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Republic of the Philippines  
Province of Cebu  
CITY OF NAGA



Excerpt from the minutes of the regular session of the Sangguniang Panlungsod of the City of Naga, Cebu held on July 11, 2012 at the City Session Hall, City of Naga, Cebu.

Present: HON. DELFIN R. SEÑOR  
HON. VENCI R. DEL MAR  
HON. OTHELLO M. CHIONG  
HON. ALEXANDER R. LARA  
HON. NILO B. ALINSONORIN  
HON. PORFERIO V. RESABA,  
HON. ELMER Q. LAPITAN  
HON. DOMINGA P. MILLENA

- Vice Mayor - Presiding Officer
- Sangguniang Panlungsod Member
- Sangguniang Panlungsod Member
- Sangguniang Panlungsod Member
- Sangguniang Panlungsod Member
- Sangguniang Panlungsod Member
- Sangguniang Panlungsod Member
- Sangguniang Panlungsod Members - ON OFFICIAL BUSINESS TRAVEL

Absent: HON. LETECIA F. ABANGAN  
HON. ALEXA MANNA B. CHIONG  
HON. VIRGILIO M. CHIONG  
HON. RODRIGO A. NAVARRO  
HON. CARMELINO N. CRUZ

- Sangguniang Panlungsod Member - on o.b. travel
- SK President
- ABC President - on o.b. travel
- Sangguniang Panlungsod Member - ON LEAVE
- Sangguniang Panlungsod Member - on o.b. travel

**ORDINANCE NO. 2012-002**

WHEREAS, the achievement of health related Millenium Development Goals (MDG) which are MDG 4: Reduce Child Mortality; MDG 5: Improve Maternal Health and MDG 6: Combat TB/HIV/AIDS and other infectious diseases are the major aims of the City of Naga, Cebu in its continuous effort to delivery necessary and basic health services to its constituents;

WHEREAS, the City of Naga, Cebu recognizes that Maternal Newborn and Child Health and Nutrition (MNCHN) is one of the critical health programs that can significantly impact on the local health sector reforms and in the reduction of maternal mortality and infant mortality;

WHEREAS, the City of Naga, Cebu realizes the need to implement the Department of Health Administrative Order No. 2008-029 "Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality"

NOW THEREFORE, BE IT ENACTED by the Sangguniang Panlungsod of the City of Naga, Cebu that:

**ARTICLE I**

**TITLE AND DECLARATION OF PRINCIPLES**

**Section 1. TITLE:** This Ordinance shall be known and cited shortly as the "KALUSUGAN PANGKALAHATAN (KP) AND MATERNAL NEWBORN CHILD HEALTH & NUTRITION (MNCHN) ORDINANCE OF THE CITY OF NAGA, CEBU"

**Section 2. POLICY:** It shall be the policy of this Local Government Unit to fully support and ensure effective implementation of the KP and MNCHN as part of its strong commitment to local health sector reform implementation. It shall support the engagement of all concerned health care facilities both public and private to form a coordinated MNCHN service delivery network, mobilize the participation of the community.

**Section 3. DEFINITION OF TERMS.** For purposes of this Ordinance, the following terms and phrases are hereby defined:

**Kalusugan Pangkalahatan (Universal Health Care)** is an approach that seeks to improve, streamline and scale up the reform strategies in Health Sector Reform Agenda in order to

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address inequities in health outcomes by ensuring that all Filipinos especially those belonging to the lowest two income quintiles, have equitable access to quality health care.

**MNCHN Core Package of Services or Integrated MNCHN Services** refers to a package of services for women, mothers and children covering the spectrum of (1) known appropriate clinical case management services in preventing direct causes of maternal and neonatal deaths, and which are within the capacity of the health system to routinely provide; and (2) known cost-effective public health measures capable of reducing exposure to and the severity of risks for maternal and neonatal deaths, that are within the capacity of the health system to routinely provide.

**MNCHN Service Delivery Network** refers to the network of facilities and providers within the City - or city-wide health system offering MNCHN Core Package of Services, including the communication and transportation system supporting this network. The following health providers are part of the MNCHN Service Delivery Network:

**1. Community level providers** refer primarily to Barangay Health Stations (BHS) or barangay health centers and its health staff (e.g. midwife) and volunteer health workers (e.g. barangay health workers, traditional birth attendants) that typically comprise the Community Health Team. A management team shall be organized with the barangay captain, kagawad on health and other key leaders as part of KP/MNCHN management to oversee the KP implementation at the barangay level.


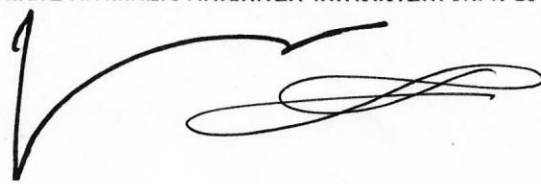
**The Community Health Teams under the KP framework** refers to the group of barangay health workers and volunteers that support families in navigating the health system, specifically in: 1) facilitating for the enrollment and availment of PhilHealth benefits at the community level,

2) linking the families to the service delivery and referral network, and 3) transforming the health needs of the poor to effective demand for MDG health services by helping poor families in health risk assessment, provide key health messages, assisting in the health use planning and monitoring its compliance.

**2. Facilities with Skilled-Birth Attendants** are capable of attending to uncomplicated deliveries. These shall be appropriately linked to the nearest BEmONC- or CEmONC- capable facilities. Included in these facilities are those with the necessary local and or national permits especially the **Sanitary Permit** needed for their operation. These facilities should also conform to the standard (for birthing facilities) set by the Department of Health.

**3. Basic Emergency Obstetric and Newborn Care (BEmONC)** - capable facilities are capable of performing the following six signal obstetric functions: (1) parenteral administration of oxytocin in the third stage of labor; (2) parenteral administration of loading dose of anticonvulsants; (3) parenteral administration of initial dose of antibiotics; (4) performance of assisted deliveries; (5) removal of retained products of conception; and (6) manual removal of retained placenta. These facilities are also able to provide emergency neonatal interventions, which include the minimum: (1) newborn resuscitation; (2) treatment of neonatal sepsis/infection; and (3) oxygen support.

**4. Comprehensive Emergency Obstetric and Newborn Care (CEmONC)** - capable facilities can perform the six signal obstetric functions as in BEmONC facilities, as well as provide cesarian delivery services, blood banking and transfusion services, and other highly specialized obstetric interventions. It is also capable of providing neonatal emergency interventions, which include at the minimum, the following: (1) newborn resuscitation; (2) treatment of neonatal sepsis/infection; (3) oxygen support for neonates; (4) management of low birth weight or premature newborn; and (5) other specialized neonatal services. These facilities can also serve as high volume providers for IUD and VSC services, especially tubal ligations. City-wide health system refers to the default catchment aareaa for delivering integrated MNCHN services. It is composed of public and private providers organized intcosystem such as interlocal health zones



composed of public and private providers organized into system such as interlocal health zones (ILHZ). Service arrangements with other LGUs may be considered if provision and use of integrated MNCHN services across cities and municipalities become necessary.

**5. Service Coverage Indicators** are parameters which reflect coverage or utilization of services. For KP/MNCHN Strategy, the following indicators are monitored for total population and NHTS households:

**a. Antenatal care coverage (ANC)** is an indicator of access and use of health care during pregnancy. **Four or more ANC visits** means that at least one visit occurs during the first trimester, one during the second trimester and at least 2 visits during the third trimester. If visits occurred outside the catchments RHU, that visit should be counted as part of the minimum requirements.

**b. Contraceptive Prevalence Rate (CPR)** is the proportion of married women aged 15-49 reporting current use of a modern method of family planning, i.e. pill, IUD, injectables, male condom, mucus/Billings/ovulation, Standard Days Method (SDM), and Lactational Amenorrhea Method (LAM).

**c. Facility-Based Deliveries (FBD)** is the proportion of deliveries in a health facility to the total number of deliveries.

**d. Exclusive breastfeeding** is an infant who is exclusively breastfed from birth to 6 months of age; no other food (including water) other than breast milk. Drops of vitamins and prescribed medications given while breastfed is still exclusively breastfed.

**e. Fully Immunized Children (FIC)** is the ratio of children under 1 year of age who have been given BCG, 3 doses of DPT, OPV and Hepatitis B and measles vaccine to the total number of 0-11 months old children

**f. Skilled-Birth Attendant Deliveries (SBA)** - is the proportion of deliveries attended by skilled health personnel to the total number of deliveries. skilled health professionals refers exclusively to people with midwifery skills (for example, midwives, doctors and nurses) who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose or refer obstetric complications

**g. Vit A supplementation coverage (VAS)** - is the proportion of 6-59 months preschoolers given Vit A capsules twice a year

**h. TB CASE DETECTION RATE** - is the number of cases newly detected in the period of the report and never treated before. The Detection Rate is per 100,000 populations.

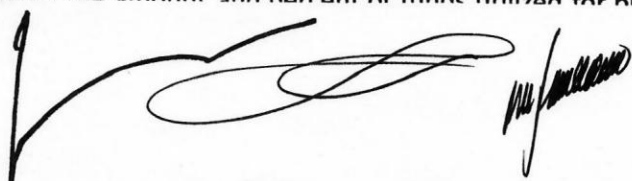
**i. TB CURE RATE** - number of new smear positive cases who have completed treatment and is smear negative in the last month of treatment and on at least one previous occasion in the continuation phase.

**j. PhilHealth enrolled NHTS-PR families** - proportion of NHTS-PR families enrolled in PhilHealth as sponsored by national and local government, Number and proportion of NHTS HH with PhilHealth card and member data record.

**k. Benefit Delivery Rate** - is a measure to the extent that NHIP benefits are actually delivered to and eventually reach the beneficiaries. It captures the combined and cumulative efforts of PhilHealth operation from enrollment accreditation, benefit availment and benefit payments to support health costs incurred.

**l. PhilHealth Accredited Facilities** - Number of facilities accredited by PhilHealth for Outpatient Benefit (OPB), Maternity Care Package, Newborn Care Package and TB-DOTS,

**m. PhilHealth fund management** - the amount and percent of funds utilized for public health

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**m. PhilHealth fund management** - the amount and percent of funds utilized for public health operations and other expenditures to the total amount reimbursed by PhilHealth.

**n. Community Health Teams** organized, trained and developed -number of CHTs organized, trained and developed.

**o. Functional Community Health Teams** - are CHTs that regularly visit NHTs household and provide health services through risk assessment, health use plan, provision of key messages, referrals and follow up.

**p. NHTS Households visited** - number and percent of the NHTS households visited

**6. Traditional birth attendants** are traditional, independent, non-formally trained and community - based providers of care during pregnancy, childbirth, and postnatal period

**7. Contraceptives** - pertain to the modern methods of family planning, such as, but not limited to, pills, condoms and injectables.

**8. Commodity Self-Reliance** - is a multi-sectoral effort which seeks to ensure the self-sufficiency in family planning services and commodities in tis ability to sustain the provisions of affordable quality family planning services to eliminate unmet needs in the context of increasing contraceptive use. It requires the capacity to forecast, finance, procure and deliver family planning services and contraceptives to all men and women who need them, when they need them.

**9. LGU/s** - refer to the City Government and its component Barangays.

**10. Users** - refer to the actual users of contraceptives, men and women alike.

**11. Commodities** - refer to the contraceptives to be used; e.g. condoms, Intra Uterine Devices (IUD), pills and the like and other MNCHN commodities such as TB drugs, Vit A, zinc supplements, syringes and needles.

**1 2. Poor and non poor** - refer to individuals as determined and defined by the validated Community Based Management System (CBMS) data, or other acceptable LGU means-testing instruments, which shall be utilized in the formulation of criteria and guidelines of availing those free contraceptives

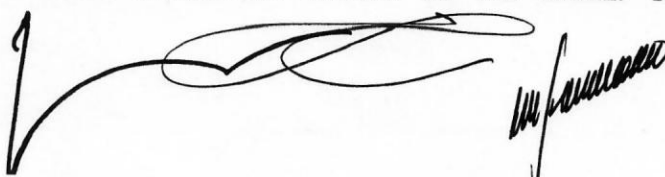
**13. NHTS-PR families** - are families identified under the National Household Targeting System that belong to Quintile 1 and 2. **Income quintile** refers to economic classification of population based on income. Lowest income quintile (Quintile 1) with an average monthly family income of P3,460.00 while the next lowest Quintile (Q2) is P6,073.00

#### **Section 4. FRAMEWORK - KP / MNCHN Framework**

The City of Naga, Cebu believes that the goal of rapidly reducing maternal and neonatal mortality shall be achieved through effective population-wide provision and **NHTS** focused and use of integrated **MNCHN** services as appropriate to any locality in the country.

**MNCHN** reforms, improvement and changes in local health systems shall, among others results, create the following intermediate results that can significantly lower the risk of dying secondary to pregnancy and child birth:

1. Every pregnancy is wanted, planned and supported
2. Every pregnancy is adequately managed throughout its course
3. Every delivery is facility-based and managed by skilled birth attendants
4. Every mother-and-newborn pair secures proper postpartum and newborn care with smooth transitions to the women's health care package for the mother and child



smooth transitions to the women's health care package for the mother and child survival package for the newborn

The City of Naga, Cebu will implement the Universal Health Care or the Kalusugan Pangkalahatan with the following thrusts namely; 1) financial risk protection through expansion of PhilHealth enrolment of the Quintile 1 and 2 families and benefit delivery; 2) improving access to quality hospital and health care facilities through upgrading of health facilities to expand capacity and provide quality services to help attain MDG; and 3) attainment of the health-related-MDG through focused on public health programs in reducing maternal and child mortality, morbidity and mortality from TB and HIV-AIDS and other emerging diseases.

The City of Naga, Cebu likewise believes that the Commodity Self-Reliance (CSR+) Strategy shall create the following supply conditions necessary to eliminate the unmet needs for family planning and ensure the availability of MNCHN and TB packages of intervention and commodities including TB drugs, Vit. A capsules, IMCI drugs, zinc supplements, syringes and needles to meet the needs of men, women and children.

## **ARTICLE II KP/MNCHN PROGRAM IMPLEMENTATION**

The City of Naga shall fully support the implementation of the **KP/MNCHN Plan** that includes among others the implementation of the following interventions:

This LGU recognizes that reforms in service delivery, governance, regulation, financing, health human resource and health information system are needed for a sustained improvement of the health status of health status of mothers and children. The LGU shall undertake the following steps to implement the MNCHN Strategy:

### **1. This LGU shall organize the KP/MNCHN Team**

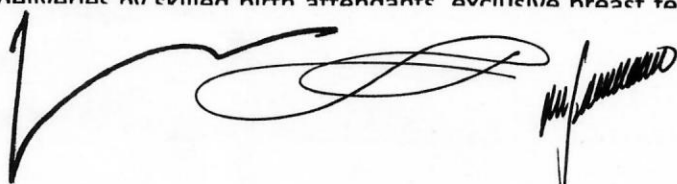
Building the MNCHN Service Delivery Network and ensuring its sustainability would entail analysis of the existing situation in the locality and assessment of gaps in service delivery, utilization and health system in general as well as identifying and planning appropriate interventions to address these gaps. To begin this process, the LGU shall **organize a team coming from the City Health Office, different key offices of the city government, different Barangay Offices, donors, non-government organizations (NGOs), civil society groups and the like**. From this team, the LGU can assign a coordinating body to oversee the direction and progress of implementation of the MNCHN Strategy after assessment and initial planning.

### **2. This LGU shall know the LGU's KP/MNCHN Situation and formulate a KP/MNCHN plan**

The MNCHN TWG's initial work shall be to assess the MNCHN situation in the LGU. Assessing the LGUs' current level of performance against national and provincial data would provide the City an idea of targets they should set to be able to contribute in achieving target for MNCHN and KP indicators. The MNCHN Management Team can use Health Outcome Indicators of Health Services Coverage Indicators to assess the LGUs' situation.

The City of Naga, Cebu recognizes the need to collect and report, monitor and evaluate KP/MNCHN indicators to reflect the success of the implementation of KP/MNCHN program, the health status of the population and NHTS and as tool for advocacy, planning/budgeting and decision-making.

These indicators shall include among others: 1) Impact indicators specifically Maternal Mortality Ratio (MMR), Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR), Under-five Mortality Rate (UFMR) and proportion of underweight 6 to 59 - month old children; 2) outcome indicators which are Contraceptive Prevalence Rate (CPR), Antenatal Care (4ANC), Facility-based Deliveries (FBD) deliveries by skilled birth attendants, exclusive breast feeding



Facility-based Deliveries (FBD), deliveries by skilled birth attendants, exclusive breast feeding, fully immunized children (FIC) and Vit A supplementation and Benefit Delivery Rate (BDR). The data shall include for the total population and that of NHTS families; and 3) output/process indicators which are NHTS-PR families enrolled, No. of NHTS -PR families with PhilHealth card, No. of PhilHealth beneficiaries who availed of PhilHealth accredited facilities, total amount reimbursed by PhilHealth, total PhilHealth reimbursed, trained for public health program implementation / CHO operations, CHTs organized, trained and deployed, RNHeals deployed, NHTs families reached by CHTs, NHTS families with health use plans number of FP /MNCHN service delivery network established and number of service providers trained in BEMONC, FP-CBT, ENC, and other training requirement.

The City of Naga, Cebu shall regularly conduct data quality check of the records and reports at the community and health center level. The LGU shall pursue the participation of private service providers/facilities in the Field Health Service Information System.

**3. This LGU shall prioritize population groups and areas**

(a) This LGU shall compare performance of barangays within the City using KP/MNCHN indicators mentioned above. These indicators shall include both for the total target population and the NHTS families.

( b) This LGU shall identify barangays with the most number of maternal, newborn, infant and under-five deaths. It shall also identify the barangays with the highest number of NHTS families. these identified barangays will be prioritize for more support in logistic and technical assistance.

**4. This LGU shall designate facilities in the Service Delivery Network**

4.1 This LGU shall organize the Community Health Team (CHT) and its barangay KP MNCHN Management team

4.2 this LGU shall identify Skilled-birth Attendant Managed Facilities

4.3 This LGU shall designate the BEmONC-capable Facility

4.4 This LGU shall designate the CEMONC - capable facility both public and private  
This LGU shall designate the CEmONC-capable Facility both public and private

**5. This LGU shall install Mechanism to Ensure Access to MNCHN Services**

Aside from providing the MNCHN Core Package of services, this LGU shall ensure presence of support services that would ensure access by priority populations, a source of safe blood supply, organized facility and community based transport and communication system and health promotion activities to increase demand for services.

**6. This LGU shall plan appropriate interventions for service delivery, governance, regulations, financing, health human resource and health information system.**

**7. The LGU shall strengthen the field health service information system (FHSIS)** through regular data quality check, improve completeness of reporting of maternal, neonatal, infant and under-five deaths, private sector participation in the FHSIS, and review and analysis of report of status of health indicators. the City of Naga recognizes that these health indicators either (1) reflect impact or outcomes or (2) coverage or utilization of services. For MNCHN, health outcome indicators are Maternal Mortality Ratio (MMR), Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR), Under-five Mortality Rate (UFMR) and proportion of underweight 6 to 59-month old children while Service Coverage indicators are Contraceptive Prevalence Rate (CPR), Antenatal Care (ANC), Facility-based Deliveries (FBD), deliveries by skilled birth attendants, exclusive breastfeeding, fully6 Immunized Children (FIC), Vit A supplementation coverage and TB case detection and cure rates.

In addition, this LGU shall have a report of program coverage of NHTS household population.

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This LGU shall conduct regular data quality check of all the indicators mentioned above.

**8. This LGU shall determine funding sources for planned interventions.**

**ARTICLE III  
FINANCING OF THE KP/MNCHN PROGRAM**

**Section 1. FUNDING FOR CY 2012.** For its initial requirement in CY 2012, the Program shall allocate an amount from any of the following sources:

**1.1 Regular Budget of the /City Health Office** - The City Health Office shall review its regular budget for CY 2012-2013 and identify existing appropriations which can be realigned for the purpose;

**1.2 Lump Sums and other trust funds** - The program shall be included as priority to be funded from the 20% Development Fund , Gender and Development ( GAD) Fund, and PHILHEALTH capitation and reimbursement;

**1.3 Grants, aids, donations and other forms of assistance from the National Government and the private sector.**

**Section 2. FUNDING FOR SUBSEQUENT YEARS.** The City Health Office shall integrate the Program as part of the regular services being delivered by local health facilities. As such, it will continue to identify funding sources including but not limited to those identified above to be confirmed by the Local Finance Committee during the preparation of the LDP/AIP.

**Section 4. REPORTING** - To ensure monitoring and proper management of the funds, the City Accounting Office shall prepare a Program Report ( preferably quarterly) detailing actual expenses for personnel, supplies, training and other related activities.

**ARTICLE IV  
PROGRAM MANAGEMENT**

**Section 1. CREATION AND COMPOSITION.** There shall be created a KP/MNCHN Management Team, hereinafter referred to as " KP/MNCHN Management Team ", which shall be composed of the following:

Chairman	-	City Mayor
Co- Chairman	-	City Health Officer
Members	-	SP Chairman, Committee on Health DOH Representative MCH, FP, Nutrition & Key Program Coordinators Sanitary Inspector City ABC President DILG - City Director DepED City Social Welfare and Dev't. Officer General Services Officer Treasurer/Budget Officer Planning Officer Private Health Service provider representative NGO and civil society representative

**Section 2. DUTIES AND FUNCTIONS.** The Management Team shall be the over-all coordinating and implementing body for the implementation of the KP/MNCHN Plan and Strategy in the City of Naga. In addition, the Management Team shall perform and exercise



the following duties and responsibilities:

- . Formulate and recommend to the Sanggunian the full implementation of a comprehensive KP/MNCHN plan for the entire City in consultation with other stakeholders and oversee its implementation;
- . Undertake program monitoring and evaluation and provide a program feedback mechanism;
- . In close coordination with the barangay governments and other agencies concerned, conduct and update data on Women of Reproductive Age (WRA) and FP users;
- . Provide support in strengthening capabilities for MNCHN service provision through the conduct of training courses and other capacity building activities
- . Provide support in the conduct of activities related to MNCHN education including counseling of clients about FP and safe motherhood
- . Perform such other duties and function as it may deem fit for the efficient and effective implementation of the program.
- . Establish and maintain linkages with local, national or even international population-serving organizations or institutions;

**Section 3. MEETING AND QUORUM .** The Management Team shall meet at least once in every quarter or as often as necessary at an expressed call of the chairman or at least seven (7) members of the team. Provided, that a notice shall be sent to the members at least twenty-four (24) hours before the meeting will be held. The team shall decided by a majority vote of all the members present during a meeting, with the existence of a quorum, on any matter before it.

Seven (7) of its members present shall constitute a quorum.

**Section 4. PROGRAM SECRETARIAT AND KP/MNCHN FOCAL PERSON.** There shall be constituted, within thirty (30) days from the approval of this Ordinance, a program secretariat to be headed by the MNCHN Focal Person.

The Focal Person shall be designated by the City Mayor or the CHO, upon recommendation of the Management Team.

The Focal Person shall provide technical and administrative support, consolidating and documenting proceedings, and manage overall implementation of the MNCHN plans and complementary actions, and providing for such other assistance as may be required by the Management Team. Submit an annual report on all activities regarding the status of the program and its finances to the City Mayor and to the Sangguniang Panlungsod.

#### **ARTICLE IV PROCUREMENT AND DISTRIBUTION PROCEDURE AND PROGRAM BENEFICIARIES QUALIFICATIONS AND DISQUALIFICATIONS**

**Section 1. PROCUREMENT REQUIREMENT.** In the procurement of MNCHN and TB commodities by the LGU, the policies, rules and regulations of Republic Act No. 9184 or the Government Procurement Reform Act and that of the Commission on Audit (COA) shall strictly be observed.

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**Section 2. IDENTIFICATION OF MNCHN / TB COMMODITY REQUIREMENTS.** The City Health Officer shall identify the MNCHN commodity requirements using the forecast of commodities based on validated/verified current users data, as well as other related materials necessary in the implementation of the program.

**Section 3. PRIORITY BENEFICIARY FOR THE PROGRAM.** The priority beneficiary of the Program shall be the NHTS-PR households, couples who want to exercise informed choice, in adopting family planning methods, women and children who need MNCHN services.

**Section 4. DISTRIBUTION OF MNCHN / TB COMMODITIES .** To ensure constant availability of commodities to the poor, a workable system of distribution and dispensing of MNCHN commodities shall be adopted by the City. Midwives and other authorized dispensers through the City Health Office shall be issued commodities duly recorded in a Record Book for this purpose and duly acknowledged by the receiving person.

A report on utilization, balances of stocks and monthly collection shall be submitted regularly to the City Health Office as a pre-requisite for subsequent issuance of commodities.

**ARTICLE V  
MISCELLANEOUS AND FINAL PROVISION**

**Section 1. REPEALING CLAUSE.** All ordinances, resolution and other issuances that are inconsistent with the provisions of this Ordinances are hereby amended, repealed or modified accordingly.

**Section 2. SEPARABILITY CLAUSE .** If, for any reason, any part or section of this Ordinance is declared invalid, no other part or sections of this Ordinance shall be affected thereby.

**Section 3. IMPLEMENTING RULES AND REGULATIONS.** The Task Force shall within a period of one month after the approval of this Ordinance, formulate the Implementing Rules and Regulations of this Ordinance and the same take effect after proper dissemination and publication in the offices concerned and after posting at two(2) conspicuous places in the City.

**Section 4. EFFECTIVITY CLAUSE.** This Ordinance shall take effect immediately upon approval. Copies of this Ordinance shall be sent to the City Health Office, City Local Finance Committee, Office of the Association of Barangay Captains and all concerned for information, reference and appropriate action which shall be posted in conspicuous places of the city.

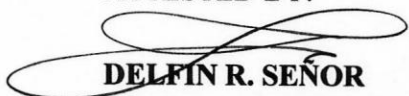
**ENACTED this 11th day of July 2012,** on motion of Hon. Porferio V. Resaba, Jr., seconded by Hon. Dominga P. Millena.

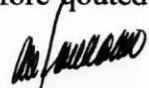
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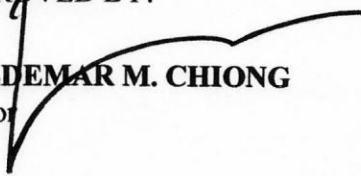
I HEREBY CERTIFY to the correctness of the afore-said Ordinance taken from the minutes on file.

ATTESTED BY:

  
**DELFIN R. SEÑOR**  
Vice Mayor/Presiding Officer

  
**DELZA T. ARELLANO**  
Secretary to the Sanggunian

APPROVED BY:

  
**VALDEMAR M. CHIONG**  
Mayor