

Item No.: 06  
Date: 19 8 2025 NOV

Sangguniang Panlalawigan  
Province of Leyte  
**RECEIVED**  
Date: NOV 12 2025  
By: J. [Signature]



Republic of the Philippines  
**PROVINCE OF LEYTE**  
Provincial Capitol  
Tacloban City  
-oOo-



**PROVINCIAL LEGAL OFFICE**

**2<sup>nd</sup> INDORSEMENT**  
October 30, 2024

Respectfully returned to the Sangguniang Panlalawigan of Leyte, through SP Secretary, the attached Ordinance No. 24 series of 2025 of the Sangguniang Bayan of Tolosa, Leyte.

**Issues/concerns for review/recommendation/legal opinion is/are as follows:**

- Ordinance No. 24 series of 2025 entitled: **“Maternal and Child Health Strategy Ordinance in the Municipality of Tolosa, Leyte Province.”**

**REVIEW/RECOMMENDATION/LEGAL OPINION:**

This office is of the opinion that the subject Ordinance is generally in accordance with its power under Section 17(2)(iii)<sup>1</sup> of the Local Government Code of 1991 (R.A 7160). Hence, we recommend the declaration of its validity.

We hope to have assisted you with this request. Please note that the opinion rendered by this Office are based on the facts available and may vary or change when additional facts and documents are presented or changed. This opinion is likewise without prejudice to the opinions rendered by higher and competent authorities and/or the courts.

**ATTY. JOSE RAYMUND A. ACOL**  
*Provincial Legal Officer* ✕

<sup>1</sup> ((iii) Subject to the provisions of Title Five, Book I of this Code, health services which include the implementation of programs and projects on primary health care, maternal and child care, and communicable and non-communicable disease control services, access to secondary and tertiary health services; purchase of medicines, medical supplies, and equipment needed to carry out the services herein enumerated;

RECEIVED  
Office of the Sangguniang Panlalawigan  
Province of Leyte  
Date: 10/27/25

Republic of the Philippines  
PROVINCE OF LEYTE  
Palo, Leyte  
-o0o-

OFFICE OF THE SANGGUNIANG PANLALAWIGAN

1<sup>ST</sup> INDORSEMENT  
24 October 2025

*[Handwritten signature]*  
10-27-25

The Provincial Legal Office is respectfully requested to review and submit recommendations on the herein enclosed **Ordinance No. 24**, series of **2025** of the **Municipality of Tolosa, Leyte**, entitled: **An Ordinance establishing, institutionalizing and implementing the Maternal, Neonatal, Child Health and Nutrition (MNCHN) strategy/services, implementing the same in the Municipality of Tolosa, appropriating funds therefor and for other purposes.**



**FLORINDA JILL S. UYVICO**  
Secretary to the Sanggunian



Republic of the Philippines  
Province of Leyte  
Municipality of Tolosa

*Office of the Sangguniang Bayan*

*1<sup>st</sup> Endorsement*

October 17, 2025

SANGGUNIANG PANLALAWIGAN



Respectfully forwarded to the Sangguniang Panlalawigan, Province of Leyte, Municipality of Palo, the herein attached **RESOLUTION NO. 09-215-2025, Re: A RESOLUTION APPROVING AND ENACTING AN ORDINANCE ESTABLISHING, INSTITUTIONALIZING, AND IMPLEMENTING THE MATERNAL, NEONATAL, CHILD HEALTH AND NUTRITION (MNCHN) STRATEGY/SERVICES IN THE MUNICIPALITY OF TOLOSA, LEYTE, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES,** Attendance of Regular Session and Certification of Posting.

For review and approval.

Issued this 17<sup>th</sup> day of **October 2025** at Tolosa, Leyte, Philippines.

Please acknowledge receipt hereof.

  
**DR. MANNY R. MARTINEZ, DPA., RN.(PH, US), MPRM.**  
Secretary to the Sangguniang Bayan  
Municipal Gov't Department Head I



Republic of the Philippines  
**Province of Leyte**  
Municipality of Tolosa

*Office of the Sangguniang Bayan*

## **CERTIFICATION**

### **TO WHOM THIS MAY CONCERN:**

This is to **CERTIFY** that pursuant to paragraph (a) of Article 114 of RA 7160 Posting of **Ordinance 24, Series of 2025, Re: AN ORDINANCE ESTABLISHING, INSTITUTIONALIZING AND IMPLEMENTING THE MATERNAL, NEONATAL, CHILD HEALTH AND NUTRITION (MNCHN) STRATEGY/SERVICES, IMPLEMENTING THE SAME IN THE MUNICIPALITY OF TOLOSA, APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES**, was posted in three (3) conspicuous places, the undersigned has complied the said provision last October 8, 2025.

This **Certification** is issued in compliance of Article 114 of RA 7160.

Given this **17<sup>th</sup>** day of **October 2025**.

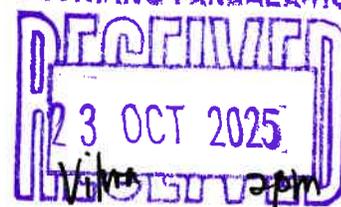
  
**DR. MANNY R. MARTINEZ, DPA., RN.(PH, US), MPRM.**  
Secretary to the Sangguniang Bayan  
Municipal Gov't Department Head I



Republic of the Philippines  
Province of Leyte  
Municipality of Tolosa

Office of the Sangguniang Bayan

SANGGUNIANG PANLALAWIGAN



**EXCERPT FROM THE MINUTES OF THE 14<sup>TH</sup> REGULAR SESSION OF LEYTE OF THE SANGGUNIANG BAYAN OF TOLOSA, HELD AT THE SESSION HALL, ON SEPTEMBER 29, 2025 AT 9:30 A.M.**

**PRESENT:**

- |                                      |   |   |  |
|--------------------------------------|---|---|--|
| Hon. Elizabeth S. Eracho             | - | - | Municipal Vice-Mayor (Presiding Officer)             |
| Hon. Daphne Dayner B. Roa            | - | - | Sangguniang Bayan Member                             |
| Hon. Purisima Z. Ocaña               | - | - | Sangguniang Bayan Member                             |
| Hon. Jose Mari Ildefonso C. Roa, Jr. | - | - | Sangguniang Bayan Member                             |
| Hon. Rolando B. Legaspi              | - | - | Sangguniang Bayan Member                             |
| Hon. Ireneo Rolando A. Lumbré        | - | - | Sangguniang Bayan Member                             |
| Hon. Manuel B. Balledo               | - | - | Sangguniang Bayan Member                             |
| Hon. Felicito D. Beltran III         | - | - | Sangguniang Bayan Member                             |
| Hon. Melanie Felisa M. Vivero        | - | - | Ex-Officio Member/Liga President (Virtually Present) |
| Hon. Catherine R. Benjamin           | - | - | Ex-Officio Member/SK Fed. President                  |

**Official Business:**

- |                                   |                          |
|-----------------------------------|--------------------------|
| Hon. Rouen Angely M. Tubongbanua- | Sangguniang Bayan Member |
|-----------------------------------|--------------------------|

**RESOLUTION NO. 09-215-2025**

**A RESOLUTION APPROVING AND ENACTING AN ORDINANCE ESTABLISHING, INSTITUTIONALIZING, AND IMPLEMENTING THE MATERNAL, NEONATAL, CHILD HEALTH AND NUTRITION (MNCHN) STRATEGY/SERVICES IN THE MUNICIPALITY OF TOLOSA, LEYTE, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES**

**WHEREAS**, Section 16 of Republic Act No. 7160, otherwise known as the Local Government Code of 1991, vests upon local government units the power to enact measures that promote the general welfare;

**WHEREAS**, Section 17 of the same Code expressly mandates municipalities to deliver basic health services, including maternal and child care, nutrition services, and other programs designed to protect the health of their constituents;

**WHEREAS**, the Department of Health (DOH) has developed the Maternal, Neonatal, Child Health and Nutrition (MNCHN) Strategy as a national framework to reduce maternal and infant mortality and improve health and nutrition outcomes;

**WHEREAS**, the Municipality of Tolosa, Leyte, deems it imperative to institutionalize the MNCHN Strategy at the local level to ensure sustainable, comprehensive, and accessible health services responsive to the needs of mothers, newborns, children, and the wider community;

**NOW THEREFORE**, on the motion of Hon. Jose Mari Ildefonso Roa, Jr., duly seconded unanimously by the Members of the Sangguniang Bayan present, be it:

**RESOLVED**, as it is hereby resolved, to approve and enact an Ordinance Establishing, Institutionalizing, and Implementing the Maternal, Neonatal, Child Health and Nutrition (MNCHN) Strategy/Services in the Municipality of Tolosa, Leyte, Appropriating Funds Therefor, and for Other Purposes.

**RESOLVED FURTHER**, that copies of this resolution be furnished to the Office of the Municipal Mayor, all relevant municipal departments, and concerned government agencies for their guidance and appropriate action.

**APPROVED UNANIMOUSLY** this 29<sup>nd</sup> day of **September, 2025** at the Sangguniang Bayan Session Hall, Tolosa, Leyte.

**I HEREBY CERTIFY** to the correctness of the foregoing resolution, duly approved by the 12<sup>th</sup> Sangguniang Bayan of Tolosa during its 14<sup>th</sup> Regular Session held at the Session Hall on September 29, 2025.

  
**DR. MANNY R. MARTINEZ, DPA, RN(PH, US), MPRM.**  
Secretary to the Sangguniang Bayan  
Municipal Gov't Department Head I

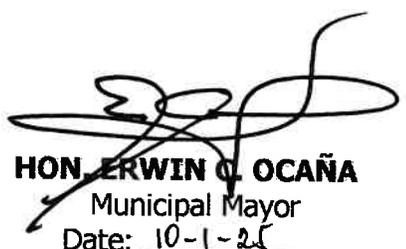
**MOVANT:**

  
**HON. JOSE MARI ILDEFONSO C. ROA, JR.**  
Sangguniang Bayan Member

**ATTESTED:**

  
**HON. ELIZABETH S. ERACHO, RCE.**  
Municipal Vice-Mayor  
Presiding Officer

**APPROVED:**

  
**HON. ERWIN O. OCAÑA**  
Municipal Mayor  
Date: 10-1-25



Republic of the Philippines  
Province of Leyte  
Municipality of Tolosa

Office of the Sangguniang Bayan

**EXCERPT FROM THE MINUTES OF THE 14<sup>TH</sup> REGULAR SESSION  
OF THE SANGGUNIANG BAYAN OF TOLOSA, HELD AT THE  
SESSION HALL, ON SEPTEMBER 29, 2025 AT 9:30 A.M.**

**PRESENT:**

- |                                     |   |   |  |
|-------------------------------------|---|---|--|
| Hon. Elizabeth S. Eracho            | - | - | Municipal Vice-Mayor (Presiding Officer) |
| Hon. Daphne Dayner B. Roa           | - | - | Sangguniang Bayan Member                 |
| Hon. Purisima Z. Ocaña              | - | - | Sangguniang Bayan Member                 |
| Hon. Jose Mari Idefonso C. Roa, Jr. | - | - | Sangguniang Bayan Member                 |
| Hon. Rolando B. Legaspi             | - | - | Sangguniang Bayan Member                 |
| Hon. Ireneo Rolando A. Lumbré       | - | - | Sangguniang Bayan Member                 |
| Hon. Manuel B. Balledo              | - | - | Sangguniang Bayan Member                 |
| Hon. Felicito D. Beltran III        | - | - | Sangguniang Bayan Member                 |
| Hon. Melanie Felisa M. Vivero       | - | - | Ex-Officio Member/Liga President         |
| Hon. Catherine R. Benjamin          | - | - | Ex-Officio Member/SK Fed. President      |

**Official Business:**

- |                                  |   |                          |
|----------------------------------|---|--------------------------|
| Hon. Rouen Angely M. Tubongbanua | - | Sangguniang Bayan Member |
|----------------------------------|---|--------------------------|

**ORDINANCE NO. 24  
Series of 2025**

**AN ORDINANCE ESTABLISHING, INSTITUTIONALIZING AND IMPLEMENTING THE MATERNAL, NEONATAL, CHILD HEALTH AND NUTRITION (MNCHN) STRATEGY/SERVICES, IMPLEMENTING THE SAME IN THE MUNICIPALITY OF TOLOSA, APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES**

Be enacted by the Sangguniang Bayan of the Municipality of Tolosa, that:

**Section 1. Short Title.** This ordinance shall shortly be called: MATERNAL AND CHILD HEALTH STRATEGY ORDINANCE in the Municipality of Tolosa, Leyte Province.

**Section 2. Scope and Coverage**

This Ordinance covers the whole MNCHN strategy/services, to include the Infant and Young Child Feeding (IYCF), as the means for the rapid reduction of maternal and child death and for the general health and nutrition of the mother and child.

This Ordinance shall be applied in the whole municipality. It covers all local Government Institutions.

**Section 3. Definition of Terms**

1. MNCHN - Maternal, Neonatal, Child Health and Nutrition Strategy/Services, instituted by the DOH for the rapid reduction of maternal and child death through the provision of continuum care/service to the women, mother, and child, such as pre-pregnancy service, antenatal care, care during delivery, and postpartum/postnatal care, to include infant and young child feeding.

HON. DAPHNE DAYNER B. ROA  
Sangguniang Bayan Member

HON. PURISIMA Z. OCAÑA  
Sangguniang Bayan Member

HON. JOSE MARI IDEFONSO C. ROA, JR.  
Sangguniang Bayan Member

HON. ROLANDO B. LEGASPI  
Sangguniang Bayan Member

HON. IRENEO ROLANDO A. LUMBRE  
Sangguniang Bayan Member

HON. MANUEL B. BALLEDO  
Sangguniang Bayan Member

HON. FELICITO D. BELTRAN III  
Sangguniang Bayan Member

HON. ROUEN ANGELY M. TUBONGBANUA  
Sangguniang Bayan Member

HON. MELANIE FELISA M. VIVERO  
Ex-Officio Member  
Liga President

HON. CATHERINE R. BENJAMIN  
Ex-Officio Member  
SK Federation President

2. Maternal Death - the termination of the life of the mother caused by the perils of pregnancy and/or childbirth.
3. Child Death - the termination of life of a newborn (0-28 days old), infant (0-11 Months), or young child (1-3 years old).
4. Basic Emergency and Obstetric and Newborn Care (BEmONC) Facility - facility that is capable of performing 6 obstetric functions, which includes: (1) parenteral administration of oxytocin in the third stage of labor; (2) parenteral administration of loading dose of; (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. It is also capable of providing neonatal emergency interventions, which include at the minimum:
  - a. Newborn resuscitation;
  - b. treatment of neonatal sepsis/infection; and
  - c. oxygen support. It shall also be capable of providing blood transfusion services on top of its standard functions.
5. Infant and Young Child Feeding (IYCF) - Requires the early initiation of breastfeeding to the newborn and the exclusive breastfeeding for the first 6 months, provides appropriate complementary feeding practices beginning at 6 months in addition to breastfeeding, and mandates the extended breastfeeding with complementary feeding, up to two or three years of age. Under exceptionally difficult/medical conditions/ circumstances of the mother and/or child, it provides for appropriate feeding options.
6. Breastmilk - is widely recognized as the best source of nutrition for babies. It promotes the development of emotional bonding between the mother and the child; bestows upon the newborn the protection against infection; provides for the mother natural contraception after delivery; and protects the mother from closely-spaced pregnancy.
7. Breastfeeding - is the method of feeding an infant directly from the human breast.
8. Complementary Feeding - a feeding practice using complementary food-any food, except milk substitutes, whether manufactured or locally prepared, suitable as a complement to breast milk to satisfy the nutritional requirements of the infant.
9. Expressed Breastmilk, fed by cup - the human milk which has been extracted from the breast by hand or by breast pump, fed to the infant using a cup.
10. Breastfeeding from a Healthy Wet Nurse - the feeding of the newborn from another mother's breast when his/her own mother cannot breastfeed.
11. Human Milk from Milk Bank, feed by cup - the human milk which is extracted from the breastmilk collection and storage of a health facility/milk bank, feed to infant using a cup.
12. Infant Formula - one of the breastmilk substitutes formulated industrially cordance with applicable Codex Alimentarius Standards
13. Codex Alimentarius Standards - collections of internationally recognized standards, codes of practice, guidelines and other recommendations relating to food, food production and food safety.

**HON. DAPHNE DAYNER B. ROA**  
Sangguniang Bayan Member

**HON. PURISMA Z. OCANA**  
Sangguniang Bayan Member

**HON. JOSE MARI ILDEFONSO C. ROA, JR.**  
Sangguniang Bayan Member

**HON. ROLANDO B. LEGASPI**  
Sangguniang Bayan Member

**HON. IRENEO ROLANDO A. LUMBRE**  
Sangguniang Bayan Member

**HON. MANUEL B. BALLEDO**  
Sangguniang Bayan Member

**HON. FELICITO D. BELTRAN III**  
Sangguniang Bayan Member

**HON. ROUEN ANGELY M. TUBONGBANUA**  
**(OFFICIAL BUSINESS)**  
Sangguniang Bayan Member

**HON. MELANIE HELISA M. VIVERO**  
Ex-Officio Member  
Liga President

**HON. CATHERINE R. BENJAMIN**  
Ex-Officio Member  
SK Federation President

**HON. ELIZABETH S. ERACHO, RCE.**  
Municipal Vice-Mayor

Ordinance No. 24, Series of 2025 - Maternal and Child Health Strategy Ordinance

**DR. MANNY B. MARTINEZ, DPA, BN.(PH.US), MPRM.**  
Secretary to the Sangguniang Bayan

HON. DAPHNE DAYNER B. ROA  
Sangguniang Bayan Member

HON. PURISTIA Z. OCANA  
Sangguniang Bayan Member

HON. JOSE MARI ALDEFONSO C. ROA, JR.  
Sangguniang Bayan Member

HON. ROLANBO B. LEGASPI  
Sangguniang Bayan Member

HON. IRENEO ROLANDO A. LUMBRE  
Sangguniang Bayan Member

- 14. Facility-based Delivery - delivery that is conducted in the birthing homes, lying - in, clinics or hospitals.
- 15. Skilled Birth Attendant - refers to licensed nurses, midwives, and doctors.
- 16. MCP - Maternity Care Package
- 17. MCP Reimbursements - Maternity Care Package Reimbursement from Philhealth in every delivery.

HON. MAKUEL B. BALLEDO  
Sangguniang Bayan Member

**Section 4. MNCHN Principles**

Recognizing that all pregnant women are at risk, MNCHN is anchored on the following guiding principles:

- 1. Every pregnancy is wanted, planned and supported.
- 2. Every pregnancy is managed throughout its course.
- 3. Every delivery is facility-based and delivered by skilled birth attendants.
- 4. Every mother and newborn shall receive timely postpartum and postnatal care ensuring a smooth and continuous transition to the Maternal Care Package for the mother and the Child's Survival Package for the newborn.

HON. FELICITO D. BELTRAN III  
Sangguniang Bayan Member

**Section 5. MNCHN Core Service Package**

MNCHN calls for facility-based deliveries and deliveries by skilled birth attendants. It calls for the organization of Women's or Community Health Teams, establishment, and mobilization of a local transportation and communication network for the pregnant women, community blood collection, master listing of pregnant women and children eligible for immunization, and orientation of traditional birth attendants (TBAs or hilots), if any, on their subordinate role in child delivery.

The integrated MNCHN services shall be delivered through a seamless continuum of care that includes pre-pregnancy service, antenatal care, care during delivery, and postpartum/postnatal care. The minimum standard service are:

**5.1. Pre-pregnancy Services**

- A. Provision of correct information and responsive counseling on fertility awareness, maternal nutrition, birth spacing and adolescent reproductive health;
- B. Active identification and servicing of population segments with unmet needs for family planning and referral to alternative sources of services and supplies when these are not available in one's own health facility;
- C. Assurance of free family planning services and supplies for the indigent potential users;
- D. Timely provision of other basic and essential services for young females, pregnant women and other women of reproductive age such as micronutrients (Ferrous sulfate with Folic Acid), tetanus toxoid immunization, fertility awareness, birth spacing and family planning counseling and services on STD/HIV/AIDS, management of lifestyle-related diseases including nutrition and healthy lifestyle.
- E. Furthermore, the community shall have the responsibility to actively encourage and assist women, especially adolescents and those suspected or confirmed to be pregnant, to seek early prenatal check-ups at the nearest health facility to ensure timely detection, management, and prevention of pregnancy-related risks, in accordance with national laws and public health policies.

(OFFICIAL BUSINESS)

HON. ROUEN ANGELY M. TUBONGBANUA  
Sangguniang Bayan Member

HON. MELANIE HELISAM. VIVERO  
Ex-Officio Member  
Liga President

HON. CATHERINE R. BENJAMIN  
Ex-Officio Member  
SKF Federation President

HON. ELIZABETH S. ERACHO, RCE.  
Municipal Vice-Mayor

## 5.2 Antenatal Care Services

Every pregnant woman shall have the responsibility to seek and avail of maternal health services from the nearest health center throughout the course of her pregnancy, which shall include but not be limited to the following:

1. Prenatal Visits:
  - a. First Trimester: At least one (1) visit before or up to twelve (12) weeks of gestation.
  - b. Second Trimester: At least two (2) visits — one at or around twenty (20) weeks and one at or around twenty-six (26) weeks of gestation.
  - c. Third Trimester: At least five (5) visits — at or around thirty (30) weeks, thirty-four (34) weeks, thirty-six (36) weeks, thirty-eight (38) weeks, and forty (40) weeks of gestation.
2. Micronutrient Supplementation:
  - a. Adequate supply of Ferrous sulfate and folic acid as prescribed, based on the pregnant's nutritional needs.
  - b. Adequate supply of Calcium carbonate supplementation as prescribed, based on the pregnant's nutritional needs.
3. Immunization:
  - a. Provision of the recommended number of tetanus toxoid vaccinations in accordance with the Municipal Health Office's schedule.
4. Laboratory Examinations:
  - a. Mandatory access to, but not limited to:
    - Complete Blood Count (CBC) with blood typing
    - Urinalysis
    - Syphilis screening
    - HIV screening
    - Hepatitis B screening
5. Health Education and Counseling:
  - a. Counseling on proper maternal nutrition, danger signs during pregnancy, birth preparedness, and postnatal care;
  - b. information on family planning options and breastfeeding practices;
  - c. attention to individualized birth preparedness counseling about the place of delivery and transport arrangements to increase the mother's readiness to deliver in health facility;
  - d. discussion with household member(s) and preparation of childbirth with partner support and involvement in care-seeking decisions; and
  - e. promotion of exclusive breastfeeding for the first six months.
6. Referral System:
  - a. Timely referral to higher-level health facilities for high-risk pregnancies or abnormal laboratory results.

## 5.3. Care During Delivery

- A. Aggressive promotion of the shift from home-based deliveries in health facilities;

HON. DAPHNE DAYNER B. ROA  
Sangguniang Bayan Member

HON. PURISIMA Z. OCANA  
Sangguniang Bayan Member

HON. JOSE MARI L. DEFONSO C. ROA, JR.  
Sangguniang Bayan Member

HON. ROLANDO B. LEGASPI  
Sangguniang Bayan Member

HON. IRENEO ROLANDO A. LUMBRE  
Sangguniang Bayan Member

HON. MANUEL B. BALLEDO  
Sangguniang Bayan Member

HON. FELICITO D. BELTRAN III  
Sangguniang Bayan Member

(OFFICIAL BUSINESS)  
HON. ROJEN ANGELY M. TUBONGBANUA  
Sangguniang Bayan Member

HON. MELANIE FELISA M. VIVERO  
Ex-Officio Member  
Liga President

HON. CATHERINE R. BENJAMIN  
Ex-Officio Member  
SK Federation President

- B. Deliberate planning and special provisions for hard-to reach segments of the population to promote facility-based deliveries;
- C. Active conversion and mobilization of traditional birth attendants or hilots into advocates and agents of facility-based deliveries;
- D. Community blood collection at the rate of one mass blood donation per barangay per year.

**5.4 Postpartum/Postnatal Care**

- A. The mother shall be advised to bring her newborn to the nearest health facility or avail of a home visit for routine postnatal check-ups following the prescribed schedule:
  - a. **Postnatal Visit 1:** Within 48 to 72 hours after birth
  - b. **Postnatal Visit 2:** On the 7th day of life
- B. Provision of postpartum and postnatal care for mothers and neonates including provision of Vitamin A supplementation, Ferrous sulfate capsules/tablets, physical examination, identification of early signs and symptoms of postpartum complications like hemorrhage, infection, and hypertension, micronutrient supplementation, provision of family planning services, counseling on nutrition, exclusive breastfeeding up to 6 months, and neonatal care
- C. Provision of the whole range of women health care services for mothers and child survival packages for children.

**5.5 Infant and Young Child Feeding (IYCF)**

- a. Require the early initiation of breastfeeding to the newborn and the exclusive breastfeeding for the first 6 months, provides appropriate complementary feeding practices beginning at 6 months in addition to breastfeeding, and mandates the extended breastfeeding, with complementary feeding, up to two or three years of age. Under exceptionally difficult/medical conditions/circumstances of the mother and/or child, it provides appropriate feeding options.
- b. Continuous advocacy that breastmilk is widely recognized as the best source of nutrition for babies. It promotes the development of emotional bonding between the mother and child; bestows upon the newborn the protection against infection: provides for the mother natural contraception after delivery; and protects the mother from closely-spaced pregnancy. Malnutrition is the primary outcome of children who do not breastfeed.

**Section 6. Compliance Provision**

The following shall be adhered to:

**6.a. Promotion of Facility-based Delivery**

The incidence of maternal and child death is oftentimes a result of poor asepsis technique observed during the act of delivery, absence or lack of blood supply, development of complications during delivery and late referral of complicated cases. Since all pregnancies are considered risky, all pregnant women shall have the opportunity to give birth in a facility where a skilled-birth attendant is in charge. After delivery, mothers shall be required to stay at least 24 hours at the birth facility and thereafter to stay at the halfway home for proper post-partum care and care of the newborn

HON. DAPHNE PAYNER B. ROA  
Sangguniang Bayan Member

HON. PURISIMA Z. OCAÑA  
Sangguniang Bayan Member

HON. JOSE MARY ILDEFONSO C. ROA, JR.  
Sangguniang Bayan Member

HON. ROLANDO B. LEGASPI  
Sangguniang Bayan Member

HON. TRENIO ROLANDO A. LUMBRE  
Sangguniang Bayan Member

HON. MANUEL B. BALLEDO  
Sangguniang Bayan Member

HON. FELICITO D. BELTRAN III  
Sangguniang Bayan Member

HON. ROUEN ANGELY M. TUBONGBANUA  
Sangguniang Bayan Member

HON. MELANIE FELISA M. VIVERO  
Ex-Officio Member  
Liga President

HON. CATHERINE R. BENJAMIN  
Ex-Officio Member  
SK Federation President

(OFFICIAL BUSINESS)

## 6.b. Infant and Young Child Feeding (IYCF) Practices

### 6.b.1. Early Initiation of Breastfeeding

Infants shall be initiated to breastfeeding within one hour after birth, unless delivered through cesarean, in that case, infants shall be breastfed within three (3) to four (4) hours after birth. This will stimulate early onset of full milk production and promote bonding of mother and child. All medically trained personnel (doctors, nurses, midwives) shall ensure that newborns are supported with their early initiation of breastfeeding.

Newborns need the first yellow-colored milk called colostrums that is secreted from the human breast in the first three days after birth, as it contains more antibodies. It is rich in growth factors which stimulate the development of the baby's immature intestine. It prepares the baby's intestine to digest and absorb milk and to prevent the absorption of undigested protein. Without colostrums, other food can damage the intestine and cause allergies.

### 6.b.2. Exclusive Breastfeeding for the First Six (6) Months

Infants shall be exclusively breastfed for the first 6 months of life to achieve optimum growth and development. Exclusive breastfeeding means giving breastmilk alone and no other food or drinks, not even water, with the exception of vitamins and medicine drops. The conclusion of experts in their systematic review of the optimal duration of breastfeeding is that, there is no observable deficit 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 amenorrheic for 6 months postpartum.

### 6.b.3. Extended Breastfeeding with Complementary Feeding Up to Two (2) Years and Beyond:

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

## 6.c. Complementary Feeding Practices

### 6.c.1. Appropriate Complementary Feeding

In addition to breastfeeding, infants shall be given appropriate complementary food at age 6 months in order to meet their evolving nutritional requirements. Appropriate complementary feeding means:

**Timely** - meaning that they are introduced when the need for energy and nutrients exceeds what can be provided through exclusive and frequent breastfeeding.

**Adequate** - meaning that they provide sufficient energy, protein and micronutrients to meet a growing child's nutritional needs.

HON. DAPHNE D. AYNER B. ROA  
Sangguniang Bayan Member

HON. PURISMA Z. OCAÑA  
Sangguniang Bayan Member

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Sangguniang Bayan Member

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Sangguniang Bayan Member

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Liga President

HON. CATHERINE B. BENJAMIN  
Ex-Officio Member  
SK Federation President

HON. ELIZABETH S. ERACHO, RCE.  
Municipal Vice-Mayor

Ordinance No. 24, Series of 2025 - Maternal and Child Health Strategy Ordinance

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Tracking No. RO-10-2025-242

DR. MANNY R. MARTINEZ, DPA, RN (PH-US), MPRM.  
Secretary to the Sangguniang Bayan

**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.

**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.c.2. Use of Locally Available and Culturally Acceptable Food**

Appropriate complementary food shall include locally available and culturally acceptable food that meet the energy and nutrient needs of young children. Mothers should 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 food for use in complementary feeding are produced, readily available and affordable.

**6.c.3. Low-cost Complementary Food/ Industrially-processed Food**

Low-cost complementary food, prepared with locally available ingredients using suitable small-scale production technologies in community settings, shall be encouraged to meet the nutritional needs of older infants and young children.

Industrially- processed food on the other hand, provides an option for some mothers who have 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 the applicable standards recommended by the Codex Alimentarius Commission/Codex Code of Hygienic Practices for Foods for Infants and Children.

**6.d. 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 who experience persistent diarrhea, severe pneumonia and malnutrition to help reestablish body reserves of Vitamin A and protect against severity of subsequent infections and/or prevent complications. Postpartum women shall be given Vitamin A capsules 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 exophthalmia, although rare, shall be treated. Children during emergencies shall be a priority for Vitamin A supplementation, following the 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.

**6.e. Salt Iodization and Food Fortification**

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SK Federation President

Families shall be encouraged and educated to use iodized salt and fortified food for older infants and young children.

**6.f. Feeding Options in Exceptionally Difficult/Medical Conditions/ Circumstances**

This section serves as the exemptions to the IYCF requirements in section 2.

**6.f.1.** For infants who do not receive breastmilk for medical condition/difficult circumstance/situation, supplemental feeding with a suitable breastmilk substitute-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 government-recognized community workers, 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.

Only under exceptional circumstances can a mother's milk be considered unsuitable for her infant. There are three (3) metabolic disorders that may interfere with breastfeeding, namely:

**6.f.2.** Galactosemia - infants suffering from this disease cannot be fed by either breastmilk or other infant or milk formula since lactose must be eliminated from the diet of these infants.

Especially formulated milk-based but lactose-free preparations or soya-based formula are required.

**6.f.3.** Phenylketonuria - infants suffering from this 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 the dangerous levels.

**6.f.4.** Maple Syrup Urine Disease - as in the case of phenylketonuria, breastmilk can be combined with special synthetic formula low in the non-tolerated amino acids.

**6.f.5.** Mothers who are either (a) seriously ill; (b) taking medications intraindicated to breastfeeding; (c) violent psychotics; or (d) whose conditions do not permit breastfeeding as determined by the attending physician, shall be exempted from the breastfeeding requirement.

**6.f.6.** Families in natural and man-made calamities and in other difficult/medical situations shall require the 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.

**6.f.7.** The following are the range of feeding options for infants and young children in times of crises or difficult/medical situations: (a) expressed breastmilk, feed by cup; (b) breastfeeding from healthy wet nurse; (c) human milk from milk bank, feed by cup; and/or (d) infant formula (preferably generically labeled), feed by cup.

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Sangguniang Bayan Member

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Sangguniang Bayan Member

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Sangguniang Bayan Member

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Sangguniang Bayan Member

HON. FELICITO D. BELTRAN III  
Sangguniang Bayan Member

(OFFICIAL BUSINESS)  
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Sangguniang Bayan Member

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Secretary to the Sangguniang Bayan

**6.f.8.** Artificial feeding is difficult in times of crises/disasters because the basic needs for artificial feeding, such as clean water and utensils are scarce. Transport and adequate storage conditions of breastmilk substitute cause additional problems. To minimize the risks of artificial feeding and avoid commercial exploitation of crises /disasters, the following procedures are recommended:

**6.f.9.** Donations of breastmilk substitutes, feeding bottles, teats and commercial baby foods should be limited, if not refused;

**6.f.10.** If needed, breastmilk substitutes should never be part of a general distribution. Distribution should only be to infants with the clear need, and for as long as the infant need them (until a maximum of 1 year or until breastfeeding is reestablished);

**6.f.11.** Bottles and teats should never be distributed, and their use should be discouraged. Cup feeding should be encouraged instead; and that

**6.f.12.** Information on adequate preparation and the hazards of inappropriate preparation of breastmilk substitutes or milk supplements should be given.

**6.f.13.** All HIV-infected mothers shall receive counseling, 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.

**6.f.14.** Children living in special circumstances shall require extra attention and consideration like orphans and children in foster care, and children born to adolescent mothers, mothers suffering from physical or mental disabilities, drug or alcohol-dependence, or mothers who are imprisoned.

## **6.g. Responsibility of the Health Care System**

### **Government health facilities shall provide the following:**

**6.g.1.** All public health facilities, in the Municipality of Tolosa, shall conduct proper latching-on immediately after birth and the initiation of breastfeeding within an hour thereafter;

**6.g.2.** All health facilities shall provide a supportive environment to infant and young child feeding practices. The health facility shall not display, in consonance with the Philippine Code of Marketing of Breastmilk Substitutes or Milk Code (EO No. 51, s. 1986), any breastmilk substitutes or any poster or sampling of such, instead provide an enabling environment to improve and promote breastfeeding and appropriate complementary feeding practices to infants and health and nutrition of mothers.

**6.g.3.** There shall be an infant and child feeding specialist to promptly respond to common problems of mothers in initiating and sustaining exclusive and continued breastfeeding practices and other feeding difficulties. Some common problems - insufficient milk, breast and

HON. DAPHNE DAYNER B. ROA  
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Sangguniang Bayan Member

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nipple problem, child refusal - can be corrected through objective, consistent, accurate, and complete information. This specialist can be a doctor, nurse, midwife, or an effective community health volunteer who has undergone appropriate training.

**6.g.4.** The hospitals shall support and provide an enabling environment for mothers to ensure continued breastfeeding and adequate complementary feeding to their hospitalized sick children.

**6.g.5.** 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 food; what type of food to give, the quantity, frequency and how to feed this food safely.

**6.g.6.** The health care system shall recognize the community-based networks offering mother-to-mother support and trained breastfeeding counselors working within, or closely with them (health care system).

**6.g.7.** A communication and coordination plan shall be developed to generate high political support, including that from communities and families.

**6.g.8.** Continuing training shall be conducted for health personnel to ensure the continuous promotion, protection, support and improvement of infant and young child feeding.

**6.g.9.** The advocacy of this ordinance, the infant and young child feeding practices and performs such other commendable acts for infant and young child dying, to be recognized/awarded by the Municipal Government of Tolosa in the standards/criteria to be formulated later in the implementation.

**6.h. Responsibility of Government Work Place**

To avoid discrimination to working breastfeeding mothers, the government shall do the following:

**6.h.1.** Work places shall provide an enabling environment for breastfeeding mothers who return to work. These include breastfeeding rooms, refrigerators for storage of breastmilk, crèche (a day nursery for young children), or breaks for breastfeeding or expressing milk, among others.

**6.h.2.** Working mothers shall be able to continue breastfeeding and caring for their children. Breastfeeding breaks shall not be a deduction of their salary/wage. and that maternity leave shall be available to them.

**6.i. Designation, Assignment and Requirement Needed for Personnel**

The personnel in charge to run the birthing home of the Municipality of Tolosa shall be officially designated by the Municipal Mayor. The Rural Health Midwife (RHM) in the barangay shall present proof or evidence of record attested

HON. BAPHNE DAYNER B. ROA  
Sangguniang Bayan Member

HON. PURISIMA Z. OCANA  
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HON. MANUEL B. BALLEDO  
Sangguniang Bayan Member

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Sangguniang Bayan Member

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Ex-Officio Member  
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Ex-Officio Member  
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by the Barangay Captain concerned, that the patient/s was in her care before and during delivery of birth. The assignment of personnel in charge in the birthing home shall be a rotational scheme to ensure that it operates or is open twenty-four (24) hours.

**Section 7. Municipal Pre-Marriage Orientation and Counseling (PMOC) Team.**

A Municipal PMOC Team shall be organized, composed of representatives from the MHO, MSWDO, Municipal Population Office, and MCR. The Team shall conduct pre-marriage orientation and counseling sessions for all marriage license applicants in accordance with PD 965, the Family Code, and DOH-DSWD-POPCOM-CHED JMC No. 1, s. 2018.

Topics shall include family health, responsible parenthood, gender equality, family values, and legal rights of spouses. A Certificate of Attendance issued by the PMOC Team shall be required for the issuance of a marriage license.

**Section 8. Administrative Provisions: The Rural Health Office:**

1. Provision of adequate supplies and materials.
2. Regular application of sanitizers/disinfectant within or outside of the premises of the birthing home.
3. Strict compliance in confidentiality and privacy of patient's records and drugs.
4. All MNCHN clients are immediately attended for consultation, diagnoses, and counseling with personalized and client friendly manners.
5. Maternity Care Package for PHIC members shall be for free.

**Section 9. NEWBORN CARE PACKAGE (NBCP)**

**Section 9.A.** Pregnancy and childbirth involve both the mother and the newborn. The Newborn Care Package ensures that newborns have access to health care services within their first hours of life.

1. This package shall cover essential health care services within their first hours of life regardless of the method of their delivery and presence of comorbidities.
2. The package amount shall be determined based on the approved tariff of the Local Government Unit, subject to any adjustments made by PhilHealth, and shall be payable directly to the Facility.
3. The Package has the following components:
  - a. Essential Newborn Care
  - b. This package may be availed from health care institutions that provide services for MCP, NSD package, and other methods of delivery

**Section 9.B.** For the facilities to qualify to provide IUD insertion benefit, they shall submit a copy of their Staff's certificate on Family Planning Competency Based Training (FPCB1) Level 2. The said training must have been conducted by trainers recognized by the Department of Health (DOH) and coordinated with respective DOH Regional Offices. As such, the training certificates must have the signature of the respective DOH Regional Director or his/her representative. An alternative to this is the physician's certificate of residency training on Obstetrics and Gynecology.

**Section 9.C.** Private Birthing Homes are recommended to develop their own incentives schemes in support of achieving the objectives of this ordinance.

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Ex-Officio Member

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**Section 9.D.** All health facilities maintain proper recording of all qualified people to be given incentives for proper accounting needs.

**Section 10. Administrative Sanction**

Failure of public officers to perform the mandates of this ordinance, without valid cause, shall be held administratively liable, for violation, negligence or dereliction of duty.

**Section 11. MNCHN Action Team**

There shall be created a MNCHN Monitoring Team to take charge implementation, monitoring and evaluation of the mandates of this ordinance, to wit:

Chairperson: Municipal Mayor

Co-Chair: Municipal Health Officer or OIC

Members: Sangguniang Bayan Committee Chairman on Health

Municipal Maternal and Child Health Coordinator

Public Health Nurses

Municipal Nutrition Action Council Officer

Rural Health Midwives

Nurse augmentation

Midwife augmentation

ABC President

NGOs/Private Sector and affiliates that actively advocate for MNCHN

Medical Interns, if any

MSWDO Representative

DEPED District Supervisor

LYDO

The monitoring Team shall conduct meetings, at least once every quarter, to ensure the proper implementation of the ordinance. They shall be given necessary travelling expenses, subject to accounting and auditing rules and regulations. The Maternal and Child Health Coordinator in the Municipal Health Office shall serve as the Head of the Secretariat, providing among others, technical assistance, documentation, coordination with the Municipality, barangay, national government agencies and other stakeholders for the effective implementation of the ordinance.

Specifically, the MNCHN Monitoring shall have the following powers, duties and functions:

1. Enforce and monitor the Implementation of this ordinance. Issue guidelines, if needed, to ensure the proper implementation of the law. Secure the regular reporting of midwives/barangay health workers/barangay health teams to their respective barangay councils on MNCHN services/, and the subsequent reporting to the Barangay Health Stations and Municipal Health Office.
2. Ensure that feedback from communities on access and quality of MNCHN services are solicited, including problems encountered, and the proposed actions to further improve the implementation of the ordinance of the ordinance at the local level.
3. In the later stages of the implementation of the ordinance, design an incentive and award system to component municipalities and barangays and private entities including public and private health facilities, having the best MNCHN services/practices, to be awarded one of the activities of the Municipal Nutrition Month.
4. Recommend to the Mayor the necessary funding for the proper implementation of the ordinance.
5. Perform such other functions deemed important, including the advocacies.

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Secretary to the Sangguniang Bayan

In the monitoring of the non-compliance, the MNCHN Monitoring Team shall be assisted by the deputized barangay personnel, like the barangay health workers and barangay nutrition scholars.

### **SECTION 12. Appropriation**

An annual appropriation of P500,000.00, preferably from the PhilHealth reimbursement of the Municipal Government of Tolosa, shall be appropriated to correspondingly improve the utilization of MNCHN services. Other sources of funds, such as the MNCHN grant to LGUs, among others, may also be utilized subject to guidelines/authorization.

### **SECTION 13. Repealing/Amendatory Clause**

If there are provisions of local enactments and resolutions that are inconsistent with this ordinance, such are hereby repealed or modified accordingly. International and national issuances/ papers on infant and young child feeding shall serve as supplemental reference of this ordinance.

### **SECTION 14. Separability Clause**

In the event that provisions of this Ordinance have been found or decreed to be invalid, all other provisions hereof not affected shall remain to be in full force and effect.

### **SECTION 15. Effectivity**

This ordinance shall take effect immediately upon approval.

**APPROVED UNANIMOUSLY** on the 3<sup>rd</sup> and **Final Reading** on the 29<sup>th</sup> day of **September, 2025**

**I HEREBY CERTIFY to the correctness of the foregoing Ordinance which was duly enacted by the 12<sup>th</sup> Sangguniang Bayan of Tolosa during its 14<sup>th</sup> Regular Session held at the Session Hall on September 29, 2025**

  
**DR. MANNY R. MARTINEZ, DPA, RN(PH, US), MPRM.**  
Secretary to the Sangguniang Bayan  
Municipal Govt Department Head I

**ATTESTED:**

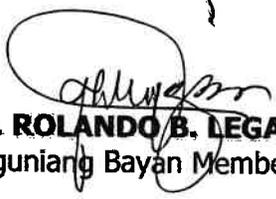
  
**HON. ELIZABETH S. ERACHO, RCE.**  
Municipal Vice-Mayor  
Presiding Officer

  
**HON. DAPHNE DAYNER B. ROA**  
Sangguniang Bayan Member

  
**HON. PURISIMA Z. OCAÑA**  
Sangguniang Bayan Member



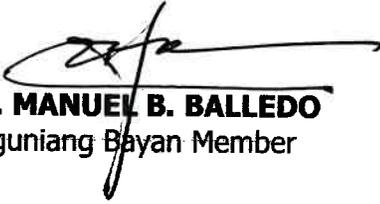
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Sangguniang Bayan Member



**HON. ROLANDO B. LEGASPI**  
Sangguniang Bayan Member



**HON. IRENEO ROLANDO A. LUMBRE**  
Sangguniang Bayan Member



**HON. MANUEL B. BALLEDO**  
Sangguniang Bayan Member



**HON. FELICTO D. BELTRAN III**  
Sangguniang Bayan Member

(OB)  
**HON. ROUEN ANGELY M. TUBONGBANUA**  
Sangguniang Bayan Member

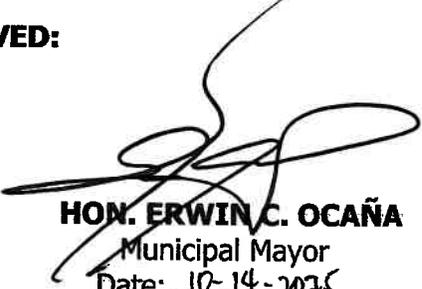


**HON. MELANIE FELISA M. VIVERO**  
Ex-Officio Member/Liga President



**HON. CATHERINE R. BENJAMIN**  
Ex-Officio Member/SK Fed. President

**APPROVED:**



**HON. ERWIN C. OCAÑA**  
Municipal Mayor  
Date: 10-14-2025



Republic of the Philippines  
Province of Leyte  
Municipality of Tolosa

Office of the Sangguniang Bayan

MINUTES OF THE 14<sup>TH</sup> REGULAR SESSION OF THE SANGGUNIANG BAYAN OF TOLOSA, LEYTE, HELD AT THE SESSION HALL, ON SEPTEMBER 29, 2025 AT 9:30 P.M.

PRESENT:

- |                                      |   |  |
|--------------------------------------|---|--|
| Hon. Elizabeth S. Eracho             | - | Municipal Vice-Mayor (Presiding Officer)             |
| Hon. Daphne Dayner B. Roa            | - | Sangguniang Bayan Member                             |
| Hon. Purisima Z. Ocaña               | - | Sangguniang Bayan Member                             |
| Hon. Jose Mari Idefonso C. Roa, Jr.- | - | Sangguniang Bayan Member                             |
| Hon. Rolando B. Legaspi              | - | Sangguniang Bayan Member                             |
| Hon. Ireneo Rolando A. Lumbré        | - | Sangguniang Bayan Member                             |
| Hon. Manuel B. Balledo               | - | Sangguniang Bayan Member                             |
| Hon. Felicito D. Beltran III         | - | Sangguniang Bayan Member                             |
| Hon. Melanie Felisa M. Vivero        | - | Ex-Officio Member/Liga President (Virtually Present) |
| Hon. Catherine R. Benjamin           | - | Ex-Officio Member/SK Fed. President                  |

Official Business:

- |                                  |   |                          |
|----------------------------------|---|--------------------------|
| Hon. Rouen Angely M. Tubongbanua | - | Sangguniang Bayan Member |
|----------------------------------|---|--------------------------|

**CALL TO ORDER.** - The 14<sup>th</sup> Regular Session of the 12<sup>th</sup> Sangguniang Bayan of Tolosa, Leyte was formally convened on September 29, 2025, at 9:30 in the morning, and was broadcasted live through the official Facebook page of the Legislative Branch.

The session was presided over by the Honorable Elizabeth Saito Eracho, Municipal Vice Mayor and the duly designated Presiding Officer of the Sangguniang Bayan. The Presiding Officer officially declared the session open and warmly welcomed all members and guests present.

**NATIONAL ANTHEM, INVOCATION, AND MUNICIPAL HYMN.** - The session commenced with the singing of the Philippine National Anthem, followed by an invocation facilitated through a computer-generated prayer that provided the members with a moment of reflection and spiritual grounding. The ceremonial opening concluded with the singing of the official municipal hymn, "Hymno han Tolosa."

**ROLL CALL.** - The Secretary to the Sangguniang Bayan, Dr. Manny R. Martinez, conducted the roll call to determine the presence of a quorum.

The following members were recorded as present:

PRESENT:

- Hon. Elizabeth Saito Eracho - Vice Mayor / Presiding Officer
- Hon. Daphne Dayner Babar Roa - SB Member
- Hon. Purisima Zabala Ocaña - SB Member
- Hon. Jose Mari Idefonso C. Roa, Jr. - SB Member
- Hon. Rolando Baylon Legaspi - SB Member
- Hon. Ireneo Rolando A. Lumbré - SB Member
- Hon. Manuel Bolito Balledo - SB Member
- Hon. Felicito Dela Cruz Beltran III - SB Member
- Hon. Melanie Felisa Merida Vivero - Liga ng mga Barangay President
- Hon. Catherine Robis Benjamin - PPSK

Official Business (OB):

- Hon. Rouen Angely Marcial Tubongbanua - SB Member

HON. DAPHNE DAYNER B. ROA  
Sangguniang Bayan Member

HON. PURISIMA Z. OCAÑA  
Sangguniang Bayan Member

HON. JOSE MARI ILDEFONSO C. ROA, JR.  
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HON. ELIZABETH S. ERACHO, RCE.  
Municipal Vice-Mayor

DR. MANNY R. MARTINEZ DPA, RN.(PH,US), MPRM.  
Secretary to the Sangguniang Bayan

**NOW THEREFORE**, on the motion of Hon. Jose Mari Idefonso Roa, Jr., duly seconded unanimously by the Members of the Sangguniang Bayan present, be it:

**RESOLVED**, as it is hereby resolved, to approve and enact an Ordinance Establishing, Institutionalizing, and Implementing the Maternal, Neonatal, Child Health and Nutrition (MNCHN) Strategy/Services in the Municipality of Tolosa, Leyte, Appropriating Funds Therefor, and for Other Purposes.

**RESOLVED FURTHER**, that copies of this resolution be furnished to the Office of the Municipal Mayor, all relevant municipal departments, and concerned government agencies for their guidance and appropriate action.

**APPROVED UNANIMOUSLY** this 29<sup>nd</sup> day of **September, 2025** at the Sangguniang Bayan Session Hall, Tolosa, Leyte.

**ORDINANCE NO. 24**  
**Series of 2025**

**AN ORDINANCE ESTABLISHING, INSTITUTIONALIZING AND IMPLEMENTING THE MATERNAL, NEONATAL, CHILD HEALTH AND NUTRITION (MNCHN) STRATEGY/SERVICES, IMPLEMENTING THE SAME IN THE MUNICIPALITY OF TOLOSA, APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES**

Be enacted by the Sangguniang Bayan of the Municipality of Tolosa, that:

**Section 1. Short Title.** This ordinance shall shortly be called: **MATERNAL AND CHILD HEALTH STRATEGY ORDINANCE** in the Municipality of Tolosa, Leyte Province.

**Section 2. Scope and Coverage**

This Ordinance covers the whole MNCHN strategy/services, to include the Infant and Young Child Feeding (IYCF), as the means for the rapid reduction of maternal and child death and for the general health and nutrition of the mother and child.

This Ordinance shall be applied in the whole municipality. It covers all local Government Institutions.

**Section 3. Definition of Terms**

1. MNCHN - Maternal, Neonatal, Child Health and Nutrition Strategy/Services, instituted by the DOH for the rapid reduction of maternal and child death through the provision of continuum care/service to the women, mother, and child, such as pre-pregnancy service, antenatal care, care during delivery, and postpartum/postnatal care, to include infant and young child feeding.
2. Maternal Death - the termination of the life of the mother caused by the perils of pregnancy and/or childbirth.
3. Child Death - the termination of life of a newborn (0-28 days old), infant (0-11 Months), or young child (1-3 years old).
4. Basic Emergency and Obstetric and Newborn Care (BEmONC) Facility - facility that is capable of performing 6 obstetric functions, which includes: (1) parenteral administration of oxytocin in the third stage of labor; (2) parenteral administration of loading dose of; (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. It is also capable of providing neonatal emergency interventions, which include at the minimum:
  - a. Newborn resuscitation;
  - b. treatment of neonatal sepsis/infection; and
  - c. oxygen support. It shall also be capable of providing blood transfusion services on top of its standard functions.

HON. DAPHNE DAYNER B. ROA  
Sangguniang Bayan Member

HON. PURISMA Z. OCAÑA  
Sangguniang Bayan Member

HON. JOSE MARI IDEFONSO C. ROA, JR.  
Sangguniang Bayan Member

HON. ROLANDO ESTEASPI  
Sangguniang Bayan Member

HON. IRENEO ROLANDO A. LUMBRE  
Sangguniang Bayan Member

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Sangguniang Bayan Member

HON. FELICITO D. BELTRAN III  
Sangguniang Bayan Member

(OFFICIAL BUSINESS)  
HON. ROJEN ANGELY M. TUBONGBANUA  
Sangguniang Bayan Member

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EX-Officio Member  
Ljga President

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Ex-Officio Member  
SK Federation President

HON. ELIZABETH S. ERACHO, RCE.  
Municipal Vice-Mayor

DR. MANNY R. MARTINEZ, DPA., RN.(PH,US), MPRM.  
Secretary to the Sangguniang Bayan

5. Infant and Young Child Feeding (IYCF) - Requires the early initiation of breastfeeding to the newborn and the exclusive breastfeeding for the first 6 months, provides appropriate complementary feeding practices beginning at 6 months in addition to breastfeeding, and mandates the extended breastfeeding with complementary feeding, up to two or three years of age. Under exceptionally difficult/medical conditions/ circumstances of the mother and/or child, it provides for appropriate feeding options.
6. Breastmilk - is widely recognized as the best source of nutrition for babies. It promotes the development of emotional bonding between the mother and the child; bestows upon the newborn the protection against infection; provides for the mother natural contraception after delivery; and protects the mother from closely-spaced pregnancy.
7. Breastfeeding - is the method of feeding an infant directly from the human breast.
8. Complementary Feeding - a feeding practice using complementary food-any food, except milk substitutes, whether manufactured or locally prepared, suitable as a complement to breast milk to satisfy the nutritional requirements of the infant.
9. Expressed Breastmilk, fed by cup - the human milk which has been extracted from the breast by hand or by breast pump, fed to the infant using a cup.
10. Breastfeeding from a Healthy Wet Nurse - the feeding of the newborn from another mother's breast when his/her own mother cannot breastfeed.
11. Human Milk from Milk Bank, feed by cup - the human milk which is extracted from the breastmilk collection and storage of a health facility/milk bank, feed to infant using a cup.
12. Infant Formula - one of the breastmilk substitutes formulated industrially cordance with applicable Codex Alimentarius Standards
13. Codex Alimentarius Standards - collections of internationally recognized standards, codes of practice, guidelines and other recommendations relating to food, food production and food safety.
14. Facility-based Delivery - delivery that is conducted in the birthing homes, lying - in, clinics or hospitals.
15. Skilled Birth Attendant - refers to licensed nurses, midwives, and doctors.
16. MCP - Maternity Care Package
17. MCP Reimbursements - Maternity Care Package Reimbursement from Philhealth in every delivery.

**Section 4. MNCHN Principles**

Recognizing that all pregnant women are at risk, MNCHN is anchored on the following guiding principles:

1. Every pregnancy is wanted, planned and supported.
2. Every pregnancy is managed throughout its course.
3. Every delivery is facility-based and delivered by skilled birth attendants.
4. Every mother and newborn shall receive timely postpartum and postnatal care, ensuring a smooth and continuous transition to the Maternal Care Package for the mother and the Child's Survival Package for the newborn.

**Section 5. MNCHN Core Service Package**

MNCHN calls for facility-based deliveries and deliveries by skilled birth attendants. It calls for the organization of Women's or Community Health Teams, establishment, and mobilization of a local transportation and communication network for the pregnant women, community blood collection, master listing of pregnant women and children eligible for immunization, and orientation of traditional birth attendants (TBAs or hilot), if any, on their subordinate role in child delivery.

HON. DAPHNE D. YNER B. ROA  
Sangguniang Bayan Member

HON. PURISIMA Z. OCAÑA  
Sangguniang Bayan Member

HON. JOSE MARI I. DEFONSO C. ROA, JR.  
Sangguniang Bayan Member

HON. ROLANDO B. TEGASPI  
Sangguniang Bayan Member

HON. IRENEO ROLANDO A. LUMBRE  
Sangguniang Bayan Member

HON. MANUEL B. BALLEDO  
Sangguniang Bayan Member

HON. FELICIANO C. BELTRAN III  
Sangguniang Bayan Member

(OFFICIAL BUSINESS)  
HON. ROJEN ANGELY M. TUBONGBANUA  
Sangguniang Bayan Member

HON. MELANIE FELISA M. VIVERO  
Ex-Officio Member  
Liga President

HON. CATHERINE T. BENJAMIN  
Ex-Officio Member  
SK Federation President

The integrated MNCHN services shall be delivered through a seamless continuum of care that includes pre-pregnancy service, antenatal care, care during delivery, and postpartum/postnatal care. The minimum standard service are:

**5.1. Pre-pregnancy Services**

- A. Provision of correct information and responsive counseling on fertility awareness, maternal nutrition, birth spacing and adolescent reproductive health;
- B. Active identification and servicing of population segments with unmet needs for family planning and referral to alternative sources of services and supplies when these are not available in one's own health facility;
- C. Assurance of free family planning services and supplies for the indigent potential users;
- D. Timely provision of other basic and essential services for young females, pregnant women and other women of reproductive age such as micronutrients (Ferrous sulfate with Folic Acid), tetanus toxoid immunization, fertility awareness, birth spacing and family planning counseling and services on STD/HIV/AIDS management of lifestyle-related diseases including nutrition and healthy lifestyle.
- E. Furthermore, the community shall have the responsibility to actively encourage and assist women, especially adolescents and those suspected or confirmed to be pregnant, to seek early prenatal check-ups at the nearest health facility to ensure timely detection, management, and prevention of pregnancy-related risks, in accordance with national laws and public health policies.

**5.2 Antenatal Care Services**

Every pregnant woman shall have the responsibility to seek and avail of maternal health services from the nearest health center throughout the course of her pregnancy, which shall include but not be limited to the following:

- 1. Prenatal Visits:
  - a. First Trimester: At least one (1) visit before or up to twelve (12) weeks of gestation.
  - b. Second Trimester: At least two (2) visits — one at or around twenty (20) weeks and one at or around twenty-six (26) weeks of gestation.
  - c. Third Trimester: At least five (5) visits — at or around thirty (30) weeks, thirty-four (34) weeks, thirty-six (36) weeks, thirty-eight (38) weeks, and forty (40) weeks of gestation.
- 2. Micronutrient Supplementation:
  - a. Adequate supply of Ferrous sulfate and folic acid as prescribed, based on the pregnant's nutritional needs.
  - b. Adequate supply of Calcium carbonate supplementation as prescribed, based on the pregnant's nutritional needs.
- 3. Immunization:
  - a. Provision of the recommended number of tetanus toxoid vaccinations in accordance with the Municipal Health Office's schedule.
- 4. Laboratory Examinations:
  - a. Mandatory access to, but not limited to:
    - Complete Blood Count (CBC) with blood typing
    - Urinalysis
    - Syphilis screening
    - HIV screening
    - Hepatitis B screening
- 5. Health Education and Counseling:
  - a. Counseling on proper maternal nutrition, danger signs during pregnancy, birth preparedness, and postnatal care;
  - b. information on family planning options and breastfeeding practices;
  - c. attention to individualized birth preparedness counseling about the place of delivery and transport arrangements to increase the mother's readiness to deliver in health facility;

HON. DAPHNE DIVINER B. ROA  
Sangguniang Bayan Member

HON. PURISMA Z. OCANA  
Sangguniang Bayan Member

HON. JOSE MARI DE FONSECA C. ROA, JR.  
Sangguniang Bayan Member

HON. ROLANDO B. NEGASPI  
Sangguniang Bayan Member

HON. IRENEO ROLANDO A. LUMBRE  
Sangguniang Bayan Member

HON. ELIZABETH S. ERACHO, RCE  
Municipal Vice-Mayor

DR. MANNY R. MARTINEZ, DPA, RN.(PH,US) MPRM.  
Secretary to the Sangguniang Bayan

HON. MANUEL B. BALLEDO  
Sangguniang Bayan Member

HON. FELICITO D. BENTRAN III  
Sangguniang Bayan Member

(OFFICIAL BUSINESS)  
HON. ROUEN ANGELY M. TUBONGBANUA  
Sangguniang Bayan Member

HON. MELANIE FELISA M. VIVERO  
Ex-Officio Member  
Liga President

HON. CATERINE R. BENJAMIN  
Ex-Officio Member  
SK Federation President

- d. discussion with household member(s) and preparation of childbirth with partner support and involvement in care-seeking decisions; and
- e. promotion of exclusive breastfeeding for the first six months.

6. Referral System:

- a. Timely referral to higher-level health facilities for high-risk pregnancies or abnormal laboratory results.

**5.3. Care During Delivery**

- A. Aggressive promotion of the shift from home-based deliveries in health facilities;
- B. Deliberate planning and special provisions for hard-to reach segments of the population to promote facility-based deliveries;
- C. Active conversion and mobilization of traditional birth attendants or hilots into advocates and agents of facility-based deliveries;
- D. Community blood collection at the rate of one mass blood donation per barangay per year.

**5.4 Postpartum/Postnatal Care**

- A. The mother shall be advised to bring her newborn to the nearest health facility or avail of a home visit for routine postnatal check-ups following the prescribed schedule:
  - a. **Postnatal Visit 1:** Within 48 to 72 hours after birth
  - b. **Postnatal Visit 2:** On the 7th day of life
- B. Provision of postpartum and postnatal care for mothers and neonates including provision of Vitamin A supplementation, Ferrous sulfate capsules/tablets, physical examination, identification of early signs and symptoms of postpartum complications like hemorrhage, infection, and hypertension, micronutrient supplementation, provision of family planning services, counseling on nutrition, exclusive breastfeeding up to 6 months, and neonatal care
- C. Provision of the whole range of women health care services for mothers and child survival packages for children.

**5.5 Infant and Young Child Feeding (IYCF)**

- a. Require the early initiation of breastfeeding to the newborn and the exclusive breastfeeding for the first 6 months, provides appropriate complementary feeding practices beginning at 6 months in addition to breastfeeding, and mandates the extended breastfeeding, with complementary feeding, up to two or three years of age. Under exceptionally difficult/medical conditions/circumstances of the mother and/or child, it provides appropriate feeding options.
- b. Continuous advocacy that breastmilk is widely recognized as the best source of nutrition for babies. It promotes the development of emotional bonding between the mother and child; bestows upon the newborn the protection against infection; provides for the mother natural contraception after delivery; and protects the mother from closely-spaced pregnancy. Malnutrition is the primary outcome of children who do not breastfeed.

**Section 6. Compliance Provision**

The following shall be adhered to:

**6.a. Promotion of Facility-based Delivery**

The incidence of maternal and child death is oftentimes a result of poor asepsis technique observed during the act of delivery, absence or lack of blood supply, development of complications during delivery and late referral of complicated cases. Since all pregnancies are considered risky, all pregnant women shall have the opportunity to give birth in a facility where a skilled-birth attendant is in charge. After delivery, mothers shall be required to stay at least 24 hours at the birth facility and thereafter to stay at the halfway home for proper post-partum care and care of the newborn.

HON. DAPHNE DAVIER B. ROA  
Sangguniang Bayan Member

HON. PURISIMA Z. OZANA  
Sangguniang Bayan Member

HON. JOSE MARI ALDEFONSO C. ROA, JR.  
Sangguniang Bayan Member

HON. ROLANDO B. TEGASPI  
Sangguniang Bayan Member

HON. IRENEO ROLANDO A. LUMBRE  
Sangguniang Bayan Member

HON. MANUEL B. BALIEDO  
Sangguniang Bayan Member

HON. FELICITO BELTRAN III  
Sangguniang Bayan Member

HON. ROJEN ANGELY M. TUBONGBANUA  
Sangguniang Bayan Member

HON. MELANIE FELISA M. VIVERO  
Ex-Officio Member  
Liga President

HON. CATHERINE R. BENJAMIN  
Ex-Officio Member  
SK Federation President

HON. ELIZABETH S. ERACHO, RCE.  
Municipal Vice-Mayor

DR. MANNY R. MARTINEZ, DPA., RN.(PH,US), MPRM.  
Secretary to the Sangguniang Bayan

**6.b. Infant and Young Child Feeding (IYCF) Practices**

**6.b.1. Early Initiation of Breastfeeding**

Infants shall be initiated to breastfeeding within one hour after birth, unless delivered through cesarean, in that case, infants shall be breastfed within three (3) to four (4) hours after birth. This will stimulate early onset of full milk production and promote bonding of mother and child. All medically trained personnel (doctors, nurses, midwives) shall ensure that newborns are supported with their early initiation of breastfeeding.

Newborns need the first yellow-colored milk called colostrums that is secreted from the human breast in the first three days after birth, as it contains more antibodies. It is rich in growth factors which stimulate the development of the baby's immature intestine. It prepares the baby's intestine to digest and absorb milk and to prevent the absorption of undigested protein. Without colostrums, other food can damage the intestine and cause allergies.

**6.b.2. Exclusive Breastfeeding for the First Six (6) Months**

Infants shall be exclusively breastfed for the first 6 months of life to achieve optimum growth and development. Exclusive breastfeeding means giving breastmilk alone and no other food or drinks, not even water, with the exception of vitamins and medicine drops. The conclusion of experts in their systematic review of the optimal duration of breastfeeding is that, there is no observable deficit 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 amenorrheic for 6 months postpartum.

**6.b.3. Extended Breastfeeding with Complementary Feeding Up to Two (2) Years and Beyond:**

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

**6.c. Complementary Feeding Practices**

**6.c.1. Appropriate Complementary Feeding**

In addition to breastfeeding, infants shall be given appropriate complementary food at age 6 months in order to meet their evolving nutritional requirements. Appropriate complementary feeding means:

**Timely** - meaning that they are introduced when the need for energy and nutrients exceeds what can be provided through exclusive and frequent breastfeeding.

**Adequate** - meaning that they provide sufficient energy, protein and micronutrients to meet a growing child's nutritional needs.

**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.

**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.c.2. Use of Locally Available and Culturally Acceptable Food**

HON. DAPHNE DAYNER B. ROA  
Sangguniang Bayan Member

HON. PURISMA Z. OCAÑA  
Sangguniang Bayan Member

HON. JOSE PARRILDEFONSO C. ROA, JR.  
Sangguniang Bayan Member

HON. ROLANDO A. LEGASPI  
Sangguniang Bayan Member

HON. IRENEO ROLANDO A. LUMBRE  
Sangguniang Bayan Member

HON. ELIZABETH S. ERACHO, RCE.  
Municipal Vice-Mayor

DR. MANNY R. MARTINEZ, DPA., RN.(PH,US), MPRM.  
Secretary to the Sangguniang Bayan

HON. MANUEL B. BALTEGO  
HON. FELICITO D. BELTRAN III  
HON. ROJEN ANGELY M. TUBONGBANUA  
Sangguniang Bayan Member  
(OFFICIAL BUSINESS)  
HON. MELBA LELISA M. VIVERO  
Ex-Officio Member  
Liga President  
HON. CATHERINE R. BENJAMIN  
Ex-Officio Member  
SK Federation President

Appropriate complementary food shall include locally available and culturally acceptable food that meet the energy and nutrient needs of young children. Mothers should 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 food for use in complementary feeding are produced, readily available and affordable.

**6.c.3. Low-cost Complementary Food/ Industrially-processed Food**

Low-cost complementary food, prepared with locally available ingredients using suitable small-scale production technologies in community settings, shall be encouraged to meet the nutritional needs of older infants and young children.

Industrially- processed food on the other hand, provides an option for some mothers who have 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 the applicable standards recommended by the Codex Alimentarius Commission/Codex Code of Hygienic Practices for Foods for Infants and Children.

**6.d. 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 who experience persistent diarrhea, severe pneumonia and malnutrition to help reestablish body reserves of Vitamin A and protect against severity of subsequent infections and/or prevent complications. Postpartum women shall be given Vitamin A capsules 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 exophthalmia, although rare, shall be treated. Children during emergencies shall be a priority for Vitamin A supplementation, following the 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.

**6.e. Salt Iodization and Food Fortification**

Families shall be encouraged and educated to use iodized salt and fortified food for older infants and young children.

**6.f. Feeding Options in Exceptionally Difficult/Medical Conditions/ Circumstances**

This section serves as the exemptions to the IYCF requirements in section 2.

**6.f.1.** For infants who do not receive breastmilk for medical condition/difficult circumstance/situation, supplemental feeding with a suitable breastmilk substitute-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 government-recognized community workers, 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.

Only under exceptional circumstances can a mother's milk be considered unsuitable for her infant. There are three (3) metabolic disorders that may interfere with breastfeeding, namely:

HON. MANIHEI B. BASTIEN

HON. FELICITO D. BELTRAN III

HON. ROJEN ANGELY M. TUBONGBANUA  
Sangguniang Bayan Member

HON. MELANIE FELISA M. VIVERO  
Ex-Officio Member  
Iga President

HON. CATHERINE R. BENJAMIN  
Ex-Officio Member  
SK Federation President

HON. DAPHNE DAYNER B. ROA  
Sangguniang Bayan Member

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Sangguniang Bayan Member

HON. JOSE MARI IDEFONSO C. ROA, JR.  
Sangguniang Bayan Member

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Sangguniang Bayan Member

HON. TRENIO ROLANDO A. LUMBRE  
Sangguniang Bayan Member

HON. ELIZABETH S. ERACHO, RCE.  
Municipal Vice-Mayor

DR. MANNY R. MARTINEZ, DPA., RN.(PH,US), MPRM.  
Secretary to the Sangguniang Bayan

**6.f.2. Galactosemia** - infants suffering from this disease cannot be fed by either breastmilk or other infant or milk formula since lactose must be eliminated from the diet of these infants.

Especially formulated milk-based but lactose-free preparations or soya-based formula are required.

**6.f.3. Phenylketonuria** - infants suffering from this 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 the dangerous levels.

**6.f.4. Maple Syrup Urine Disease** - as in the case of phenylketonuria, breastmilk can be combined with special synthetic formula low in the non-tolerated amino acids.

**6.f.5. Mothers** who are either (a) seriously ill; (b) taking medications intraindicated to breastfeeding; (c) violent psychotics; or (d) whose conditions do not permit breastfeeding as determined by the attending physician, shall be exempted from the breastfeeding requirement.

**6.f.6. Families** in natural and man-made calamities and in other difficult/medical situations shall require the 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.

**6.f.7. The following** are the range of feeding options for infants and young children in times of crises or difficult/medical situations: (a) expressed breastmilk, feed by cup; (b) breastfeeding from healthy wet nurse; (c) human milk from milk bank, feed by cup; and/or (d) infant formula (preferably generically labeled), feed by cup.

**6.f.8. Artificial feeding** is difficult in times of crises/disasters because the basic needs for artificial feeding, such as clean water and utensils are scarce. Transport and adequate storage conditions of breastmilk substitute cause additional problems. To minimize the risks of artificial feeding and avoid commercial exploitation of crises /disasters, the following procedures are recommended:

**6.f.9. Donations** of breastmilk substitutes, feeding bottles, teats and commercial baby foods should be limited, if not refused;

**6.f.10. If needed,** breastmilk substitutes should never be part of a general distribution. Distribution should only be to infants with the clear need, and for as long as the infant need them (until a maximum of 1 year or until breastfeeding is reestablished);

**6.f.11. Bottles and teats** should never be distributed, and their use should be discouraged. Cup feeding should be encouraged instead; and that

**6.f.12. Information** on adequate preparation and the hazards of inappropriate preparation of breastmilk substitutes or milk supplements should be given.

**6.f.13. All HIV-infected mothers** shall receive counseling, 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.

**6.f.14. Children** living in special circumstances shall require extra attention and consideration like orphans and children in foster care, and children

HON. DAPHNE DANNER B. ROA  
Sangguniang Bayan Member

HON. PURSIMA Z. OCAÑA  
Sangguniang Bayan Member

HON. JOSE MARI W. DE RONSO C. ROA, JR.  
Sangguniang Bayan Member

HON. ROBERTO B. LEGASPI  
Sangguniang Bayan Member

HON. IRENEO ROLANDO A. LUMBRE  
Sangguniang Bayan Member

HON. MANUEL B. BATTISTIN

HON. FELICITO D. BELTRAN III

HON. ROJEN ANGELY M. TUBONGBANUA  
Sangguniang Bayan Member

HON. MELANIE FELISA M. VIVERO  
Ex-Officio Member  
Liga President

HON. MELANIE FELISA M. VIVERO

HON. CATHERINE R. BENJAMIN  
Ex-Officio Member  
SK Federation President

born to adolescent mothers, mothers suffering from physical or mental disabilities, drug or alcohol-dependence, or mothers who are imprisoned.

**6.g. Responsibility of the Health Care System**

**Government health facilities shall provide the following:**

**6.g.1.** All public health facilities, in the Municipality of Tolosa, shall conduct proper latching-on immediately after birth and the initiation of breastfeeding within an hour thereafter;

**6.g.2.** All health facilities shall provide a supportive environment to infant and young child feeding practices. The health facility shall not display, in consonance with the Philippine Code of Marketing of Breastmilk Substitutes or Milk Code (EO No. 51, s. 1986), any breastmilk substitutes or any poster or sampling of such, instead provide an enabling environment to improve and promote breastfeeding and appropriate complementary feeding practices to infants and health and nutrition of mothers.

**6.g.3.** There shall be an infant and child feeding specialist to promptly respond to common problems of mothers in initiating and sustaining exclusive and continued breastfeeding practices and other feeding difficulties. Some common problems - insufficient milk, breast and nipple problem, child refusal - can be corrected through objective, consistent, accurate, and complete information. This specialist can be a doctor, nurse, midwife, or an effective community health volunteer who has undergone appropriate training.

**6.g.4.** The hospitals shall support and provide an enabling environment for mothers to ensure continued breastfeeding and adequate complementary feeding to their hospitalized sick children.

**6.g.5.** 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 food; what type of food to give, the quantity, frequency and how to feed this food safely.

**6.g.6.** The health care system shall recognize the community-based networks offering mother-to-mother support and trained breastfeeding counselors working within, or closely with them (health care system).

**6.g.7.** A communication and coordination plan shall be developed to generate high political support, including that from communities and families.

**6.g.8.** Continuing training shall be conducted for health personnel to ensure the continuous promotion, protection, support and improvement of infant and young child feeding.

**6.g.9.** The advocacy of this ordinance, the infant and young child feeding practices and performs such other commendable acts for infant and young child dying, to be recognized/awarded by the Municipal Government of Tolosa in the standards/criteria to be formulated later in the implementation.

**6.h. Responsibility of Government Work Place**

To avoid discrimination to working breastfeeding mothers, the government shall do the following:

**6.h.1.** Work places shall provide an enabling environment for breastfeeding mothers who return to work. These include breastfeeding rooms, refrigerators for storage of breastmilk, crèche (a day nursery for young children), or breaks for breastfeeding or expressing milk, among others.

HON. DAPHNE DAYNER B. ROA  
Sangguniang Bayan Member

HON. PURISMA Z. OCANA  
Sangguniang Bayan Member

HON. JOSE MARI TIBERONSO C. ROA, JR.  
Sangguniang Bayan Member

HON. ROLANDO LEGASPI  
Sangguniang Bayan Member

HON. IRENEO ROLANDO A. LUMBRE  
Sangguniang Bayan Member

HON. MANUEL B. BALLEDO  
Sangguniang Bayan Member

HON. FELICITO B. BELTRAN III  
Sangguniang Bayan Member

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Sangguniang Bayan Member

HON. MELANIE FELISA M. VIVERO  
Ex-Officio Member  
Liga President

HON. CATHERINE R. BENJAMIN  
Ex-Officio Member  
SK Federation President

HON. ELIZABETH S. ERACHO, RCE.  
Municipal Vice-Mayor

DR. MANNY R. MARTINEZ, DPA., RN.(PH,US), MPRM.  
Secretary to the Sangguniang Bayan

6.h.2. Working mothers shall be able to continue breastfeeding and caring for their children. Breastfeeding breaks shall not be a deduction of their salary/wage, and that maternity leave shall be available to them.

**6.i. Designation, Assignment and Requirement Needed for Personnel**

The personnel in charge to run the birthing home of the Municipality of Tolosa shall be officially designated by the Municipal Mayor. The Rural Health Midwife (RHM) in the barangay shall present proof or evidence of record attested by the Barangay Captain concerned, that the patient/s was in her care before and during delivery of birth. The assignment of personnel in charge in the birthing home shall be a rotational scheme to ensure that it operates or is open twenty-four (24) hours.

**Section 7. PRE-MARRIAGE SEMINAR: A Responsibility of the LCR and MHO**

It shall be the responsibility of the Local Civil Registry (LCR), through the Municipal Civil Registrar, to oblige the would-be couples, as part of the pre-marriage requirements, to undergo a seminar on MNCHN, especially the appreciation on adherence to the recommended prenatal visits and facility-based delivery.

The MHO, through the assigned health personnel, shall then conduct the required seminar and provide, after the seminar, a piece of document manifesting their compliance.

**Section 8. Administrative Provisions: The Rural Health Office:**

1. Provision of adequate supplies and materials.
2. Regular application of sanitizers/disinfectant within or outside of the premises of the birthing home.
3. Strict compliance in confidentiality and privacy of patient's records and drugs.
4. All MNCHN clients are immediately attended for consultation, diagnoses, and counseling with personalized and client friendly manners.
5. Maternity Care Package for PHIC members shall be for free.

**Section 9. NEWBORN CARE PACKAGE (NBCP)**

**Section 9.A.** Pregnancy and childbirth involve both the mother and the newborn. The Newborn Care Package ensures that newborns have access to health care services within their first hours of life.

1. This package shall cover essential health care services within their first hours of life regardless of the method of their delivery and presence of co-morbidities.
2. The package amount shall be determined based on the approved tariff of the Local Government Unit, subject to any adjustments made by PhilHealth, and shall be payable directly to the Facility.
3. The Package has the following components:
  - a. Essential Newborn Care
  - b. This package may be availed from health care institutions that provide services for MCP, NSD package, and other methods of delivery

**Section 9.B.** For the facilities to qualify to provide IUD insertion benefit, they shall submit a copy of their Staff's certificate on Family Planning Competency Based Training (FPCB1) Level 2. The said training must have been conducted by trainers recognized by the Department of Health (DOH) and coordinated with respective DOH Regional Offices. As such, the training certificates must have the signature of the respective DOH Regional Director or his/her representative. An alternative to this is the physician's certificate of residency training on Obstetrics and Gynecology.

**Section 9.C.** Private Birthing Homes are recommended to develop their own incentives schemes in support of achieving the objectives of this ordinance.

**Section 9.D.** All health facilities maintain proper recording of all qualified people to be given incentives for proper accounting needs.

HON. DAPHNE D. YNER B. ROA  
Sangguniang Bayan Member

HON. PURISIMA Z. OCANA  
Sangguniang Bayan Member

HON. JOSE MARI Y. DE ROSA C. ROA, JR.  
Sangguniang Bayan Member

HON. ROLANDO P. ESPINOZA  
Sangguniang Bayan Member

HON. IRENEO ROLANDO A. LUMBRE  
Sangguniang Bayan Member

HON. MANUEL B. BALLEDO  
Sangguniang Bayan Member

HON. FELICIANO BELTRAN III  
Sangguniang Bayan Member

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Secretary to the Sangguniang Bayan

**Section 10. Administrative Sanction**

Failure of public officers to perform the mandates of this ordinance, without valid cause, shall be held administratively liable, for violation, negligence or dereliction of duty.

**Section 11. MNCHN Action Team**

There shall be created a MNCHN Monitoring Team to take charge implementation, monitoring and evaluation of the mandates of this ordinance, to wit:

- Chairperson: Municipal Mayor
- Co-Chair: Municipal Health Officer or OIC
- Members: Sangguniang Bayan Committee Chairman on Health
  - Municipal Maternal and Child Health Coordinator
  - Public Health Nurses
    - Municipal Nutrition Action Council Officer
    - Rural Health Midwives
    - Nurse augmentation
    - Midwife augmentation
  - ABC President
  - NGOs/Private Sector and affiliates that actively advocate for MNCHN
  - Medical Interns, if any
  - MSWDO Representative
  - DEPED District Supervisor
  - LYDO

The monitoring Team shall conduct meetings, at least once every quarter, to ensure the proper implementation of the ordinance. They shall be given necessary travelling expenses, subject to accounting and auditing rules and regulations. The Maternal and Child Health Coordinator in the Municipal Health Office shall serve as the Head of the Secretariat, providing among others, technical assistance, documentation, coordination with the Municipality, barangay, national government agencies and other stakeholders for the effective implementation of the ordinance.

Specifically, the MNCHN Monitoring shall have the following powers, duties and functions:

1. Enforce and monitor the Implementation of this ordinance. Issue guidelines, if needed, to ensure the proper implementation of the law. Secure the regular reporting of midwives/barangay health workers/barangay health teams to their respective barangay councils on MNCHN services/, and the subsequent reporting to the Barangay Health Stations and Municipal Health Office.
2. Ensure that feedback from communities on access and quality of MNCHN services are solicited, including problems encountered, and the proposed actions to further improve the implementation of the ordinance of the ordinance at the local level.
3. In the later stages of the implementation of the ordinance, design an incentive and award system to component municipalities and barangays and private entities including public and private health facilities, having the best MNCHN services/practices, to be awarded one of the activities of the Municipal Nutrition Month.
4. Recommend to the Mayor the necessary funding for the proper implementation of the ordinance.
5. Perform such other functions deemed important, including the advocacies.

In the monitoring of the non-compliance, the MNCHN Monitoring Team shall be assisted by the deputized barangay personnel, like the barangay health workers and barangay nutrition scholars.

**SECTION 12. Appropriation**

An annual appropriation of P500,000.00, preferably from the PhilHealth reimbursement of the Municipal Government of Tolosa, shall be appropriated to correspondingly improve the utilization of MNCHN services. Other sources of funds, such as the MNCHN grant to LGUs, among others, may also be utilized subject to guidelines/authorization.

**SECTION 13. Repealing/Amendatory Clause**

If there are provisions of local enactments and resolutions that are inconsistent with this ordinance, such are hereby repealed or modified accordingly. International and national issuances/papers on infant and young child feeding shall serve as supplemental reference of this ordinance.

HON. DAPHNE DAYNER B. ROA  
Sangguniang Bayan Member

HON. PURISIMA Z. OCAÑA  
Sangguniang Bayan Member

HON. JOSE MARIL DEFONSO C. ROA, JR.  
Sangguniang Bayan Member

HON. ROLANDO B. LEGASPI  
Sangguniang Bayan Member

HON. IRENEO ROLANDO A. LUMBRE  
Sangguniang Bayan Member

HON. MANUEL B. BALLEDO  
Sangguniang Bayan Member

HON. FELICITO O. BELTRAN III  
Sangguniang Bayan Member

(OFFICIAL BUSINESS)  
HON. ROUEN ANGELY M. TUBONGBANUA  
Sangguniang Bayan Member

HON. MELANIE FELISA M. VIVERO  
Ex-Officio Member  
Liga President

HON. CATHERINE R. BENJAMIN  
Ex-Officio Member  
SKI Federation President

HON. ELIZABETH S. ERACHO, RCE.  
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Secretary to the Sangguniang Bayan

**SECTION 14. Separability Clause**

In the event that provisions of this Ordinance have been found or decreed to be invalid, all other provisions hereof not affected shall remain to be in full force and effect.

**SECTION 15. Effectivity**

This ordinance shall take effect immediately upon approval.

**APPROVED UNANIMOUSLY** on the 3<sup>rd</sup> and **Final Reading** on the 29<sup>th</sup> day of **September, 2025**

**OTHER MATTERS:**

1. **Letter request of the OIC Mayor for a Resolution authorizing the Local Chief Executive to enter into and sign the Memorandum of Agreement with the Department of Health, Center for Health Development – Eastern Visayas represented by Regional Director, Dr. Exuperia B. Sabalberino, MD, MPH, CESe for granting the Health Emergency Allowance for the Public Health Care Workers (HCWs) and Non-HCWs during the State of Public Health Emergency Due to COVID-19 in the Municipality of Tolosa, Leyte.**

Hon. Jose Mari Idefonso C. Roa, Jr. moved to take up the request without delay, citing that the Memorandum of Agreement is already urgently needed so that the Municipality can avail itself of the Health Emergency Allowance (HEA) from the Department of Health. He clarified that Barangay Health Workers (BHWs) were not included in the initial list of beneficiaries, which prompted the need for prompt action. Hon. Legaspi inquired for a copy of the list of those who had already received the HEA, as well as the corresponding liquidation report. The Presiding Chair, Hon. Elizabeth Eracho, further asked about the total amounts involved. In response, Hon. Jose Mari Idefonso C. Roa, Jr. explained that the allowance is classified into three categories - low risk, medium risk, and high risk - and applies only to health and non-health workers who physically reported to their facilities during the public health emergency, in accordance with DOH guidelines. He emphasized that certain personnel were left out during the initial release and assured the body that proper liquidation has been accomplished. After thorough discussion, Hon. Jose Mari Idefonso C. Roa, Jr. moved for the approval of the resolution, which was carried unanimously.

**RESOLUTION NO. 09-216-2025**

**A RESOLUTION AUTHORIZING THE LOCAL CHIEF EXECUTIVE, HON. ERWIN C. OCAÑA, MUNICIPAL MAYOR, TO ENTER INTO AND SIGN THE MEMORANDUM OF AGREEMENT WITH THE DEPARTMENT OF HEALTH, CENTER FOR HEALTH DEVELOPMENT – EASTERN VISAYAS, REPRESENTED BY REGIONAL DIRECTOR, DR. EXUPERIA B. SABALBERINO, MD, MPH, CESE, FOR THE GRANT OF THE HEALTH EMERGENCY ALLOWANCE (HEA) TO PUBLIC HEALTH CARE WORKERS (HCWs) AND NON-HCWs IN THE MUNICIPALITY OF TOLOSA, LEYTE, PURSUANT TO THE DECLARATION OF A STATE OF PUBLIC HEALTH EMERGENCY DUE TO COVID-19**

**WHEREAS**, Section 16 of Republic Act No. 7160, otherwise known as the Local Government Code of 1991, provides that every local government unit shall exercise powers necessary and appropriate to promote the general welfare;

**WHEREAS**, Section 17 of the same Code mandates municipalities to deliver basic health services, including the implementation of health programs and the provision of adequate support for health workers;

**WHEREAS**, Republic Act No. 11469 (Bayanihan to Heal As One Act) and Republic Act No. 11494 (Bayanihan to Recover As One Act), together with subsequent directives from the Department of Health, authorize the grant of Health Emergency Allowance (HEA) to both Health Care Workers (HCWs) and Non-HCWs who have rendered essential services during the declared State of Public Health Emergency due to COVID-19;

**WHEREAS**, the Health Emergency Allowance is a form of recognition of the invaluable and selfless services of public HCWs and Non-HCWs, who risked their health and safety to ensure the continuity of healthcare delivery during the pandemic;

**HON. ELIZABETH S. ERACHO, RCE.**  
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**HON. DAPHNE DAYNER B. ROA**  
Sangguniang Bayan Member

**HON. PURISMA Z. OCAÑA**  
Sangguniang Bayan Member

**HON. JOSE MARI IDEFONSO C. ROA, JR.**  
Sangguniang Bayan Member

**HON. ROLANDO B. LEGASPI**  
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Ex-Officio Member  
Liga President

**HON. CATHERINE R. BENJAMIN**  
Ex-Officio Member  
SK Federation President

**WHEREAS**, transparency, accountability, and good governance can be further promoted when the Sangguniang Bayan is equipped with modern facilities that allow it to carry out its mandate effectively;

**WHEREAS**, Tingog Partylist, through Hon. Congressman Jude Acidre, has consistently extended support to local government units in Leyte to advance meaningful infrastructure and development projects that directly benefit communities;

**WHEREAS**, the Municipality of Tolosa is earnestly requesting financial assistance in the amount of Fifteen Million Pesos (P15,000,000.00) to realize this long-needed infrastructure project that will significantly enhance the delivery of public service;

**NOW, THEREFORE**, on motion of Hon. Jose Mari Idefonso C. Roa, Jr., duly seconded by members present, **BE IT RESOLVED**, as it is hereby resolved, to earnestly request Tingog Partylist, through Hon. Congressman Jude Acidre, to extend financial assistance in the amount of Fifteen Million Pesos (P15,000,000.00) for the construction of a new Legislative Building in the Municipality of Tolosa, Leyte;

**RESOLVED FURTHER**, that copies of this Resolution be furnished to Tingog Partylist, the Office of Hon. Congressman Jude Acidre, and other concerned offices for their information and favorable consideration.

**APPROVED UNANIMOUSLY** this 29<sup>nd</sup> day of **September, 2025** at the Sangguniang Bayan Session Hall, Tolosa, Leyte.

**4. Congratulating Hon. Daphne Dayner Babar Roa for the successful Fun Run event in the Municipality of Tolosa, Leyte.**

The Presiding Chair, Hon. Elizabeth S. Eracho, formally extended the congratulations of the entire body to Hon. Daphne Dayner Babar Roa for spearheading the Fun Run event, which was *successfully conducted in the Municipality of Tolosa*. The Chair acknowledged the event's positive impact on promoting health, wellness, and camaraderie among the youth, families, and community members who actively participated. It was also highlighted that the Fun Run brought recognition to the Municipality as a community that values healthy living and active lifestyles, while also fostering unity and participation. Members of the body joined the Presiding Chair in expressing their appreciation to Hon. Daphne Dayner B. Roa for her dedication, initiative, and leadership in making the event a success, noting that such activities inspire wider civic engagement and contribute to the Municipality's image as a vibrant and health-conscious community.

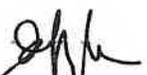
**ADJOURNMENT.** - There being no other matters left for deliberation, Hon. Jose Mari Idefonso C. Roa, Jr. moved for the adjournment of the session. With no objections raised from the members, the Presiding Chair, Hon. Elizabeth S. Eracho, formally declared the session adjourned at 11:45 in the morning.

Prepared by:

  
**DR. MANNY R. MARTINEZ, DPA., RN(PH, US), MPRM.**  
Secretary to the Sangguniang Bayan  
Municipal Gov't Department Head I

ATTESTED:

  
**HON. ELIZABETH S. ERACHO, RCE.**  
Municipal Vice-Mayor  
Presiding Officer



**HON. DAPHNE DAYNER B. ROA**  
Sangguniang Bayan Member



**HON. PURISIMA Z. OCANA**  
Sangguniang Bayan Member



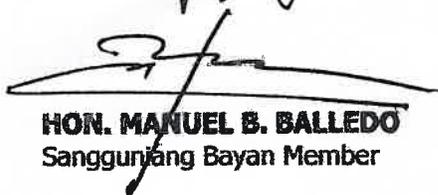
**HON. JOSE MARI ILDEFONSO G. ROA, JR.**  
Sangguniang Bayan Member



**HON. ROLANDO B. LEGASPI**  
Sangguniang Bayan Member



**HON. IRENEO ROLANDO A. LUMBRE**  
Sangguniang Bayan Member



**HON. MANUEL B. BALLEDO**  
Sangguniang Bayan Member



**HON. FELICITO D. BELTRAN III**  
Sangguniang Bayan Member

*(Official Business)*  
**HON. ROUEN ANGELY M. TUBONGBANUA**  
Sangguniang Bayan Member



**HON. MELANIE FELISA M. VIVERO**  
Ex-Officio Member/Liga President



**HON. CATHERINE R. BENJAMIN**  
Ex-Officio Member/SK Fed. President



Republic of the Philippines  
 Province of Leyte  
 Municipality of Tolosa

Office of the Sangguniang Bayan

**ATTENDANCE SHEET**

**14<sup>TH</sup> Regular Session**  
 of the 12<sup>th</sup> Sangguniang Bayan

**SB Session Hall**  
 Venue

**SEPTEMBER 29, 2024**  
 Date

No.	Name	Designation	Signature
1	Hon. Elizabeth S. Eracho, RCE.	Municipal Vice-Mayor	
2	Hon. Daphne Dayner B. Roa	Municipal Councilor	
3	Hon. Purisima Z. Ocaña	Municipal Councilor	
4	Hon. Jose Mari Ildelfonso C. Roa, Jr.	Municipal Councilor	
5	Hon. Rolando B. Legaspi	Municipal Councilor	
6	Hon. Ireneo Rolando A. Lumbre	Municipal Councilor	
7	Hon. Manuel B. Balleo	Municipal Councilor	
8	Hon. Felicito D. Beltran III	Municipal Councilor	
9	Hon. Melanie Felisa M. Vivero	ABC President, Ex-Officio	
10	Hon. Catherine R. Benjamin	SK Fed. President, Ex-Officio	
11	Hon. Rouen Angely M. Tubongbanua	Municipal Councilor	<b>OB</b>

**CERTIFICATION**

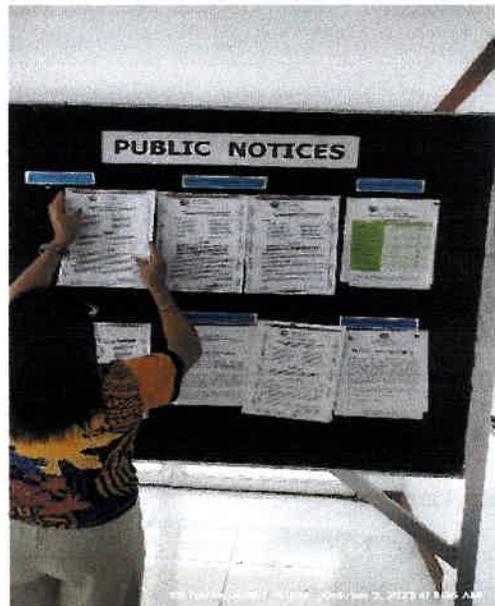
I hereby **CERTIFY** that those who have signatures above, have actually attended the **14<sup>TH</sup> Regular Session** of the 12<sup>th</sup> Sangguniang Bayan of Tolosa, Leyte, held at the SB Session Hall on September 29, 2025.

**DR. MANNY R. MARTINEZ, DPA., RN(PH, US), MPRM.**  
 Secretary to the Sangguniang Bayan  
 Municipal Gov't Department Head I

# POSTING OF ORDINANCES 22, 23 and 24 Series of 2025



AT MUNICIPAL BUILDING



AT TOLOSA SB HALL



AT TOLOSA PUBLIC MARKET