



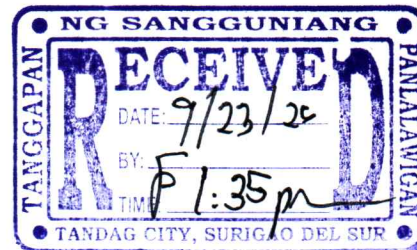
Republic of the Philippines
MUNICIPALITY OF CAGWAIT
PROVINCE OF SURIGAO DEL SUR

Office of the Sangguniang Bayan Secretary

September 23, 2026

The Honorable
Sangguniang Panlalawigan Members

Thru: Hon. Manuel O. Alameda
Provincial Vice Governor
Tandag City



Sir:

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:

ORDINANCE NO. 25-26 – An Ordinance Strengthening the Health and Nutrition Program for the First 1,000 Days of Life of Children through Sustainable Health Care Services for Maternal Infants and Young Children's well-being in the Municipality of Cagwait and appropriating funds thereof and for other purposes.

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.

ORD. NO. 25-26 – AN ORDINANCE STRENGTHENING THE HEALTH AND NUTRITION PROGRAM FOR THE FIRST 1,000 DAYS OF LIFE OF CHILDREN THROUGH SUSTAINABLE HEALTH CARE SERVICES FOR MATERNAL INFANTS AND YOUNG CHILDREN'S WELL-BEING IN THE MUNICIPALITY OF CAGWAIT AND APROPRIATING FUNDS THEREOF AND FOR OTHER PURPOSES.

Date Enacted	:	August 4, 2026
Date Approved	:	September 23, 2026
Date Posted	:	September 23, 2026
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



Republika ng Pilipinas
LALAWIGAN NG SURIGAO DEL SUR
BAYAN NG CAGWAIT

Tanggapan ng Sangguniang Bayan

EXCERPT FROM THE MINUTES OF THE 30th REGULAR SESSION OF THE SANGGUNIANG BAYAN OF THE MUNICIPALITY OF CAGWAIT, SURIGAO DEL SUR HELD AT THE SESSION HALL ON AUGUST 4, 2026:

PRESENT:

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

REGULAR SANGGUNIANG BAYAN MEMBERS:

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

EX-OFFICIO MEMBERS:

Hon. Bernard V. Loma ----- LnB Fed. Pres./SB Member

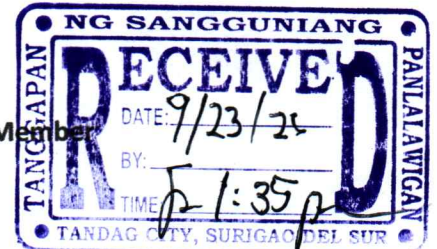
ACTING MAYOR:

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

OFFICIAL ON BUSINESS:

Hon. Princess Chewon C. Park ----- SK Fed. Pres./SB Member

ORDINANCE NO. 25-26



AN ORDINANCE STRENGTHENING THE HEALTH AND NUTRITION PROGRAM FOR THE FIRST 1,000 DAYS OF LIFE OF CHILDREN THROUGH SUSTAINABLE HEALTH CARE SERVICES FOR MATERNAL INFANTS AND YOUNG CHILDREN'S WELL-BEING IN THE MUNICIPALITY OF CAGWAIT AND APPROPRIATING FUNDS THEREOF AND FOR OTHER PURPOSES:

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

WHEREAS, Section 17, of Republic Act No. 7160, otherwise known as the Local Government Code of 1991, mandates Local Government Units to exercise their powers and discharge their duties and functions as are necessary, appropriate, or incidental to efficient and effective provision of the basic services and facilities;

WHEREAS, Section 2, Chapter 1 of Republic Act No. 11148, or the "Kalusugan at Nutrisyon ng Mag-Nanay Act", provides, that the State shall guarantee the right of the people to adequate food, care and nutrition to pregnant and lactating mothers, including adolescent females, especially children from zero (0) to two (2) years old;

WHEREAS, the First 1000 Days of Life, also known as the "Golden Window of Opportunity" is the period wherein good nutrition must be given to mother and child to ensure proper growth and development, a child's life critical window that sets the stage for a person's intellectual and lifelong health and productivity. This period starts from pregnancy until the child's second (2nd) birthday;

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OSSP-26-06321



WHEREAS, studies have shown that poor nutrition in the first 1000 days of a child results in stunting, wasting, low birth weight, micronutrient deficiency and weekend immune system. To this end, this Ordinance seeks to support and strengthen the First 1000 Days of Life to achieve optimum health and well-being of mothers and young children of this municipality;

NOW THEREFORE:

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

SECTION 1. Short Title. This Ordinance shall be known as the ***"F1KD of a Child Life Ordinance of Cagwait"***.

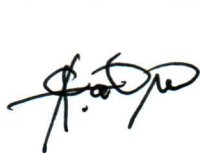
SECTION 2. Declaration of Policy. It is the policy of the Municipality of Cagwait to protect and promote the right to health of the people and make available health and social services to all people prioritizing the needs of the underprivileged women and children. It guarantees the right to adequate food, care, nutrition and development of children, especially those from the aged zero (0) to two (2) years and to pregnant and lactating mothers. It is determined to eliminate hunger and reduce all forms of malnutrition. It further maintains that ensuring health lives, promoting well-being, ending hunger and food insecurity, achieving good nutrition for all ages are essential to the attainment of sustainable development.

As such, the Municipality of Cagwait prioritizes nutrition for pre-pregnant (including adolescent), pregnant and lactating women, newborn-infants and young children, to be implemented in an integrated manner by all office units in the Local Government Unit (LGU) in collaboration with civil society organizations (CSOs) and the private sector.

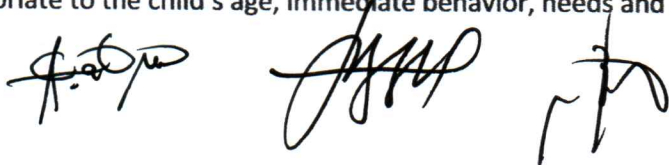
Toward this end, the Municipality of Cagwait hereby scales up health and nutrition intervention and programs in the first 1000 days (F1KD) of life of a child and allocates resources in a sustainable manner to improve health and nutritional status and to address malnutrition particularly wasting and stunting among infants and young children from zero to two years old, adolescent girls, pregnant and lactating women, as well as to ensure growth and development of young children.

SECTION 33. Objectives. This Ordinance specifically aims to:

- a) Provide a comprehensive, sustainable multi-sectoral strategy to address health nutrition problems of newborns, infants and young children, pregnant and lactating women and adolescent females, as well as issues that negatively affect the development of young children in the Municipality of Cagwait integrating the short, medium-and long-term plans of the municipality to end hunger, improve health and nutrition, and reduce child under nutrition;
- b) Provide evidence-based nutrition interventions and actions which integrate responsive care giving and early stimulation in a safe and protective environment over the first 1000 days of life as well as nutrition-specific and nutrition-sensitive mechanisms, strategies programs and approaches in implementing programs and projects to improve nutritional status and eradicate malnutrition and hunger;
- c) Institutionalize and scale up nutrition in the first 1000 days in the Municipality's Comprehensive Development Plan (CDP) and Annual Investment Plan (AIP) for health and nutrition;
- d) Strengthen the role of the Municipal Health Office (MHO) and other offices tasked to support the implementation of nutrition program in the first 1000 days of life of a child;



- e) **First 1000 Days of Life** – refers to the period of a child's life spanning the nine (9) months in the womb starting from conception to the first twenty Four (24) months (2 years) of his/her life which is considered to be the critical window of opportunity to prevent malnutrition especially stunting and its lifelong consequences.
- f) **Geographically Isolated and Disadvantage Areas (GIDA)** – refer to areas that are isolated due to distance or geographically isolation weather conditions and lack of made of transportation and communication and other areas identified to have access equality or service delivery problems, high incidence of poverty, presence of vulnerable sectors, communities in or recovering from situation of crisis, disaster or armed conflict and those recognized as such by government body.
- g) **Low Birth Weight** – refers to the weight of a child at birth of less than 2500 grams.
- h) **Malnutrition** – refers to deficiencies, excesses or imbalances in a person's intake of protein, energy (carbohydrates and fats) and/or nutrients covering both under nutrition which includes suboptimal breastfeeding, stunting, wasting or thinness. Underweight and micronutrient deficiencies or insufficiencies, as well as over-nutrition, which includes overweight and obesity.
- i) **Micronutrient Deficiency** – refers to a deficiency of substances required by the body in small amounts for vital physiological functions which include vitamin A, iron, folic acid, iodine and zinc, deficiency which may result in vitamin A deficiency (VAD), iron deficiency anemia (IDA), and iodine deficiency disorders (IDD).
- j) **Moderate Acute Malnutrition (MAM)** – refers to low weight for length/height defined as a between two (2) and three (3) standard deviation (SD) below the median (<-2 up to -3SD) of the World Health Organization (WHO) Child Growth Standards or a mid-upper arm circumference (MUAC) measurement of between 110mm (11.0 cm) and 125 mm (12.5 CM) or red color in the 3-color tape; orange in the 4-colors tape.
- k) **Nutrition Sensitive Interventions and Programs** – refers to interventions and programs that address the underlying determinants of maternal, fetal, infant and child nutrition and development, such as those pertaining to food security, adequate care-giving resources at the maternal, household and community levels and access to health services, safe water, proper sanitation and hygienic environment and incorporate specific nutrition goals and actions.
- l) **Nutrition-Specific Interventions and Programs** – refer to interventions or programs that address the immediate determinants of maternal, fetal, infant and child nutrition and development-adequate food and nutrient intake, proper feeding, responsive care-giving and parenting practices and low burden of infectious diseases.
- m) **Nutritionally-at-Risk Pregnant Women** – refer to pregnant women including teen-age mothers with a low pre-pregnancy weight or those who do not gain sufficient weight during pregnancy with any of the following predisposing factors: narrowly-spaced pregnancies and births, situated in families with low income, with large number of dependents where food purchase is an economic problem, has previously given birth to a pre-term or low birth weight infant, or other unfavorable prognostic factors such as, obesity or anemia with diseases which influence nutritional status such as diabetes, tuberculosis, drug addiction, alcoholism and mental disorder.
- n) **Overweight** – refers to the condition of a person whose weight is above the normal for height which is greater than positive 2 Standard Deviations (SD) of the WHO Child Growth Standard median with a Body Mass Index (BMI). Check this with FMRI or NRC standard, FMRI: BMI 25-29.99 is overweight, BMI 30 –obese.
- o) **Obesity** – refers to the condition of a person who has abnormal or excessive fat accumulation that may impair health and BMI equal or greater than 30.
- p) **Responsive Caregiving** – refers to the method where the caregiver pays prompt and close attention with affection to what the child is signaling and then provides a response that is appropriate to the child's age, immediate behavior, needs and development state.



- q) **Severe Acute Malnutrition (SAM)** – refers to a physical human condition characterized by a low weight height index (below negative 3 standard deviation (SD) of the median WHO Child Growth Standards), visible severe wasting or by the presence of the nutritional adema.
- r) **Stunting** – reflects chronic under nutrition during the most critical periods of growth and developmental in early life. It refers to a condition characterized by a height/length-for-age index which is less than 2 SD of the WHO Child Growth Standard median and which is considered and indicator of long standing or chronic malnutrition.
- s) **Underweight** – is a composite form of under nutrition which refers to a condition characterized by low weight-for-age index which is less than negative two (2) SD of the WHO Child Growth Standard median.
- t) **Wasting or Thinness** – reflects acute malnutrition and refers to a physical condition characterized by a low weight for height index which is less than negative 2 standard deviation of the WHO Child Growth Standard median, indicating in most cases a recent and severe process of weight loss often associated with acute starvation or severe disease which in some cases may also be the result of a chronic unfavorable condition.

SECTION 6. Programs and Services for First 1000 Days (F1KD) of Life. The Program shall include health and nutrition services and interventions provided at the different life stages. The LGUs, NGAs, concerned CSOs and other stakeholders shall work together to ensure the delivery of these services and interventions.

A. Prenatal Period (First Two Hundred Seventy (270) Days). Prenatal care services at the facility and community level shall include, but not limited to the following:

- 1. Pregnancy tracking and enrolment to prenatal care services (ANC);
- 2. Regular follow-up to complete minimum of four (4) pre-natal care visits;
- 3. Provision of maternal immunization including tetanus toxoid vaccine for the prevention of neonatal tetanus;
- 4. Provision of oral health services, including oral health assessment;
- 5. Provision of nutritional counseling, smoking cessation and adoption of healthy lifestyle practices;
- 6. Identification of nutritionally at-risk pregnant women;
- 7. Dietary supplementation of pregnant women;
- 8. Provision of micronutrient supplement with ferrous sulphate, folic acid and calcium carbonate;
- 9. Provision of iodized oil capsules in areas with low utilization of iodized salt and high incidence of iodine deficiency disorders;
- 10. Promotion of the use of iodized salt fortified rich foods;
- 11. Provision of anti-helminthic drugs for deworming and assessment of risk for parasitism;
- 12. Counseling on hand washing, environmental sanitation and hygiene;
- 13. Empowering women on the preparation of birth, breastfeeding and rooming in plans;
- 14. PhilHealth enrolment and linkage to community health workers and volunteers;
- 15. Social welfare support for access to nutritious and healthy food products and commodities for nutritionally at-risk pregnant women belonging to the poorest families; and
- 16. Counseling on breastfeeding and other delivery of the baby.

B. Women About to Give Birth. Health and nutrition services at the facility and community level shall; include, but not be limited to the following:



1. Provision of respectful care at the time of admission at the health facility;
2. Ensure delivery in a health facility, which may include the construction of maternity Waiting Homes or Halfway House for pregnant mothers who live on far-flung areas to stay in temporarily in anticipation for the expected date of confinement, labor and for post-partum and newborn observation and care;
3. Adherence to the women's birth, breastfeeding and rooming plans;
4. Compliance of health facility to Republic Act No. 10028, otherwise known as the "Expanded Breastfeeding Promotion Act of 2009 and the Executive Order 51, the "Milk Code" and other related administrative issuances of the Department of Health (DOH) on maternal and new born care including essential intrapartum;
5. Provision of mother and new born care-friendly practices during labor and delivery in compliance with the Mother and Baby-Friendly Health Facility Initiative (MBFHI) and current intrapartum protocols of the DOH which include companion and position of choice.
6. Monitoring of progress of labor and well-being of both the mother and the fetus and provision of interventions to any health issue that may arise;
7. Identification of high-risk deliveries, the pre-term or the low birth weight infant and provision of preventive intervention to reduce complications of prematurity or low birth weight;
8. Identification and referral of high-risk pregnant woman to a higher-level facility capable of handling high-risk deliveries;
9. Management of non-separation of the mother and her newborn for early initiation of breastfeeding;
10. Provision of support of birth or breastfeeding initiation and continuation of executive breastfeeding in the facility most especially for caesarian section deliveries, and thereafter until discharge;
11. Nutrition counseling and provision of nutritious food and meals at the facility;
12. Assurance of women and child-friendly spaces during calamities, disasters, or other emergency where health and nutrition services for women and children shall be provided;
13. Provision of PhilHealth benefit packages for delivery;
14. Provision of a women-friendly space where expectant mothers will be able to give birth following prescribed maternal and intrapartum protocol during calamities or emergencies.

C. **Birth and Newborn Period (First 28 Days or 1st Month).** Health and nutrition services at the facility level and community level shall include, but not limited to, the following:

1. The provision of baby-friendly practice during delivery in compliance with the Mother and Baby Friendly Health Facility (MBFHI) and current newborn protocol of the DOH in all birthing facilities including the provision of essential newborn care and Kangaroo Mother Care for small babies born pre-term and who have low birth weight at birth;
2. Maintenance of non-separation and observance of direct rooming-in of the mother and her newborn for early breastfeeding initiation and completion of exclusive breastfeeding;
3. Provision of routine newborn care services such as eyes prophylaxis and vitamin K, birth doses of Hepatitis B and BCG vaccines after completion of the first (1st) breastfeeding;
4. Administration of newborn screening and newborn hearing screening after 24-72 hours birth;
5. Provision of continuous skin-skin contact and Kangaroo Mother Care for small babies born pre-term or with low birth weight;
6. Availability of human milk pasteurizer for tertiary level facilities with neonatal intensive care unit to ensure breast milk supply for the small babies born pre-term and low birth weight;



7. Provision of the PhilHealth Newborn Care Package (NCP) and Z Benefit premature and small babies;
8. Provisions of early referral to a higher-level facility to manage newborn illness and or prematurity or low birth weight;
9. Facilitated and prompt birth registration; and
10. Provision of social welfare services to the poorest families or newborn infants in need of support to avail of access to health and nutrition services, social protection and other interventions.

D. Next Two (2) – Six (6) Months.

1. Ensuring exclusive breastfeeding and assistance to women with breastfeeding difficulties;
2. Completion of infant immunization required for the child's age;
3. Regular growth monitoring.

E. Six (6) Months of Infancy up to Two (2) Years of Age. Health and nutrition services at the community level shall include.

1. Timely introduction of safe appropriate and nutrient dense quality complementary food with continued and sustained breastfeeding for all infants from six (6) months up to two (2) years of age or beyond;
2. Provision of continuous support to mother and her infant for exclusive breastfeeding including referral to trained health and nutrition workers on lactation management and treatment breast condition;
3. Provision of nutrition counseling on complementary feeding to mother and caregivers;
4. Dietary supplementation of age-appropriate, nutrient-dense and quality complementary food;
5. Regular assessment of development and developmental milestones delay, growth monitoring and promotion;
6. Screening for disabilities (mental, sensorial and physical);
7. Micronutrient supplementation with vitamin A, iron sulfate, or multiple micronutrient powder;
8. Counseling on parent-infant/child interaction for child stimulation and early learning including interaction and play;
9. Provision of locally available grown crops, vegetables and fruits in addition to other agricultural products to be used in complementary feeding and dietary supplementation;
10. Compliance to the Integrated Management of Childhood Illness protocol for pneumonia and diarrhea;
11. Treatment of moderate and severe acute malnutrition or Community based Management Acute Malnutrition (CMAM);
12. Provision of oral health services including application of fluoride varnish to prevent dental caries;
13. Provision of early referral to higher level facilities to manage childhood illness or acute malnutrition;
14. Counseling on parent-infant interaction for child stimulation and early childhood illness or acute malnutrition;
15. Treatment and provision of deworming tablet for children 1-2 years of age;
16. Availability of potable source of water including counseling of household members on hand washing, environmental sanitation and hygiene;
17. Local Government support for sanitation needs of household to reduce food and water borne diseases;



18. Social welfare support for access to nutritious and health food products and commodities for the poorest families;
19. Support for home kitchen gardens or community kitchens;
20. Livelihood assistance and other social protection mechanisms for parents belonging to the poorest families;
21. Protection against child abuse, injuries and accidents including the provision of safe play spaces and toys, first aid, counseling and properly facilitated referrals;
22. Completion of childhood immunization according to the national immunization program;
23. Provision of appropriate and timely immunization services integrated with assessment of breastfeeding, growth and development promotion and infant and young child feeding (IYCF) counselling;
24. Provision of social welfare services to the poorest families of infants in need of support to avail access to health and nutrition services and interventions; and
25. Assurance of a child friendly space where exclusively breastfeed infants will be able to continue breastfeeding during calamities, disasters or other emergencies.

F. **Postpartum and Lactating Women.** Health and nutrition services at the facility community level shall include:

1. Follow-up preventive care visits to health facilities where they gave birth;
2. Home visits for women in difficult to reach communities especially if located in a GIDA;
3. Breastfeeding support and counseling from the birth up to two (2) years and beyond including those women who will return to work;
4. Nutrition assessment and counseling to meet the demands of lactation in health facilities and work places;
5. Dietary supplementation;
6. Provision of ready to use supplements with single dose of vitamin A capsules within one (1) month after delivery and daily ferrous sulfate, folic acid for three (30 months);
7. Provision of micronutrient supplementary food (RUSF) for nutritionally-at risk postpartum and lactating women, including teenage mothers;
8. Organization of breastfeeding support groups in workplaces, peer counselors for breastfeeding and complementary feeding in cooperation with occupational health workers and human resources managers;
9. Organization of community-based mother support groups of peer counselors breastfeeding and complementary feeding, in cooperation with other health and nutrition workers;
10. Availability of lactation stations in the workplaces, both in government and in the private sector;
11. Provision of a women and child-friendly space where mothers and their infants will be able to continue breastfeeding during calamities, disasters and other emergencies; and
12. Counseling and or seminar for family planning.

SECTION 7. Other Program Components. The strategy on health and nutrition shall include the following cross-cutting components:

- a) National and local health and nutrition investment planning and financing;
- b) Health promotion and education, social mobilization and community participation including advocacy;
- c) Service delivery;
- d) Health and nutrition human resources capacity development;
- e) Sectoral collaboration and partnerships;



- f) Logistics and supply management;
- g) Knowledge management and information technology;
- h) Monitoring evaluation, accountability and learning; and
- i) Research and development.

SECTION 8. Health and Nutrition of Female Adolescent. To address the cyclical nature of malnutrition among the population, delivery of health and nutrition services for adolescents girls (age 10 to 19 years old) at facility and community levels shall include but not limited to the following:

- a) Assessment of health and nutrition at status and identification of nutritionally at-risk adolescent girls, as well as provision of ready to use supplementary food for ready to use therapeutic food for nutritionally at-risk adolescent girls, as appropriate;
- b) Provision of age appropriate immunizations based on the latest DOH guidelines;
- c) Provision of oral health services including oral health assessment;
- d) Provision of anti-helminthic drug or deworming;
- e) Counseling on proper hand-washing, environmental sanitation and personal hygiene;
- f) Provision of micronutrient including iron, folic acid, iodine and other micronutrients according to guidelines of the DOH in partnership with the Department of Education (DepEd);
- g) Promotion of the consumption of iodized salt and foods fortified with micronutrients such as iron, folic acid, Vitamin A and other micronutrients that may be deemed necessary based on recent evidence;
- h) Referral to higher level health facilities to manage complicated illnesses including moderate and severe acute malnutrition;
- i) Counseling on proper nutrition, Smoking cessation, adoption of healthy lifestyle practices, and family health; and
- j) Others as may be determined based on international guidelines and evidence generated locally.

SECTION 9. Nutrition in the Aftermath of Disasters and Calamities. Areas that are struck by disasters must be prioritized in the delivery of health and nutrition services and interventions. As such, the Municipality of Cagwait shall immediately provide emergency services, food supplies for proper nourishment of pregnant, lactating mothers and children especially those from zero (0) to two (2) years old. Women, infant and child friendly spaces that shall be prepared and ready to accommodate women and their children, provide their daily necessities such as food, clothing, clean water and shelter; readily available breastfeeding support and counseling to those with children up to tow (2) years or beyond as well as provision and guidance on the appropriate complementary food for children over six (6) months old.

No milk formula donations or products covered by Executive Order No. 51, National Code of Marketing of Breast Milk Substitute and Breast Milk supplement or better known as the Milk Code shall; be allowed to protect the health and nutrition of pregnant, lactating women, infants and young children.

Donation and assistance of the private sector, with no conflict of interest or those not covered by the Milk Code in emergency situations shall be allowed immediately in the aftermath of natural disasters and calamities.

The Municipal Disaster Risk Reduction and Management Office (MDRRMO), with guidance from DOH, is mandated to formulate guidelines in the pursuit of this Section. The MDRRMO is enjoined to include women in the decision-making process allowing them to take part in implementing disaster preparedness, recovery and rehabilitation programs.



SECTION 10. Capacity Building. In coordination with the DOH, NNC and other nutrition related institutions, the Municipality of Cagwait shall provide practical and effective training courses to the Barangay Nutrition Scholars (BNS), Barangay Health Workers (BHWs), Barangay Nutrition Action Officers (BNAO) and other appropriate human resources to upgrade their skills and competence in the implementation of the services and interventions during the first 1000 days of life for the health and nutrition of women and children.

SECTION 11. Implementing Authority. The Municipal Health Office (MHO) shall spearhead in implementing the provisions of this Ordinance in coordination with other offices concerned. The MHO together with the Office of the Municipal Administrator and other concerned Offices shall formulate the Implementing Rules and Regulations (IRR) for the proper implementation of this Ordinance.

SECTION 12. Appropriations. The amount necessary for carrying out and full execution of the provisions of this Ordinance shall be appropriated. All concerned offices (such as but not limited to the following: MHO, MSWDO, MAO, MENRO, other national; agencies and instrumentalities, etc.,) must include in their annual programs, plans an appropriation in their respective budgetary allocation.

SECTION 13. Separability Clause. If any part or provision of this Ordinance is held or declared invalid or unconstitutional, the other provisions not affected thereby shall remain in full force and effect.

SECTION 14. Repealing Clause. All other local laws, decrees, orders, issuances, rules and regulations which are contrary to our inconsistent with the provisions of this Ordinance is hereby repealed, modified or amended accordingly.

SECTION 15. Effectivity. This Ordinance shall take effect upon approval.

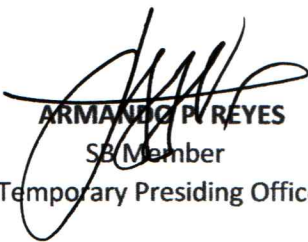
Adopted and approved this 4th day of August 2026 authored by Hon. Guardiano C. Lozada and co-authored by Hon. Angelyn P. Prado.

Unanimously Approved

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


ALAN A. CABRERA
Secretary to the Sanggunian

ATTESTED:


ARMANDO P. REYES
SB Member
Temporary Presiding Officer

APPROVED:


GLENN G. BATANCILA, REE
Municipal Mayor
Date of Approval: 9/3/2026_{gs}