



Republic of the Philippines  
 PROVINCE OF CAGAYAN  
 City of Tuguegarao  
**EIGHTH CITY COUNCIL**



EXCERPTS FROM THE MINUTES OF THE 28<sup>th</sup> REGULAR SESSION  
 OF THE EIGHTH CITY COUNCIL OF TUGUEGARAO CITY, CAGAYAN  
 HELD ON JANUARY 28, 2020, TUESDAY, 9:00 A.M.,  
 AT THE SANGGUNIANG PANLUNGSOD SESSION HALL

MELVIN K. VAR GAS  
 OFFICE OF THE VICE GOVERNOR  
 PROVINCE OF CAGAYAN  
 BY: [Signature]  
 DATE: 2-5-2020  
 1:45 L

**PRESENT:**

Hon. Bienvenido C. De Guzman II	City Vice Mayor/Presiding Officer
Hon. Imogen Claire M. Callangan	Sangguniang Panlungsod Member
Hon. Ronald S. Ortiz	-do-
Hon. Arnel T. Arugay	-do-
Hon. Mary Marjorie P. Martin-Chan	-do-
Hon. Winnoco R. Abraham	-do-
Hon. Grace B. Arago	-do-
Hon. Karina S. Gauani	-do-
Hon. Gil G. Pagulayan	Ex Officio Member (Liga ng mga Barangay President)
Hon. Karen L. Taguinod	Ex Officio Member (SK Federation President)

**ABSENT:**

Hon. Maila Rosario T. Que	Sangguniang Panlungsod Member (on Official Time)
Hon. Gilbert S. Labang	Sangguniang Panlungsod Member
Hon. Danilo L. Baccay	Sangguniang Panlungsod Member (on Leave)
Hon. Raymund P. Guzman	Sangguniang Panlungsod Member (on Official Business)
Hon. Victor Herbert N. Perez	Sangguniang Panlungsod Member (on Sick Leave)

**CITY ORDINANCE NO. 05-08-2020**

**AN ORDINANCE INSTITUTIONALIZING INFANT AND YOUNG CHILD FEEDING POLICIES IN TUGUEGARAO CITY AND ESTABLISHING FOR THAT PURPOSE FAMILY CARE CENTERS IN PUBLIC AND PRIVATE INSTITUTIONS IN THE CITY OF TUGUEGARAO PURSUANT TO THE EXPANDED BREASTFEEDING PROMOTION ACT (RA 10028) AND GLOBAL STRATEGY THE INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTICES, PROVIDING FUNDS THEREOF AND FOR OTHER PURPOSES**

**Sponsors:**

- Hon. Mary Marjorie P. Martin-Chan**
- Hon. Maila Rosario T. Que**
- Hon. Bienvenido C. De Guzman II**
- Hon. Imogen Claire M. Callangan**
- Hon. Gilbert S. Labang**
- Hon. Victor Herbert N. Perez**
- Hon. Arnel T. Arugay**
- Hon. Winnoco R. Abraham**
- Hon. Grace B. Arago**
- Hon. Raymund P. Guzman**
- Hon. Ronald S. Ortiz**
- Hon. Danilo L. Baccay**
- Hon. Karina S. Gauani**
- Hon. Karen L. Taguinod**
- Hon. Gil G. Pagulayan**

**WHEREAS**, it is the policy of the State under Article XV, Section 3 of the 1987 Philippine Constitution to defend the right of children to assistance including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development;

*[Handwritten signature]*

**WHEREAS**, the 1987 Philippine Constitution upholds equality before the law of men and women and recognizes the role of women in nation-building; it also declares that the state recognizes the sanctity of family life and shall equally protect the life of mother and life of the unborn from conception; it also affords protection for working women by providing them safe and healthful working conditions, taking into account their maternal functions;

**WHEREAS**, Section 2 of RA 10028, otherwise known as the Expanded Breastfeeding Promotion Act, enhances the protection of working women by providing safe and healthful working conditions, taking into account their maternal functions and such facilities and opportunities that will enhance their welfare and enable them to realize their full potential in the service of the nation;

**WHEREAS**, the Global Strategy for Infant and Young Child Feeding jointly developed by the World Health Organization and UNICEF is the result of a comprehensive two-year participatory process and grounded on the best available scientific and epidemiological evidence whose strategy emphasizes the need for comprehensive national policies on infant and young child feeding;

**WHEREAS**, the Philippines adopted this strategy to revitalize people's attention and commitment to infant and young child nutrition and its impact on survival and development of children;

**WHEREAS**, this policy will serve as a guide for health workers and other concerned parties on infant and young child (1-3 years) feeding including appropriate feeding practices in exceptionally difficult circumstances and ensuring the protection, promotion and support of exclusive breastfeeding and timely adequate complementary feeding with continued breastfeeding;

**WHEREAS**, in the Declaration of Policy under the Gender and Development Code of Tuguegarao City, the city shall undertake gender mainstreaming at all levels thereby assuring the promotion of women and empowerment to enable local women including the women of indigenous cultural communities become active agents and participants of development and not just mere beneficiaries; further enabling them to make independent decisions based on their own views and perspectives and allowing them to fully make use of available information, technology, goods and services;

**WHEREAS**, Tuguegarao City, in its Gender and Development Code, affirms its commitment to promote and protect the rights of women and children to adequate nutrition and proper health care;

**WHEREAS**, there is a substantial number of employed breastfeeding mothers in Tuguegarao City who are unable to cater to the need of their infants to be breastfed due to work hours;

**WHEREAS**, in promoting the protection and nourishment of infants as well as protecting the maternal functions of a nursing-employee, Tuguegarao City undertakes to protect the right to breastfeed between working mothers and their infants by combining family obligations and work responsibilities strategically to protect the two distinct roles that contribute significantly to the society;

**WHEREAS**, a public hearing was held on January 21, 2020 for this purpose.

**WHEREFORE**, be it **ORDAINED** by the Sangguniang Panlungsod, City of Tuguegarao, Province of Cagayan, that:

**SECTION 1. TITLE.** This Ordinance shall be known as "*Infant and Young Child Feeding Ordinance of Tuguegarao City.*"

**SECTION 2. SCOPE.** This Ordinance shall cover the entire territory and jurisdiction of Tuguegarao City, health sector, whether government or private, including professional groups, private sector and all stakeholders concerned.

**SECTION 3. DEFINITION OF TERMS.** For purposes of this Ordinance, the following terms shall mean:

1. Breast milk substitute – means any food marketed or otherwise represented as a partial or total replacement for breast milk to include infant formula, water semi-solid foods;
2. Complementary feeding – means the giving of foods for six months in order to meet the evolving nutritional requirement of the infant;





3. Complementary food – refers to any food, whether manufactured or locally prepared, suitable as a complement to breast milk or to infant formula which either becomes insufficient to satisfy the nutritional requirement of the infant. Also called weaning food or breast milk supplement;
4. Exclusive breastfeeding – means giving breast milk alone and no other foods or drink not even water with the exception of vitamins and medicine drops;
5. Health Care System – means governmental or non-governmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; nurseries or child institutions;
6. Health Worker – means a person working in a component of such health system whether professional or non-professional including volunteer workers;
7. Infant – means a person falling within the age bracket of 0-12 months;
8. Infant formula – refers to breast milk substitute formulated industrially or may refer also to that which is prepared at home;
9. Optional Feeding – means feeding the right amount of nutrients on a proper schedule to achieve the best performance and the longest possible lifetime in good health;
10. Sample – means single or small quantities of a product provided without a cost;
11. Supplies – mean quantities of a product provided for use over an extended period, free at a low price, for social purposes, including those provided to families in need; and,
12. Young Children – refer to persons falling within the age of 1-3 years old.

## POLICY GUIDELINES

**SECTION 4. Target Beneficiaries.** The implementation of this Ordinance shall be focused mainly on infants (0-11 months) and young children (1-3 years old). For purposes of the family care facility, children below the age of majority shall be entertained on a needs basis.

### **SECTION 5. Breastfeeding Practices.**

**5.1. Early Initiation of Breastfeeding.** Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants. It is also an integral part of the reproductive process with important implications for the health of mothers. **Infants shall be initiated to breastfeeding within one hour after birth.** This will stimulate early onset of full milk production and promote bonding of mother and child. All medically trained personnel including doctors, nurses and midwives and other birth attendants shall ensure that newborns are supported in their early initiation to breastfeeding. The health care delivery system in all facilities shall ensure that all newborns are initiated to breastfeeding within an hour after delivery.

**5.2. Exclusive Breastfeeding for the first six months. Infants shall be exclusively breastfed for the first six months of life to achieve optimum growth and development.** Exclusive breastfeeding means giving breast milk alone and no other foods or drinks, not even water, with the exception of vitamins and medicine drops. Exclusive breastfeeding from birth is possible except for a few medical conditions, and unrestricted exclusive breastfeeding results in ample milk production. The conclusion of experts in their systematic review of the optimal duration of breastfeeding is that there are no observable deficits in growth for infants exclusively breastfed for 6 or more months. In addition, this also reduces morbidity due to gastrointestinal infections and their mothers are more likely to remain amenorrhic for six months postpartum.

**5.3. Extended breastfeeding up to two years and beyond. Breastfeeding shall be continued as frequent and on demand for up to two years of age and beyond.** Although volume of breast milk consumed declines as complementary foods are added, breast milk contributes significantly as it provides one third to two thirds of average total energy intake towards the end of first year.

### **SECTION 6. Complementary Feeding Practices.**

**6.1. Appropriate complementary feeding. Infants shall be given appropriate complementary foods at age six months in order to meet their evolving nutritional requirements.** Appropriate complementary feeding means:

- a. *Timely* – meaning that they are introduced when the need for energy and nutrients exceeds what can be provided through exclusive and frequent breastfeeding;
- b. *Adequate* – meaning that they provide sufficient energy, protein and micronutrients to meet a growing child's nutritional needs;

- c. *Safe* – meaning that they are hygienically stored and prepared, and fed with clean hands using clean utensils and not bottles and teats or artificial nipples;
- d. *Properly fed* – meaning that they are given consistent with a child’s signals of appetite and satiety, and that meal frequency and feeding method actively encouraging the child, even during illness, to consume sufficient food using fingers, spoon or self-feeding – are suitable for age.

**6.2. Ensure access to appropriate complementary foods.** Appropriate complementary feeding interventions shall encourage diversified approaches to ensure **access to foods that will adequately meet energy and nutrient needs of growing children**, such as use of home and community based technologies to enhance nutrient density, bio-availability and the micronutrient content of local foods.

- a. *Use of locally available and culturally acceptable foods.* **Appropriate complementary food shall include locally available and culturally acceptable foods that meet the energy and nutrient need of young children.** Mothers, particularly of infants and young children, shall be provided with sound and culture-specific nutrition counseling and recommendations of a widest array of indigenous foodstuffs. The agriculture sector has a particularly important role to play in ensuring that suitable foods for use in complementary feeding are produced, readily available and affordable.
- b. *Low-cost complementary foods/industrially processed foods.* In addition, low-cost complementary foods, prepared with locally available ingredients using suitable small-scale production technologies in community settings, shall be encouraged to meet the nutritional needs for older infants and young children. *Industrially processed complementary foods* also provide an option for some mothers who have the means to buy them and the knowledge and facilities to prepare and feed them safely. Processed food products for infants and young children shall, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and children.
- c. *Micronutrient supplementation.* Based on DOH Administrative Order 119 s. 2003 dated December 2, 2003 issued by the Secretary of Health – Updated Guidelines on Micronutrient supplementation, the following are the priority targets for micronutrient supplementation:
  - Universal Vitamin A supplementation shall continue to be provided to infants and children 6-71 months of age. Vitamin A supplementation shall be given to children at risk, particularly those with measles, persistent diarrhea, severe pneumonia and malnutrition, to help re-establish body reserves of Vitamin A and protect against severity of subsequent infections and/or prevent complications. Postpartum women shall be given Vitamin A capsule within one month after delivery to increase Vitamin A concentration of her breastmilk as well as Vitamin A status of their breastfed children. Children with xerophthalmia, although rare, shall be treated. Children during emergencies shall be priority for Vitamin A supplementation following schedule for universal supplementation and for high-risk children.
  - Iron supplementation shall be provided to pregnant and lactating women and low birth weight babies and children 6-11 months of age. In addition, anemic and underweight children 1-5 years of age shall also be provided with iron supplements.
  - Iodine supplementation shall be provided to women of reproductive age group, school age children and adult males in areas when the urinary iodine excretion of less than 50ug/L in more than 20% of the population, goiter prevalence among school children is greater than 5% and high prevalence of goiter among males.

**6.3. Universal salt iodization (USI).** Families shall be encouraged and educated to use iodized salt in the preparation of food for older infants and young children.

**6.4. Food fortification.** Food fortification of staple foods will help ensure that older infants and young children receive adequate amounts of micronutrients. The Department of Health as mandated by law shall also continue to encourage manufacturers to fortify processed foods and food products based on the BFAD standards.

**SECTION 7. Exercising other feeding options.**

- A. Most mothers can and should breastfeed, just as most infants can and should be breastfed.

- B. For those few health situations where infants cannot, or should not, be breastfed, the choice of the best alternative – expressed breastmilk from an infant’s own mother, breastmilk from a healthy wet-nurse or a human-milk bank, or a breastmilk substitute fed with a cup, which is a safer method than a feeding bottle and teat—depends on individual circumstances.
- C. Only under exceptional circumstances can a mother’s milk be considered unsuitable for her infant. There are three metabolic disorders that may interfere with breastfeeding, namely galactosemia, phenylketonuria and maple syrup urine disease.
  - a. Galactosemia – infants suffering from this disease cannot be fed either breastmilk or other infant or milk formula since lactose must be eliminated from the diet of these infants. Specially formulated milk-based, but lactose-free preparations or soya-based formula are required.
  - b. Phenylketonuria – infants suffering from phenylketonuria may be breastfed while their phenylalanine blood levels are monitored. Breastmilk should be supplemented with or replaced by a special low-phenylalanine formula if concentrations reach dangerous levels.
  - c. Maple syrup urine disease – as in the case of phenylketonuria, breastmilk can be combined with special synthetic formulas low in the non-tolerated amino acids.
- D. In limited cases, for infants who do not receive breast milk, feeding with a suitable breast milk substitute – for example an infant formula or other specially prepared formula that conform with applicable Codex Alimentarius standards, or a home-prepared formula with micronutrient supplements – shall be demonstrated only by health workers, or other community workers if necessary, and only to the mothers and other family members who need to use it, and the information given shall include adequate instructions for appropriate preparation and the health hazards of inappropriate preparation and use. Infants who are not breastfed, for whatever reason, shall receive special attention from the health and social welfare system since they constitute a risk group.

**SECTION 8. Feeding in exceptionally difficult circumstances.**

- A. As a general rule, the following is the range of feeding options for infants and young children in certain circumstances and during times of crisis:
  - a. Breastfeeding is the first and best feeding option for infants
  - b. Expressed breastmilk, fed by cup
  - c. Breastfeeding from healthy wet nurse
  - d. Human milk from milk bank, fed by cup
  - e. Infant formula (preferably generically labeled), fed by cup
- B. Families in *difficult situations* including, but not limited to, natural or human-induced *calamities* shall require special attention and practical support to be able to feed their children adequately. Wherever possible, mothers and babies shall remain together and be provided the support they need to exercise the most appropriate feeding option under the circumstances.
- C. Health workers shall ensure the protection, promotion and support on breastfeeding and timely, safe and appropriate complementary feeding. In exceptional cases, when a small number of infants have to be fed on breast milk substitutes and milk supplements, ensure that substitute/supplement, such as infants formula, is safe, suitable and prepared in accordance with applicable Codex Alimentarius standards, or a home-prepared formula with micronutrient supplements.
- D. Artificial feeding is difficult in these situations because the basic needs for artificial feeding such as clean water, fuel and utensils are scarce. Transport and adequate storage conditions of breastmilk substitutes cause additional problems. To minimize the risks of artificial feeding and avoid commercial exploitation of crises, the following procedures are recommended:
  - a. Donations of breastmilk substitutes, feeding bottles, teats and commercial baby foods should be limited, if not refused.
  - b. If needed, breastmilk substitutes should never be part of a general distribution. Distribution should only be to infants with a clear need, and for as long as the infant need them (until a maximum of 1 year or until breastfeeding is re-established).



nr



- c. Bottles and teats should never be distributed, and their use should be discouraged. Cup feeding should be encouraged instead.
  - d. Information and adequate preparation and the hazards of inappropriate preparation of breastmilk substitutes or milk supplements should be given.
  - e. Uncontrolled distribution of infant formula or milk supplements during difficult situations can lead to early and unnecessary cessation of breastfeeding. More detailed guidelines shall be developed in collaboration with the national disaster coordinating body and health teams and provided to local government units and others concerned.
- E. Infants and young children who are *malnourished* are most often found in environments where improving the quality and quantity of food intake is particularly problematic. To prevent a recurrence and to overcome the effects of chronic malnutrition, these children need extra attention both during the early rehabilitation phase and over the longer term. Nutritionally adequate and safe complementary foods may be particularly difficult to obtain and dietary supplements may be required for these children. Continued frequent breastfeeding and, when necessary, relactation are important preventive steps since malnutrition often has its origin in inadequate or disrupted breastfeeding.
- F. The proportion of infants with *low birth weights* is about 13%. Most are born at or near term and can breastfeed within the first hour after birth. Breast milk is particularly important for preterm infants and the small proportion of term infants with very low birth weight, they are at increased risk of infection, long-term ill health and death.

**SECTION 9. Feeding options for HIV positive mothers.** All HIV-infected mothers shall receive counselling which includes provision of general information about meeting their own nutritional requirements and about the risks and benefits of various feeding options, and specific guidance in selecting the option most likely to be suitable for their situation. Feeding options for HIV positive mothers include exclusive breastfeeding, wet-nursing, expressing and heat-treating breastmilk, breastmilk from banks, commercial infant formula and home modified animal milk. Mothers shall be supported in their feeding options.

**SECTION 10. Children living in special circumstances.** Children living in *special circumstances* also require extra attention – for example, orphans and children in foster care, and children born to adolescent mothers, mother suffering from physical or mental disabilities, drug – or alcohol-dependence, or mothers who are imprisoned or part of disadvantaged or otherwise marginalized populations.

**SECTION 11. Access to appropriate feeding practices and skilled support.** Mothers, fathers and other caregivers shall have access to objective, consistent and complete information about appropriate feeding practices, free from commercial influence. In particular, they need to know about the recommended period of early initiation, exclusive and continued breastfeeding; the timing of the introduction of complementary foods; what types of food to give, the quantity, frequency, and how to feed these foods safely.

Mothers shall have access to *skilled support* to help them initiate and sustain appropriate feeding practices, and to prevent difficulties and overcome them when they occur. Knowledgeable health workers should be placed to provide this support, which shall be a routine part not only of regular prenatal, delivery and postnatal care but also of services provided for the well baby and sick child.

**SECTION 12. Rooming-in Breastfeeding Act (RA 7600).** The Rooming-in and Breastfeeding Act (RA 7600) shall be strictly enforced in all hospitals and health facilities in the City of Tuguegarao to ensure the fulfillment of the right of mothers to breastfeed and right of children to be breastfed. Rooming-in facilitates mother and child bonding and early full milk production since breastfeeding is on demand.

**SECTION 13. Infant and Young Child Feeding Specialist.** The City Health Office should employ or designate any of its current employees to be the point person in responding to common problems of mothers to initiate and sustain exclusive and continued breastfeeding practices and other feeding difficulties. This specialist can be a doctor, nurse, midwife or an effective community health volunteer who has undergone an appropriate training.

**SECTION 14. Community-based support groups.** The City Health Office shall ensure that community-based networks offering mother-to-mother support, and trained breastfeeding counselors working within, or closely with, the city health care system are present in order to achieve the city's infant and young child feeding policies.



**SECTION 15. Hospitalized mother.** Whenever feasible, mothers shall be allowed their breastfed children to stay with their hospitalized sick mother.

**SECTION 16. Prohibited Partnerships.** Consistent with the accepted principles for avoiding conflict of interest, the Local Government Unit shall not forge partnerships with manufacturers and distributors of infant formula, milk supplements, complementary foods, feeding bottles and teats and other related products.

**SECTION 17. Child Minding Service Program.** The City Government shall develop, implement and sustain a Child Minding Service Program for the care of 0 to 3 years old children of working parents during the day. The Child Minding Service Program needs not to take care of the children in a particular place but shall develop network of homes where adults may take care of the children with adequate supervision of a Social Welfare Officer of the City Social Welfare and Development Office; provided further, that where young children are left to the care of paid domestic, an elderly relative or older children without adequate and competent adult supervision, the City Social Welfare and Development Office shall furnish such training and adult supervision until the children's care meets adequate standards whereby the children under their care will develop normally healthy, happy and loved children, even in the absence of their parents during working hours. The City Social Welfare and Development Office, in coordination with institutions dealing with under six year-old children, shall develop a manual for this service to augment the manual developed for the Day Care Service Program.

#### **FAMILY CARE CENTERS (Public and Private Institutions)**

**SECTION 18. Mother-Baby Friendly Workspaces.** Work places shall provide an enabling environment for breastfeeding mothers who return to work. Mothers shall also be able to continue breastfeeding and caring for their children after they return to *paid employment*. Maternity leave, day-care facilities and paid breastfeeding or expressing milk breaks shall be available for all women employed outside the home.

**SECTION 19. Facility.** It shall be the duty of the employer to provide a breastfeeding room for the use of nursing mothers employed by the public or private institution/establishment. In case of smaller establishments, an area shall be identified that will serve as a suitable place for breastfeeding.

For public and private institutions employing at least one hundred (100) personnel, the facility shall also provide child care/minding services to allow working mothers to take their young children to work while not compromising the child safety and work productivity.

The facility shall be available not only to mothers employed in the institution but shall also be open to use by mothers/customers who visit the office or establishments for whatever transaction.

**SECTION 20. Minimum Requirement.** The breastfeeding room shall be private and comfortable to ensure that the health and safety of the mothers and their babies are observed. Appropriate breastmilk storage, handwashing facility, table and comfortable chairs shall be provided by the employer.

The minimum requirement provided on the setting up of a "Mother-Baby Friendly Workplace" shall be observed. Proper use and maintenance of the facility shall also be observed at all times. The use of the breastfeeding facility shall be free of charge.

**SECTION 21. Lactation periods.** Nursing employees shall be granted break intervals in addition to the regular time-off for meals to breastfeed or express milk. These intervals, which shall include the time it takes an employee to get to and from the workplace lactation station, shall be counted as compensable hours worked. The City Human Resource Office, in consultation with the Department of Labor and Employment (DOLE), may adjust the same: *Provided*, that such intervals shall not be less than a total forty (40) minutes every eight (8)-hour working period.

#### **IMPLEMENTING MECHANISMS**

**SECTION 22. Infant and Young Child Feeding (IYCF) Task Force.** There shall be created an Infant and Young Child Feeding (IYCF) Task Force composed of City Health Office (CHO) representatives, Department of Health (DOH) Representative, Other Government Offices (GOs) and Non-Government Offices (NGOs). The task force shall be under the control and supervision of the City Mayor.



M

**SECTION 23. Periodic Monitoring and Evaluation.** The progress of the implementation of this ordinance and IYCF strategy shall be monitored and evaluated regularly. The IYCF task force shall be strengthened to ensure strict compliance to the laws in support to IYCF.

The City Health Office is hereby authorized to conduct regular visitation and inspection of the breastfeeding room/family care center to ensure faithful compliance of this ordinance.

**SECTION 24. Requirement for business permits/renewals.** Compliance with this ordinance shall be a requirement for the granting and/or renewal of business licenses and permits. For this purpose, the Office of the City Treasurer shall deny new and/or renewal applications for business licenses and permits without the following:

- a. Certification by the Tuguegarao City Population and Nutrition Office of the compliance with this ordinance.

**SECTION 25. Incentives and Reward System.** Incentives and reward system shall be planned to sustain efforts on promoting, protecting and improving IYCF and this Ordinance. Models of good practices shall be documented and disseminated to all stakeholders and local readers.

**SECTION 26. Implementing Rules and Regulations.** The Office of the City Mayor through the City Health Office shall formulate the Implementing Rules and Regulations of this ordinance within thirty (30) days from effectivity.

The City Health Office shall be empowered to spearhead the implementation of this ordinance.

#### FINAL PROVISIONS

**SECTION 27. Funding.** The funds for the efficient implementation of this ordinance shall be appropriated in the annual budget or any supplemental budgets of Tuguegarao City.

**SECTION 28. Penalties.** Any person, natural or judicial, found guilty of violating any of the provisions hereof shall be imposed of the following penalties.

First Offense	-	Reprimand
Second Offense	-	P3,000.00 with the suspension of Business Permit subject to the compliance of the Ordinance
Third Offense	-	P5,000.00 with the cancellation of Business Permit

In case of the government office, erring official or head of office shall be subject to the appropriate administrative penalties provided by law.


**SECTION 29. Separability Clause.** Should any provision hereof be declared unconstitutional or ultra vires, the others not so declared shall remain in full force and effect.

**SECTION 30. Repealing Clause.** All other provisions of existing ordinances, resolutions and executive issuances inconsistent with this ordinance are hereby repealed, amended or modified accordingly.

**SECTION 31. Effectivity.** This ordinance shall take effect fifteen (15) days after its posting in at least three conspicuous places in the city.


X-X-X

I HEREBY CERTIFY TO THE CORRECTNESS OF THE FOREGOING:

  
JOEL JOSEPH L. EGIPIO, Ph.D.  
Secretary to the Sanggunian



ATTESTED:

  
**HON. BIENVENIDO C. DE GUZMAN II**  
City Vice Mayor/Presiding Officer  
Date: 01-30-2020

APPROVED:

  
**HON. ATTY. JEFFERSON P. SORIANO**  
City Mayor  
Date: 01/30/20

el