily scalable means to institutionalize and organize a functional DRRM-H system which supports the municipal-wide health system, that is resilient to shocks and stresses; and

b) People-centered, equitable and accessible DRRM-H system able to initially operate and guarantee timely, effective and efficient preparedness and response to public health emergencies and disasters and other means to ensure delivery of population-based health services.

SECTION 3. General Objectives. This Ordinance seeks to:

a) Institutionalize a functional DRRM-H system within the municipal-wide health system of Cagwait, this province to manage and mitigate the adverse effects/impacts and health consequences of emergencies/disasters including climate change;

b) Organize and implement a functional DRRM-H System through procedures and technical specifications necessary for the operationalization and transition;

c) Promote the involvement and participation of all sectors and all stakeholders concerned, at all levels, especially the local community; and

d) Allocate resources for the operationalization of a functional DRRM-H system at the Municipal-Wide Health System.

SECTION 4. Scope and Coverage. This Ordinance shall include and cover the municipal-wide health system of Cagwait including its sub-professional health systems, and all member public and private, Local and international stakeholders/partners.

SECTION 5. Definition of Terms. As used in this Ordinance, the following terms shall mean:

a) ***DRRM-H*** – an integrated, system-based, multi-sectoral process that utilizes policies, plans, programs and strategies to reduce health risks due to disasters and emergencies, improve preparedness for adverse effects and lessen adverse impacts of hazards to address the needs of the affected population with emphasis on the vulnerable groups;
b) ***DRRM-H Institutionalization*** – establishment of a functional DRRM-H system, which includes the following minimum key indicators approved, updated, tested, disseminated DRRM-H Plan with budget allocation, organized and trained Health Emergency Response Teams (HERTs) available and accessible essential Health Emergency Commodities and Emergency Operations Center (EOC) with command and control, communication and coordination;

c) ***Functional DRRM-H System*** – a operational system which is a contracting network that manages/mitigates the adverse effects/impacts and health consequences of emergencies/disasters including climate change, in the municipal-wide Health System and is concretized by investment in and conduct of core processes, namely: (1) governance, (2) service delivery, (3) resources management and mobilization, and (4) information and knowledge management to guarantee timely, effective and efficient preparedness and response to public health emergencies and disasters and other means to ensure uninterrupted delivery of population-based health services.

CHAPTER II
Roles and Responsibilities

SECTION 6. Roles and Responsibilities. The following shall be the roles and responsibilities of implements and other stakeholders of the DRRM-H System, which include but are not limited to the Health Care Providers Network (HCPN):

a) The Municipal Health Board shall exercise their administrative and technical supervision over health facilities and services, health personnel and all other health resources within their territorial jurisdiction;

b) The Municipal Health Office as the principal implementer of this Ordinance, under the stewardship of the Provincial Health Board shall be responsible for the integration and supervision to organize and manage the institutionalization of DRRM-H in the Municipal-wide Health System, at the same time also represent the health sector in relevant DRRM activities or delegate such function as necessary;

c) Health Care Provider Network (Primary Care Provider Network including Secondary and Tertiary Hospitals) shall ensure delivery of population-based essential health services and ensure an interoperable system to optimize coordination with patients for smooth transactions, two-way referral and remove barriers to health services especially in mass casualty incidents or in emergencies and disasters;

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- Public Health Unit in hospitals shall establish a platform where close coordination with Local Operation Center (OpCen)/EOC is possible in receiving and managing population within and outside the network;

d) Contracted Apex or end-referral hospitals shall receive consultations and referral of population for complicated services and/or specialized care in emergencies and disaster whenever necessary especially in mass casualty incidents or in emergencies and disaster.

CHAPTER III
Implementation Mechanism

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

SECTION 7. Institutionalizing DRRM-H in Municipal-wide Health System. In consideration to the approved standards and guidelines by the Civil Service Commission (CSC) and endeavored organizational structure and staffing pattern as stipulated in the Universal health Care (UHC) IRR (Rule 19. 12/19. 14), the Municipal Health Office, in their initiative to create divisions/sections for the following functions for the operation and staffing for DRRM-H in the Municipal-wide Health System:

a) ***Organizational Structure of the DRRM-H Unit at the local level.*** The Municipal Health Office, as approved by the Local health Board, shall determine the establishment and composition of the DRRM-H Unit or the Program Management Team, in accordance with the organization of the respective Municipal-wide Health System of the local government unit.

Each DRRM-H or Program Management Team in the Municipal Health Office and in the LGU-managed hospital/health facility shall have at least one (1) DRRM-H Manager and one (1) Assistant, duly trained on DRRM-H. Other staffing deemed appropriate and necessary shall also follow pending the formal creation or establishment of plantilla positions in the LGU. The Local Health Board in the interim, may temporarily designate personnel capable of performing tasks stated herein, and provided with essential resources, to serve as members of the DRRM-H System.

b) ***Duties and Functions.*** The DRRM-H System shall have the following duties and functions:

a) Leads in the development of disaster risk reduction and management in health (DRRM-H) plan, development protocols, guidelines and standards for health emergency management;
b) Develop programs and planning activities for DRRM-H and community;
c) Leads advocacy activities, including orientations, trainings and simulation exercises;
d) Develops and implements an integrated capacity development agenda for health emergencies and disaster;
e) Provides the coordination and communication linkage to other concerned agencies including the hospitals during health emergencies and disasters;
f) Maintains updated information of all health emergencies and disasters (except epidemiological investigation reports) and provide such information to other offices and agencies in accordance with existing protocols;
g) Maintains a data of all health emergency personnel, technical experts, and resource speakers and capabilities of health facilities;
h) Provide timely, effective and efficient preparedness and response to public health emergencies and disasters;
i) Provide Essential Health Service Package in Emergencies and Disasters utilizing the cluster approach that includes: (a) Public Health & Medical, (b) Nutrition, (c) Water, Sanitation and Hygiene (WASH), and (d) Mental Health & Psychosocial Support (MHPSS);

j) Establish and maintain a public health emergency operation center with an early warning system, communication mechanism and technology and equipment;
k) Conduct rapid health assessment during calamities, disaster and/or emergencies;
l) Organize and mobilize health emergency response teams that are equipped with adequate and appropriate tools and supplies.

A Functional DRRM-H system shall be headed by a DRRM-H Manager and shall perform the following functions:

i. Prevention, Mitigation and Preparedness which primarily focus on:

- Dissemination and monitoring of adopted policies/standards based on National Guidelines or developed local policies, plans, programs for health emergency and disaster risk prevention/mitigation and preparedness;
- Facilitation and conduct of capability building activities for various stakeholders;
- Facilitation of partnership and networking activities with stakeholders;
- Provision of other technical/financial assistance (promotion, awareness raising, monitoring and research, etc.)

ii. Response, Recovery and Rehabilitation which primarily focus on:

- Dissemination and monitoring of adopted policies/standards based on national Guidelines or developed local policies, plans, programs for health emergency and disaster response, recovery and rehabilitation;
- Delivery of essential health services and products in all phases of emergency/disaster through mobilization of resources such as Technical Experts, HERTs and tangible logistics needed locally and internationally;
- Management of Health emergency and disaster information/knowledge and facilitate coordination activities between partners agencies/organizations;
- Provision of support to recovery and rehabilitation through technical and financial assistance.

iii. Administration and Finance:

- Performance monitoring of DRRM-H System to facilitate the managerial, technical and financial integration;
- Establishment of accountability mechanisms;
- Management of budgetary allocation and support;
- Other support for DRRM-H system activities operations.

c) ***Concept of Operations.*** The DRRM-H Framework pursuant to DOH Administrative Order No. 2019-0046, the attainment of the societal goals and final outcomes of DRRM-H shall depend mainly on investments in promoting or advocating resilience of the health system and involvement of communities in the locality, sustaining its development in all thematic areas. The output, which is the functional DRRM-H System, shall support the delivery of essential health cluster population-based services: Medical and Public Health; Nutrition in Emergencies; Water; Sanitation and Hygiene in Emergencies; and Mental Health and Psychosocial Support.

d) ***Operationalization of DRRM-H System.*** Administrative Order No. 2020-0036 on the institutionalization of DRRM-H in the Municipal-wide Health Systems expounds the initiative needed from the Local Government of Cagwait in order to institutionalize a functional DRRM-H System. The following shall be operationalized pursuant to **the IRR** of Universal health Care Law within the six (6) year transition period commitment for municipal-wide integration wherein managerial and technical integration is expected to be demonstrated in the first three (3) years and financial integration thereafter. The aim is to institute a workable system that can initiate and perform in coordination with the health system in place and communities at large. The following initiative shall aid in resilience buildings and in guaranteeing a timely, effective and efficient preparedness and response to public health emergencies and disasters and other means to ensure uninterrupted delivery of population-based health services.

Managerial Integration:

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

a) ***Development of DRRM-H Plan.*** The DRRM-H Plan is a strategic and thematic plan of the municipal-wide health system referenced from the DRRM-H Planning Guide and finalized by the Municipal Health Officer in coordination with the DRRM-H Planning Committee. It shall be approved by the Municipal mayor; updated annually or as necessary, tested through drills or other forms of exercises disseminated verbally and in writing to stakeholders of the network and must be funded for operationalization. The DRRM-H Plan shall be an integrated plan of the Municipal Health Office and all its hospitals and other service delivery units within the Health Care Provider network (HCPN) and shall be an input in the Municipal Government investment, development and operational plan, especially in Local Investment Planning for Health (LIPH), its Annual Operating Plan (AOP) and DRRM Plan.

b) ***Organization and Training of Health Emergency Response Team (HERT).*** The HERT are to be organized and mobilized whenever necessary based on the type of events, in emergencies and disasters, guided by the minimum requirements for implementation based on latest updates/guidelines and by the provisions stated in DOH Administrative Order No. 2018-0018 or the National Policy on the mobilization of HERTs and its amendments. Their safety, security, self-sufficiency shall be ensured.

Continuous professional education and participation to complete DRRM-H related training shall be encouraged depending on the needed competency of HERTs based on roles and functions. Within three (3) months from the effectivity of this Ordinance, a six (6) year implementation plan on capability building shall be developed to attain the Local health Systems maturity Level (LHSML) functional level training requirements and conduct of learning and development needs analysis shall be facilitated for routine assessment.

c) ***Availability and accessibility of Health Emergency Commodities (HECs).*** The HECs to be procured or strategically stockpiled are adopted based on guidelines or recommend logistics by DOH to be procured by the Municipal Government of Cagwait and/or those that are deemed essential based on recent emergencies/disasters experiences in the area. These shall be made available and accessible to the affected population in an emergency, in disaster or upon the declaration of a state of public emergency or calamity by the Municipal Mayor or by the President. The Municipal Government shall issue a separate issuance on the guidelines on the procurement and management of essential health emergency commodities for the Municipal-wide Health System.

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d) ***Establishment and/or activation of OC/OEC for Public Health.*** At least, a functional Emergency Operation Center (EOC) shall be established or activated, capable of 4Cs: Coordination, Communication and Command and Control within the Municipal Health Office. The EOC shall be interoperable with the Municipal Risk Reduction and Management Office for synchronized operations and able to operate 24/7 in emergencies and disasters, wherever necessary. All duty personnel shall receive orientation/training and shall received adequate support to perform functions and deliver operations based on code alert level.

Within two(2) years from the effectivity of this Ordinance, the Municipal Government of Cagwait through the Office of Municipal Health Officer (OMHO) or its authorized representative shall evaluate if there is a need to establish a Public Health Operation Center as the main hub for Public Health Emergency concerns. The recommendations shall be the duly supported for implementation using this Ordinance's appropriation or other relevant funds as available from the implementing office.

DRRM-H System Management.

The Municipal Government through the Municipal Health Office shall perform the following for internal system capacitation and quality management the following shall form part of the implementation review to be conducted:

a) ***Risk Analysis and Management.*** The Municipal Health Officer (MHO) or his authorized representative (e.g. DRRM-H Unit or Program Management Team) shall conduct routine monitoring of potential problems or threats and potential enhancements to improve the probability of success, establishing a functional DRRM-H system. Potential actions shall be identified for the development or action plans whenever necessary and appropriate.

b) ***Quality Assurance.*** The MHO or his authorized representative shall initiate the process of meeting the demands and expectations of the DRRM-H system's smooth operation and public feedback. The following initiative shall aid in this endeavor:

- Standard Operating procedures through a Citizen's Charter shall be developed for the office's commitment on standard, quality and timely service delivery for transparency and accountability.

- Training programs beneficial to strengthen competency shall be established or participated by all DRRM-H personnel;

- Office and staff performance monitoring shall also be essential subject to the local office matrix and targeting and also in compliance with the accomplishment and monitoring report requirements by the DOH;

- The designated area or office to house its members shall be conducive and have adequate logistics or equipment to support operations;

Technical Integration:

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

a) Governance.

i. A Planning Committee shall be organized to create the Municipal-wide Health System DRRM-H Plan, Contingency Plan, Public Service Continuity Plan and Communication & promotional Plan within one (1) year from the effectivity of this Ordinance, constituted with the following composition:

Chairperson - Municipal Mayor or his/her authorized Representative
Planning Team:

a) Chairperson, SB Committee on Health
b) Chairperson, SB Committee on Peace & order
c) Municipal Health Officer
d) MDRRMO
e) MSWDO
f) Municipal Engineer
g) Municipal Budget Officer
h) Municipal Treasurer
i) Municipal Information Officer/Designate

The Municipal Mayor is given authority to add or modify the members of the Planning Team as may be necessary. Furthermore, the Planning Team may seek assistance and consult the DILG and DOH in the preparation of the Municipal-wide Health System DRRM0H Plan, Contingency Plan, Public Service Continuity Plan and Communication and Promotional Plan.

ii. An Incident Command System (ICS) shall be established for the EOC/OC with members identified and roles and responsibilities defined and made available for public view in the designated area where the EOC/OC shall be established.

iii. Local clusters on Public Health/Medical including Minimum Initial Service Package for Sexual and Reproductive Health (MISP-SRH), Nutrition in emergencies, Water, Sanitation & hygiene in Emergencies and Mental Health and Psychosocial Support shall be organized through an Executive Order. Its members/representative shall be supported by an Office Order with roles and responsibilities identified, rules of engagements expounded and reporting mechanisms discussed.

iv. DRRM-H System shall be promoted and advocated especially in each year's National Disaster Resilience Month Celebration every July through the conduct of awards and recognition of best practices.

v. Local leaders and health system managers shall strengthen their leadership and management capacities and engaging partners to provide technical assistance.

b) ***Service Delivery.*** Within one (1) year from the effectivity of this Ordinance, the Municipal Health Office shall develop the local government manual of operations on Health Care Provider Network (HCPN) arrangements, gate keeping and referral systems within and outside the Municipal-wide Health System in emergency/disaster situations, especially in the management of resources and delivery of essential health service packages.

c) ***Resource Management and Mobilization.*** Within one (1) year from the effectivity of this Ordinance, process algorithms shall be developed and shall be attached as an annex to the manual of operations developed for Service Delivery.

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d) Knowledge and Information Management. There shall be innovative initiatives to maintain and sustain the optimized.

e) Access and/or monitoring of health emergency and disaster knowledge/information to analyze and forecast trends, bolster early warning systems and recognize and document best practices, among others, supporting DRRM-H system operations.

Financial Integration.

The Local Health Board (LHB) shall implement financial integration subject to National Guidelines and in accordance to the terms of partnership in effect for the locality. Recommendations on the needed support in planning and investments, allocations and utilization of Special Health Fund, financial grants, subsidies and donations, etc. for DRRM-H System operations and allocations for Contingency Fund shall be based on the latest assessment conducted by the authorized representative implementing the functional DRRM-H System.

CHAPTER IV
Reporting & Monitoring

SECTION 8. Reporting and Monitoring. The Municipal Health Office shall lead and oversee the regular monitoring and evaluation of the implementation of a functional DRRM-H System. It may designate other relevant offices or authorized representatives to carry out monitoring activities provided that all data gathered shall be submitted to and consolidated by the Municipal health Office for regular reporting to the Local health Board. These data shall also be used to decide on the frequency of reporting by which can be periodically modified as necessary based on performance and recommendation. Results shall be made to the Department of Health and to its regional counterparts/representatives as requested.

CHAPTER V
Appropriations

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

a) LGUs Annual National Tax Allotment (NTA);
b) National Government Agency (NGA) subsidy to related programs, projects and activities through relevant agencies; and
c) Supplement funding requests from relevant agencies.

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

CHAPTER VI
Miscellaneous and Final Provisions

SECTION 10. Implementing Rules and Regulations (IRR). The Municipal Mayor may issue appropriate and relevant rules and regulations, as necessary for the proper implementation of any provisions of this Ordinance.

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

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SECTION 12. Separability Clause. If any provision or part of this Ordinance is held invalid or unconstitutional, the remaining provisions not affected thereby shall remain valid and subsisting.

SECTION 13. Effectivity. This Ordinance shall take effect immediately upon approval.

Adopted and approved this 25th day of November 2025 authored by Hon. Guardiano C. Lozada and co-authored by Hon. Angelyn P. Prado and Hon. Bernard V. Loma.

Unanimously Approved

I HEREBY CERTIFY to the correctness of the above-quoted ordinance.

ESTELA MARIE T. LAURENTE
Records Officer II
OIC-Secretary to the Sanggunian

ATTESTED:

ARMANDO P. REYES
SB Member
Temporary Presiding Officer

APPROVED:

GLENN G. BATIANCILA, REE
Municipal Mayor

Date of Approval: 12/12/2025