

MHO



Republic of the Philippines  
Province of Sorsogon  
MUNICIPALITY OF MATNOG

**OFFICE OF THE MUNICIPAL HEALTH OFFICER**

**HON. CARLOS ESTRELON JR**  
Municipal Vice Mayor  
Matnog, Sorsogon

June 25, 2020

Dear Mayor So,

GREETINGS of PEACE!

The SB plantilla position of ADMINISTRATIVE AIDE III has been occupied for the past 19 years by a full time MIDWIFE and been assigned in the Municipal Health Office and this has greatly contributed to better health outcome in our municipality. We are very grateful for this augmentation of the much needed Health Worker.

We are now in the time of COVID19 pandemic wherein safeguarding of health in the community is paramount of importance. May we request for this position to be demolished and creation of a regular plantilla positon for Midwife I.

	ADMINISTRATIVE AIDE III	MIDWIFE 1	Additional Amount needed
Basic Salary (Annual)	P121,512.00	P203,832.00	P82,320.00
Hazard Pay	P30,378.00	50,958.00	P20,580.00
PERA	24,000.00	24,000.00	0
Subsistence Allowance	0	19,800.00	19,800.00
Load	3,600.00	3,600.00	0
<b>TOTAL</b>	<b>P179,490.00</b>	<b>P302,190.00</b>	<b>P122,700.00</b>

Hoping for your favorable actions for health better outcome.

Thank you very much.

Respectfully yours,

  
**ROSSANA GALERIA, MD**  
MHO

RECEIVED BY:

MAYOR CLAUDITH M. SO	
DIANE AZUL – Human Resource Officer	
HON. MERCY GATA -SB Chairman on Health	
ELMA GAVARRA-Administrative Aide 3	

OFFICE OF THE MUNICIPAL HEALTH OFFICER

MATNOG, SORSOGON

RECEIVED

# TABLE OF CONTENTS

CHAPTER I	GENERAL PROVISION
	Section 1. Title Section 2. Scope and Application
CHAPTER II	CONSTRUCTION OF PROVISIONS
	Section 3. Words and Phrases Not Herein Expressly Defined Section 4. Rules of Construction
CHAPTER III	MUNICIPAL ORDINANCE NO. 11-2011 MATERNAL NEWBORN HEALTH AND NUTRITION (MNCHN) ORDINANCE OF THE MUNICIPALITY OF MATNOG, PROVINCE OF SORSOGON
Art. I	TITLE AND DECLARATION OF PRINCIPLES Section 1. Title Section 2. Policy Section 3. Definition of Terms Section 4. Framework
Art. II	MNCHN PROGRAM IMPLEMENTATION Section 1. MNCHN Program Implementation
Art. III	FINANCING OF THE MNCHN PROGRAM Section 1. Funding for CY 2012 Section 2. Funding for Subsequent Years Section 3. Cost Recovery Scheme Section 4. Reporting
Art. IV	PROGRAM MANAGEMENT Section 1. Creation and Composition Section 2. Duties and Function Section 3. Meeting and Quorum Section 4. Program Secretariat MNCHN Focal Person
Art. V	PROCUREMENT AND DISTRIBUTION PROCEDURE AND PROGRAM BENEFICIARIES QUALIFICATIONS AND DISQUALIFICATIONS  Section 1. Procurement Requirement Section 2. Identification of Life Saving Reproductive Health & MNCHN Requirements Section 3. Priority Beneficiary for the program Section 4. Distribution of Life Saving Reproductive Health/MNCHN Commodities
CHAPTER IV	MUNICIPAL ORDINANCE NO. 10-2011 THE SMOKE FREE ORDINANCE OF MATNOG, SORSOGON .
	Section 1. Title Section 2. Definition of Terms Section 3. Smoking Ban in Public Places Section 4. Designated Smoking and Non-Smoking Areas Section 5. Smoking Ban in Public Conveyances Section 6. Minimum Age Sales Section 7. Sale of Tobacco Products Within School Section 8. Signage Section 9. Proof of Age Verification Section 10. Penalties Section 11. Persons authorized in the Implementation of this Ordinance Section 12. Disposition of the Proceeds Derived from the Implementation Of this Ordinance

CHAPTER V

MUNICIPAL ORDINANCE NO. 05-2011  
AN ORDINANCE PRESCRIBING RULES AND REGULATIONS  
FOR THE USE OF LYING-IN OF RURAL HEALTH UNIT (RHU)  
MATNOG, SORSOGON

- Section 1. Scope
- Section 2. Definition of Terms
- Section 3. Payment for Utilizing the Lying-in Clinic
- Section 4. Authorized Collector
- Section 5. Proceeds Derived from the Collections
- Section 6. Rules and Regulations
- Section 7. Claim for Services Rendered
- Section 8. Patients with PHIC
- Section 9. Administrative Provision
- Section 10. Penal Provision

CHAPTER VI

MUNICIPAL ORDINANCE NO. 02-2011  
AN ORDINANCE GRANTING BENEFITS AND INCENTIVES TO BARANGAY  
HEALTH WORKERS IN THE MUNICIPALITY OF MATNOG, APPROPRIATING  
FUNDS FOR THE PURPOSE AND FOR OTHER PURPOSES

- Section 1. Title
- Section 2. Purpose
- Section 3. Coverage
- Section 4. Statement of Policy
- Section 5. Definition of Terms
- Section 6. Duties and Functions of BHW
- Section 7. Qualification of Barangay health Worker
- Section 8. Role of Barangay Captain
- Section 9. Benefits and Incentives
- Section 10. Encouragement and Support to the BHWs Right to Self Organization
- Section 11. The Local Health Board
- Section 12. The Municipal Health Office (MHO)
- Section 13. Registration and Accreditation Committee (RAC)
- Section 14. Registration and Accreditation of BHWs
- Section 15. Annual registration and Accreditation
- Section 16. Municipal Registry of BHWs
- Section 17. Portability of Registration
- Section 18. Notice of Transfer of Residence
- Section 19. Stability of Registration or Accreditation Status
- Section 20. Delisting of BHW
- Section 21. Annual Appropriation
- Section 22. Suppletory Application
- Section 23. Separability Clause
- Section 24. Repealing Clause
- Section 25. Date of Effectivity

CHAPTER VII

MUNICIPAL ORDINANCE NO. 07 S. 2006  
THE ECOLOGICAL SOLID WASTE MANAGEMENT ORDINANCE OF 2006

- Art. I TITLE OF ORDINANCE
  - Section I. Title
- Art. II SCOPE AND COVERAGE
  - Section 2. Scope and Coverage
- Art. III AUTHORITY AND PURPOSE/ GOAL
  - Section 3. Authority
  - Section 4. Purpose
  - Section 5. Goal
  - Section 6. Objectives

- Art. IV DEFINITION OF TERMS
  - Section 7. Definition of Terms
  
- Art. V WASTE GENERATION AND STORAGE
  - Section 8. Mandatory Segregation of Solid Waste
  - Section 9. Requirements for the Segregation and Storage of Solid Waste
  
- Art. VI WASTE COLLECTION AND TRANSPORT DISPOSAL
  - Section 10. Collection of Solid Waste at the Barangay Level
  - Section 11. Requirements for the Collection of Solid Waste
  - Section 12. Protection of Personnel Directly Dealing with Collection, Disposal and Handling of Solid Waste Materials.
  - Section 13. Requirements for the Transport of Solid Waste
  - Section 14. Guidelines for Transfer Station
  
- Art. VII MATERIALS RECOVERY PROCESSING AND RECYCLING OF SOLID WASTE
  - Section 15. Inventory of Existing Markets for Recyclable Materials
  - Section 16. Establishment of Barangay Materials Recovery Facility
  - Section 17. Establishment of the Municipal Materials Recovery Facility
  - Section 18. Guidelines for Establishment of Materials Recovery Facility
  
- Art. VIII INCENTIVES
  - Section 19. Incentives
  
- Art. IX FEES AND CHARGES ON SOLID WASTE MANAGEMENT SERVICES
  - Section 20. Authority to Collect Solid Waste Management Fee
  - Section 21. Imposition of Fees for Solid Waste Management Services
  - Section 22. Time and Manner of Payment
  - Section 23. Exemption on Fees for Solid Waste Management Services
  
- Art. X PENAL PROVISIONS
  - Section 24. Prohibited Acts
  - Section 25. Penal Provisions
  
- Art. XI ADMINISTRATIVE PROVISIONS
  - Section 26. Creation of Solid Waste Management Board
  - Section 27. Creation of Municipal Solid Waste Management Board
  - Section 28. Role of Barangays
  - Section 29. Creation of the Barangay Solid Waste Management Committee
  - Section 30. Environmental Education in the Formal and Non- Formal Sectors
  - Section 31. Business and Industry Role
  - Section 32. Implementing Rules and Regulation
  - Section 33. Issuance of Citation Tickets
  - Section 34. Payment of Fines
  - Section 35. Solid Waste Management Fund
  - Section 36. Information Dissemination

CHAPTER VIII

MUNICIPAL ORDINANCE NO. 04 S. 2009

AN ORDINANCE AMENDING MUNICIPAL ORDINANCE NO. 04- 2009  
 OF THE REGULATING THE TRAINED PRACTICES OF BIRTH  
 ATTENDANTS AND ALL HEALTH WORKERS OF SAFE MOTHERHOOD/  
 MATERNAL AND CHILD HEALTH PROGRAM IN MATNOG, SORSOGON

- Section 1. Title
- Section 2. Coverage
- Section 3. Acronyms
- Section 4. Persons Qualified to be Birth Attendants
- Section 5. Prohibited Practices
- Section 6. Registration and Accreditation of Traditional Birth Attendants, Otherwise known as "Hilot"

Section 7. Functions, Duties and Responsibilities of a Barangay Women's Health Team

Section 8. Administrative Responsibilities

Section 9. Incentives for Members of Barangay Women Health Teams

Section 10. Administrative/ Penal Sanctions

CHAPTER IX

MUNICIPAL ORDINANCE NO. 06 S. 2006

AN ORDINANCE ADOPTING THE CONTRACEPTIVE SELF-RELIANCE PLUS (CSR+) PLAN OF MATNOG, SORSOGON AND APPROPRIATING FUNDS THEREFORE

Section 1. Title

Section 2. Definition of Terms

Section 3. Objectives

Section 4. Program Benefits

Section 5. Support Units

Section 6. Performance Management Fund Allocation

Section 7. Effectivity

CHAPTER X

MATNOG ORDINANCE NO. 07 S. 2005

THE MUNICIPALITY OF MATNOG MULTI SECTORAL STI/ HIV/ AIDS COUNCIL FOR THE PREVENTION OF SEXUALLY TRANSMITTED DISEASE DEFINING ITS POWER AND FUNCTION AND PROVIDING FUNDS FOR THE PURPOSE

Art. I GENERAL PROVISION

Section 1. Title

Section 2. Creation of Matnog Multi- Sectoral STI/ HIV/ AIDS Council

Section 3. Purpose

Art. II DECLARATION OF POLICIES AND PRINCIPLES

Section 4. Declaration of Policies and Principles

Section 5. Definition of Terms

Art. III COMPOSITION AND TERM OF OFFICE

Section 6. Composition

Section 7. Term of Office

Section 8. Power and Functions

Art. IV MEETING

Section 9. Meeting

Section 10. Quorum

Art. V SECRETARIAT

Section 11. Composition

Section 12. Function and Duties and Responsibilities

Art. VI EDUCATION AND INFORMATION

Section 13. Mandatory STI/ HIV/ AIDS Education

Section 14. Availability and Accessibility of Preventive Control Measures and Information Materials

Section 15. Agencies Task to Conduct Seminars

Section 16. Issuance of Permit to Operate

Section 17. Peer Education

Section 18. Availability of Prophylactics

Art. VII REGULAR AND MEDICAL EDUCATION

Section 19. Regular STI Screening for Entertainers and People with Similar Occupation

Section 20. Compilation of Roster of Entertainers/ Employees in Entertainment Establishment

Section 21. Regular Inspection

Art. VIII MONITORING AND EVALUATION

Section 22. Monitoring and Evaluation System

Section 23. Reporting

Section 24. Control Tracing

Art. IX PROHIBITED ACTS

Section 25. Prohibited Acts in the Establishment Covered by this Ordinance

Art. X. CONFIDENTIALITY

Section 26. Medical Confidentiality

Section 27. Exceptions in the Mandate of Confidentiality

Section 28. Release of HIV/ STI/ AIDS Test Result

Section 29. Reporting Procedures

Section 30. Disclosure to Sexual Partner

Art. XI DISCRIMINATORY ACTS

Section 31. Discriminatory in the Workplace

Section 32. Discrimination in the School

Section 33. Restriction and Travel Habitation

Section 34. Inhibition from Public Service

Section 35. Discrimination in Hospitals and Health Institutions

Section 36. Denial of Burial Service

Section 37. Penalty

Art. XII APPROPRIATIONS

Section 38. Appropriation

Section 39. Formulation of Implementing Rules and Regulations

Art. XIII MISCELLANEOUS PROVISIONS

Section 40. Separability Clause

Section 41. Repealing Clause

Section 42. Effectivity

CHAPTER XI

MUNICIPAL ORDINANCE NO. 11- 2004

AN ORDINANCE CREATING PHILHEALTH CAPITATION FUND FROM THE PROCEEDS OF THE OUTPATIENT CONSULTATION AND DIAGNOSTIC PACKAGE TO BE PROVIDED BY THE PHILIPPINE HEALTH CORPORATION (PHILHEALTH)

Section 1. The capitation amount shall be released on a quarterly basis by the corporation under the following conditions.

Section 2. The disposition of the PFC shall be governed by the following rules

Section 3. Release of PCFs Withheld

Section 4. Separability Clause

Section 5. Repealing Clause

Section 6. Effectivity

CHAPTER XII

MUNICIPAL ORDINANCE NO. 06- 2004

AN ORDINANCE INSTITUTIONALIZING THE INTER- LOCAL HEALTH ZONE OF THE LOCAL GOVERNMENT UNIT OF BULAN, IROSIN, MATNOG AND STA. MAGDALENA

Art. I GENERAL PROVISION

Section 1. Short Title

Section 2. Rationale/ Purpose/ Objectives

Section 3. Rules of Interpretation

Section 4. Definition of Terms

Art. II CREATION OF BIMS- ILHZ

Art. III ADOPTION OF RULES AND REGULATIONS

- Section 5. Guiding Principles for Cooperation's of the Inter- Local Health Zone
- Section 6. Composition of the BIMS Inter- Local Health Zone
- Section 7. Board Composition of the BIMS Inter- Local Health Zone
- Section 8. Functions of the BIMS Inter- Local Health Zone
- Section 9. Meetings of the Board
- Section 10. Composition of the Technical Management Committee (TMC)
- Section 11. Functions of the Technical Management Committee
- Section 12. Meetings of the Technical Management Committee
- Section 13. Relationship of the ILHZ with the Local Health Boards at the Municipal Level
- Section 14. Other Institutional Roles and Responsibilities
- Section 15. Management of the LGU of Common Health Funds
- Section 16. Human Resources Development
- Section 17. Information System
- Section 18. Referral System and Minimum Package of Service
- Section 19. Planning and Budgeting
- Section 20. Monitoring and Evaluation
- Section 21. Accounting and Financial Monitoring and Evaluation
- Section 22. General Provisions
- Section 23. Amendments
- Section 24. Effectivity

CHAPTER XIII

MUNICIPAL ORDINANCE NO. 05- 2004  
AN ORDINANCE PRESCRIBING THE PROCEDURE FOR THE  
IMPLEMENTATION OF ERADICATING RABIES IN DOGS AND  
PROVIDING PENALTIES THEREFORE AND FOR OTHER PURPOSES

- Section 1. Title
- Section 2. definition
- Section 3. Required Vaccination
- Section 4. Mandatory Registration and Vaccination of Pet Dogs
- Section 5. Issuance of Vaccination Certificate
- Section 6. Payment of Licenses and Tag Issued
- Section 7. Establishment of Vaccination Stations
- Section 8. Conduct of Neutering/ Sterilization of Dogs
- Section 9. Frequency of Immunization and Licensing
- Section 10. Requirement for a Certificate of Registration of Dogs Brought to Mating  
from other Places
- Section 11. Astray Dogs
- Section 12. Impoundment of Astray Dogs
- Section 13. Unclaimed Impounded Dogs
- Section 14. Unusual Behavior of Dogs
- Section 15. Impounding Fee
- Section 16. Biting Incidents
- Section 17. Death or Disappearance of Vaccinated Dog
- Section 18. Exempt from Civil, Criminal or Administrative Liability
- Section 19. Annual Appropriation for Anti- rabies Vaccines
- Section 20. Repealing Clause
- Section 21. Separability Clause
- Section 22. Penalty
- Section 23. Effectivity Clause

CHAPTER XIV

MUNICIPAL ORDINANCE NO. 01- 95  
AN ORDINANCE PROVIDING FOR THE FULL ENFORCEMENT OF PD 522  
AND PD 856 OTHERWISE KNOWN AS THE SANITATION AND FOOD  
SAFETY MEASURES, RESPECTIVELY

Section 1. Provisions

Section 2. Display of Health Certificates

Section 3. Adherence to Food Safety Standards

Section 4. Person Authorized to Enforce this Municipal Ordinance

Section 5. Penal Provisions

Section 6. Effectivity

CHAPTER XV

FINAL PROVISIONS

Section 1. Separability Clause

Section 2. Repealing Clause

Section 3. Effectivity



# OFFICE OF THE SANGGUNIANG BAYAN

EXCERPTS FROM THE MINUTES OF THE 41<sup>st</sup> REGULAR SESSION OF THE 8<sup>th</sup> COUNCIL HELD AT THE SB SESSION HALL, MUNICIPAL BUILDING ON JULY 14, 2014 AT 9:00 IN THE MORNING

Present:

Honorable Salvador L. Frencillo	Municipal Vice Mayor (Presiding Officer)
Honorable Christopher G. Hadap	Municipal Councilor
Honorable Harry G. Garra	-do-
Honorable Carlos G. Estrelon, Jr.	-do-
Honorable Joseph Alan G. Gacis	-do-
Honorable Emilio G. Ubaldo, III	-do-
Honorable Evelyn S. Garalde	-do-
Honorable Natividad U. Gavarra	-do-
Honorable Almira G. Dulay	-do-

Absent:

Honorable Celerina Cecil H. Ubaldo	-do- (ABC President)
------------------------------------	----------------------

## MUNICIPAL ORDINANCE NO. 02-2014

### AN ORDINANCE ENACTING THE HEALTH AND SANITATION CODE OF MATNOG, SORSOGON

Author: Honorable Emilio G. Ubaldo, III

BE IT ORDAINED by the Sangguniang Bayan of Matnog, that:

#### CHAPTER I – GENERAL PROVISION

**Section 1. Title:** This Ordinance shall be known as the Matnog Health and Sanitation Code

**Section 2. Scope and Application.** This Code shall govern the rules, regulations and impositions concerning Health and Sanitation in Matnog, Sorsogon

#### CHAPTER II – CONSTRUCTION OF PROVISIONS

**Section 3. Words and Phrases n Not Herein Expressly Defined.** Words and Phrases embodied in this Code not herein specifically defined shall have the same definition as found in RA 7160 and DOH issuances.

**Section 4. Rules of Construction.** In construing the provisions of this Code, the following rules of construction shall be observed unless inconsistent with the manifest intent of the provisions.

- a. **General Rules.** All words and phrases shall be construed and understood according to the common and approved usage of the language but the technical words and phrases and such other words in this Code which may have acquired a peculiar or appropriate meaning shall be construed and understood according to such technical, peculiar or appropriate meaning.
- b. **Gender and Number.** Every Word in the Code importing the masculine gender shall extend to both male and female. Every word importing the singular number shall apply to several persons or things as well and every word importing the plural number shall extend and be applied to one person or thing as well.
- c. **Reasonable Time.** In cases where any act is required to be done within the reasonable time, the same shall be deemed to mean such time as may be necessary for the prompt performance of the act.
- d. **Computation of Time.** The time within which an act is to be done as provided in this Code, or in any rule or regulation issued pursuant to the provisions thereof, when expressed in days, shall be computed by excluding the first day and including the last day, except if the last day falls on a Sunday or Holiday, in which case the same shall be excluded in the computation and the business day following shall be considered the last day.

- e. **Conflicting Provisions of Chapters.** If the provision, of different chapters conflict with or contravene each other, the provisions of each chapter shall prevail as to all specific matters and questions involved therein.
- f. **Conflicting Provisions of Sections.** If the provisions of the different sections in the same article conflict with each other, the provisions of the Section which is the last in point of sequence shall prevail.

## CHAPTER III - MUNICIPAL ORDINANCE NO. 11-2011

### MATERNAL NEWBORN CHILD HEALTH & NUTRITION (MNCHN) ORDINANCE OF THE MUNICIPALITY OF MATNOG, SORSOGON PROVINCE

BE IT ORDAINED by the Sangguniang Bayan of Matnog, that:

#### ARTICLE I

##### TITLE AND DECLARATION OF PRINCIPLES

**Section 1. Title.** This Ordinance shall be known and cited as the **MATERNAL NEWBORN CHILD HEALTH & NUTRITION (MNCHN) ORDINANCE OF THE MUNICIPALITY OF MATNOG, SORSOGON PROVINCE.**

**Section 2. Policy.** It shall be the policy of this LGU to fully support and ensure effective implementation of the MNCHN strategy as part of its strong commitment to local health sector reform implementation. It shall support the engagement of all concerned health care facilities to form a coordinated MNCHN service delivery network, mobilize the participation of the community to be covered and served, and strengthen collaboration with other groups of stakeholders within and outside the health sector and also beyond its administrative jurisdiction.

**Section 3. Definition of Terms.** For the purpose of this Ordinance, the following terms and phrases are hereby defined:

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

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

1. **Community level providers** refer primarily to Barangay Health Stations (BHS) and its health staff (e.g. midwife) and volunteer health workers (e.g. barangay health workers, traditional birth attendants) that typically comprise the Community health Team or Barangay Health Team. These Teams implement MNCHN Core Package Service identified for the community level. Their functions include advocating for birth spacing and counseling on Life Saving Reproductive Health services; the tracking and master listing of pregnant women; assisting pregnant women and their families in formulating a birthing plan, early detection and referral of high-risk pregnancies, and reporting maternal and infant deaths. These teams shall also facilitate discussions on relevant community health issues, particularly those affecting women and children. Community teams can become high volume providers for IUD and NSV, either through outreach or its fixed facilities.
2. **Facilities with Skilled-Birth attendants** are capable of attending to uncomplicated deliveries. These shall be appropriately linked to the nearest BEmONC- or CEmONC- capable facilities.
3. **Basic Emergency Obstetric and Newborn Care (BEmONC)** – capable facilities are capable of performing the following six signal obstetric functions: (1) parenteral administration of oxytocin in the third stage of labor; (2) parenteral administration of loading dose of anticonvulsants; (3) parenteral administration of initial dose of antibiotics; (4) performance of assisted deliveries; (5) removal of retained products of conception; and (6) manual removal of retained placenta.

These facilities are also able to provide emergency neonatal interventions, which include the minimum: (1) newborn resuscitation; (2) treatment of neonatal sepsis/infection; and (3) oxygen support. It shall also be capable of providing blood transfusion services on top of its standard functions.

4. **Comprehensive Emergency Obstetric and Newborn Care (CEmONC)** – capable facilities can perform the six signal obstetric functions as in BEmONC facilities, as well as provide caesarian delivery services, and other highly specialized obstetric interventions. It is also capable of providing neonatal emergency interventions, which include at the minimum, the following: (1) newborn resuscitation; (2) treatment neonatal sepsis/infection; (3) oxygen support for neonates; (4) management of low birth weight or premature newborn; and (5) other specialized neonatal services. These facilities can also serve as high volume providers for IUD and VSC services, especially tubal ligations. Province-wide or city-wide health system refers to the default catchment area for delivering integrated MNCHN services. It is composed of public and private providers organized into systems such as Interlocal Health Zones (ILHZ) or health districts for provinces and integrated urban health systems for highly organized cities. Service arrangements with other LGUs may be considered if provision and use of integrated MNCHN services across provinces, municipalities and cities become necessary.
5. **Service Coverage Indicators** are parameters which reflect coverage or utilization of services. For MNCHN Strategy, the following indicators are monitored:
  - a. **Antenatal Care Coverage (ANC)** is an indicator of access and use of health care during pregnancy. (At least four visit: one (1) visit first trimester, one (1) visit in second trimester and two (2) visits in third trimester). It constitutes screening for health and socioeconomic conditions likely to increase the possibility of specific adverse pregnancy outcomes, providing therapeutic interventions known to be effective; and educating pregnant women about planning for safe birth, emergencies during pregnancy and how to deal with them (WHO; Indicator definitions and metadata 2008).
  - b. **Contraceptive Prevalence Rate (CPR)** is the proportion of married women aged 15-49 reporting current use of life saving reproductive health drugs. i.e. pill, IUD, injectables, male condom, mucus/Billings/ovulation, Standard Days Method (SDM), and Lactation Amenorrhea Method (LAM).
  - c. **Facility-Based Delivered (FBD)** is the proportion of deliveries in a health facility to the total number of deliveries.
  - d. **Fully Immunized Children (FIC)** is the ratio of the children under 1 year of age who have been given 1 dose of BCG, 3 doses of OPV, 3 doses of Hepa B and 1 dose of measles vaccine to the total number of 0-11 month's old children.
  - e. **Skilled-birth Attendant Deliveries (SBA)** is the proportion of deliveries attended by skilled health personnel to the total number of deliveries. Skilled health professionals refer to exclusively to people with midwifery skills (for example, midwives, doctors and nurses) who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose or refer obstetric complications.
  - f. **Traditional Birth Attendants** are traditional, independent, non-formally trained and community-based providers of care during pregnancy, childbirth and postnatal period.
  - g. **Commodity Self-Reliance** – is a multi-sectoral effort which seeks to ensure the self-sufficiency in life saving reproductive health services and commodities in its ability to sustain the provisions of affordable quality lifesaving reproductive health services to eliminate unmet needs in the context of increasing commodity self-reliance use. It requires the capacity to forecast, finance, procure and deliver lifesaving reproductive life services to all men and women who need them, when they need them.
  - h. **LGUs** – refer to the Municipal Government and its component Barangay Government (*the Provincial Government and its component cities and municipalities*).
  - i. **Users** – refer to the actual users of commodity self-reliance services, men and women alike.
  - j. **Commodities** – refers to the lifesaving reproductive health drugs and supplies to be used e.g. condoms, Intra Uterine Devices (IUD), pills and the like.

- k. **Poor and non - poor** – refer to the individuals as determined and defined by the validated National Household Targeting System (NHTS) data, or other acceptable LGU means testing instruments, which shall be utilized in the formulation of criteria and guidelines of availing those free saving reproductive health services.

#### **Section 4. Framework**

The Municipality of Matnog, Province of Sorsogon believes that the goal of rapidly reducing maternal and neonatal mortality shall be achieved through effective population-wide provision and use of integrated MNCHN services as appropriate to any locality in the country.

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

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

The Municipality of Matnog, Province of Sorsogon likewise believes that MNCHN Strategy shall create the following supply conditions necessary to eliminate the unmet needs for Commodity Self-Reliance;

1. The following phasing up to domestically provided supplies to replace those quantities of foreign-donated saving reproductive health drugs and supplies; and
2. The increase in levels of domestic supplies of saving reproductive health drugs made available to meet the needs of additional future users of commodities of self-reliance.

### **ARTICLE II MNCHN PROGRAM IMPLEMENTATION**

**Section 1.** Municipality of Matnog, Province of Sorsogon shall implement the MNCHN Plan that includes among others the implementation of the following interventions:

- A. MNCHN.** This municipality recognizes that reforms in service delivery, governance, regulations and financing are needed for a sustained improvement of the health status of mothers and children.

The LGU shall undertake the following steps to implement the MNCHN Strategy:

#### **1. The Municipality shall Organize the MNCHN Team**

Building the MNCHN Service Delivery Network and ensuring its sustainability would entail the analysis of the existing situation in the locality and assessment of gaps in service delivery, utilization and health systems in general as well as identifying and planning appropriate interventions to address these gaps. To begin this process, the LGU shall **organize a team coming from the Municipal Health Office, Provincial Health Office DOH Center for Health Development, donors, Non-Government Organization (NGO's), Peoples Organization, Civil Society Group and the like.** From this team, the LGU can assign coordinating body to oversee the direction and progress of implementation on the MNCHN Strategy after assessment and initial planning.

#### **2. This municipality shall identify the MNCHN Situation in the LGU**

The MNCHN TWG's Initial work shall be to assess the MNCHN situation in the LGU. Assessing the LGU's current level of performance against national target would provide the municipality an idea of targets they should set to be able to contribute in achieving target MNCHN indicators. The MNCHN Management Team can use Health Outcome Indicators or Health Service Coverage Indicators to assess the LGU's situation

Health indicators shall be collected and used to monitor the health status of a population. The Municipality of Matnog recognizes that these health indicators either (1) reflect impact or outcome or (2) coverage or utilization of services. For MNCHN, health outcome indicators are Maternal Mortality Ratio (MMR), Under-five Mortality Ratio (UFMR) and

proportion of underweight 6 to 59-month old children while Service Coverage indicators are Contraceptive Prevalence Rate (CPR), Antenatal Care (ANC), Facility based Deliveries (FBD), and Fully Immunized Children (FIC).

This municipality shall likewise validate the data or report received from local health sources. If the health information system has not been revisited or revised to comply with standards available data may not reflect an accurate health situation of the locality.

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

a. This municipality shall compare performance of barangays within the Municipality using MNCHN Health Outcome or Service Coverage Indicators.

b. This municipality shall identify barangays with the most number of maternal and newborn deaths

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

4.1 This **municipality** shall recognize the Community Health Team (CHT) and its Facility

4.2 This **municipality** shall designate the CEmONC-capable Facility

4.3 This **municipality** shall designate the BEmONC-capable Facility

**5. This municipality shall install Mechanism to Ensure Access to MNCHN Services.** Aside from providing the MNCHN Core Package of services, this LGU shall ensure presence of support services that would ensure **access by priority populations, a source of safe blood supply and health promotion activities to increase demand for services.**

**6. This municipality shall plan appropriate interventions for service delivery, governance, regulations and financing of MNCHN Program.**

7. This **municipality** shall determine funding sources for planned interventions.

**ARTICLE III  
FINANCING OF THE MNCHN PROGRAM**

**Section 1. Funding for CY 2012.** For its initial requirement in the CY 2012, the Program shall allocate an amount of Two Hundred Thousand (P200, 000.00) Pesos to be funded from the MNCHN Grants Facility, or from any of the following sources:

- 1.1 **Regular Budget of the Municipality/Municipal Health Office** – This Municipality shall review its regular budget for CY 2012 and identify existing appropriations which can be realigned for the purpose;
- 1.2 **Lump Sums and other trust funds** – The Program shall be included as a priority to be funded from the 20% Development Fund, Gender and Development (GAD) Fund, and PhilHealth capitation and reimbursement; and
- 1.3 Grants, aids, donation and other forms of assistance from the National Government and the private sector.

**Section 2. Funding for Subsequent Years.** The Municipal Health Office shall integrate the Program as part of the regular services being delivered by local health facilities in the amount of Two Hundred Thousand (P200, 000. 00) Pesos from the 20% CDF of the municipality shall be appropriated for the implementation of this ordinance and the same amount every year thereafter for its continuity.

**Section 3. Cost Recovery Scheme.** The Municipal Health Office in coordination with Local Finance Committee shall prepare and submit for consideration of the Sangguniang Bayan a scheme of cost recovery consisting of charges for service rendered and cost of supplies, provided that safety nets for the poor are properly observed.

For its initial implementation, fees for the following services and supplies may be considered:

Insertion of IUD	-	P100.00/insertion
Condoms	-	25.00/pack
Pills	-	45.00/pack
Injectables	-	120.00/vial

Proceeds of cost recovery schemes shall accrue to the MNCHN Special Account under the General Fund which shall automatically be appropriated for the program in the subsequent year.

Residents who are certified by the MSWD as indigent shall be exempted from the payment of all fees herein scheduled.

**Section 4. Reporting.** To ensure monitoring proper management of funds, the Municipal Accounting Office shall prepare a Program Report, quarterly detailing actual expenses for personnel, supplies, training, and other relative activities.

## ARTICLE IV

### PROGRAM MANAGEMENT

**Section 1. Creation and Composition.** There shall be created a MNCHN Task Force hereinafter referred to as "Task Force", which shall be composed of the following:

<i>Chairman</i>	-	Municipal Mayor
<i>Co-Chairman</i>	-	Municipal Health Officer
<i>Members</i>	-	SB, Chairman, Committee on Health Municipal Social Welfare and Development Officer Municipal Budget Officer Municipal Treasurer DOH Representative

**Section 2. Duties and Function.** The Task Force shall be the over-all coordinating and implementing body for the implementation of the MNCHN Strategy and Plan in the Municipality of Matnog. In addition, the Task Force shall perform and exercise the following duties and responsibilities:

1. Formulate and recommend to the Sangguniang Bayan the full implementation of a MNCHN plan for the entire municipality in consultation with other stakeholders and oversee its implementation;
2. Undertake monitoring and evaluation and provide a program feedback mechanism;
3. In close coordination with the barangay governments and other agencies concerned, conduct and update data on Women of Reproductive Age (WRA) and Commodity Self-Reliance Users;
4. Provide support in strengthening capacities for Commodity Self-Reliance / MNCHN service provisions through the conduct of training courses and other capacity building activities;
5. Provide support in the conduct activities related to Commodity Self-Reliance Users / MNCHN education and counseling of clients about Life Saving Reproductive Health and safe motherhood;
6. Perform such other duties and function as it may deem fit for the efficient and effective implementation of the program; and
7. Establish and maintain linkages with local, national or even international population-serving organizations or institutions.

**Section 3. Meeting and Quorum.** The Task Force shall meet at least once in every quarter or as often as necessary at an expressed call of the chairman or at least five (5) members of the Task Force. Provided, that a notice shall be sent to the members at least twenty-four (24) hours before the meeting will be held. Five (5) of its members present shall constitute a quorum.

**Section 4. Program Secretariat MNCHN Focal Person.** There shall be constituted, within thirty (30) days from approval of its Ordinance, a program secretariat to be headed by the MNCHN Focal Person.

The Focal Person shall be designated by the Municipal Mayor upon recommendation of the Task Force.

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

**ARTICLE V**  
**PROCUREMENT AND DISTRIBUTION PROCEDURE AND PROGRAM BENEFICIARIES QUALIFICATIONS AND DISQUALIFICATIONS**

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

**Section 2. Identification of Life Saving Reproductive Health & MNCHN Requirements.** The Municipal Health Officer shall identify the Life Saving Reproductive Health and MNCHN requirements using the forecast of commodities based on validated/verified current users data, as well as other related materials necessary in the implementation of the program.

**Section 3. Priority Beneficiary for the Program.** The priority beneficiary of the Program shall be those married individual, in the exercise of the couple's choice who prefer to adopt artificial family planning method and belong to the poorest of the poor. For this purpose, the MSWD shall issue a certificate of indigency to identify the poor.

**Section 4. Distribution of Life Saving Reproductive Health/ MNCHN Commodities.** To ensure constant availability of commodities to the poor, a workable system of distribution and dispensing of MNCHN commodities shall be adopted. Midwives and other authorized dispensers through the Municipal Health Office shall be issued commodities duly recorded in a Record Book for this purpose and duly acknowledge by the receiving person.

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

**CHAPTER IV - MUNICIPAL ORDINANCE NO. 10-211**

**THE SMOKE FREE ORDINANCE OF THE MUNICIPALITY OF MATNOG, SORSOGON**

**Authors: Honorable Edward Ruel T. Barlin & Honorable Salvador L. Frencillo**

**BE IT ORDAINED** by the Sangguniang Bayan of Matnog, that;

**Section 1. Title.** The ordinance shall be known as the "THE SMOKE FREE ORDINANCE OF THE MUNICIPALITY OF MATNOG, SORSOGON"

**Section 2. DEFINITION OF TERMS** – As used in this ordinance, the following terms shall have the meaning ascribed to them in this section, unless the context of this usage indicates another meaning.

- a. **Cigarette** – roll of finely cut leaf tobacco, or any substitute thereof, wrapped in paper or any other materials;
- b. **Cigar** – a small roll of tobacco leaves prepared for smoking;
- c. **Designated Smoking Area** – refers to indoor area where smoking is allowed, physically separated from declared "smoke free" area, equipped with effective and strong ventilation so that smoke emanating there from does not drift, permeate or interrupted only by doors which must be constantly closed except during ingress or egress;
- d. **Minors** – refers to any person below eighteen (18) years old;
- e. **Point-of-Sale** – refer to any location at which an individual can purchase or otherwise obtain tobacco products;
- f. **Public Conveyance** – refers to all places that are accessible or open to the public, whether or not by invitation or by payment, or all places for collective use, regardless of ownership, or right to access including but not limited to establishments that provide food, accommodation, drinks, professional services, merchandise, entertainment, public transportation or other services;
- g. **Retailer** – refers to any person who or entity sells tobacco products to individual for personal consumption;

- h. **Smoking** – being in possession or control of a lit of tobacco product whether or not it is being inhaled or exhaled;
- i. **Second-Hand-Smoke** – refers to the smoke emitted from the burning end of a cigarette or from other tobacco products usually in combination with the smoke exhaled by the smoker
- j. **Tobacco-product** – products made partly or entirely from tobacco leaf, which maybe smoked, sucked or chewed or sniffed;
- k. **Workplace** – refers to any place used by the people during their employment or work, including all attached or associated places used by the workers in the course of their employment as well as vehicles used in the course of works;

**Section 3. Smoking Ban in Public Places** – Smoking is strictly prohibited in all public places in the Municipality of Matnog, except in designated smoking areas. However, the following public places are hereby declared as absolutely smoking-free area.

- a. All government/public buildings.
- b. School in all levels, public or private
- c. Hospitals, medical clinics, health centers, laboratories and other health facilities
- d. Locations in which fire hazards are present, including gas stations and storage areas which are flammable liquid, gas, explosives or combustible materials;

**Section 4. Designated Smoking and Non-Smoking Areas** - In all indoors/enclosed places, private workplace and other places not covered under the preceding section, where smoking may expose a person other than the smoker to tobacco smoke, the owner, proprietor, possessor, manager or administrator of such places shall establish smoking and non-smoking areas, such as areas may include a designated smoking area within the building, which may be in an open space or separate area with proper ventilation, but shall not be located within the same room that has been designated as non-smoking area.

All designated smoking area shall have at least one (1) legible and visible sign posted saying "SMOKING" in English or Filipino, for the information and guidance of all concerned. In addition, the sign of notice posted shall include a warning about health effects of direct or second hand exposure to tobacco smoke. Non-smoking areas is likewise have at least one (1) legible and visible sign, namely, "NON-SMOKING AREA", or "NO SMOKING".

**Section 5. Smoking Ban in Public Conveyances** – It is likewise declared unlawful to smoke cigarette, cigar or pipe in public conveyances. Drivers of public conveyances are also required to post the following sign inside their vehicle.

**Section 6. Minimum Age Sales** – Under the ordinance, it shall be unlawful;

- a. For any retailer of tobacco products to sell or distribute tobacco products to any minor;
- b. For any person to purchase cigarettes or tobacco products from a minor;
- c. For a minor to smoke cigarettes or any other tobacco products

It shall not be a defense for the person selling or distributing that he/she did not know or was not aware of the real age of the minor. Neither shall it be a defense that he/she did not know nor had any reason to believe that the cigarettes or any other tobacco product was for the consumption of the minor to whom it was sold;

**Section 7. Sale of Tobacco Products Within School** – The sale or distribution of tobacco products is prohibited within fifty (50) meters from any point of perimeter of a school and its premises.

**Section 8. Signage** – Point-of-sale establishment offering, distributing, or selling tobacco products to consumers, shall put the following statements in a clear and conspicuous manner:

**"SALE, DISTRIBUTION OR PURCHASE BY MINORS OF TOBACCO PRODUCTS, UNLAWFUL" or "IT IS UNLAWFUL FOR TOBACCO PRODUCTS TO BE SOLD/DISTRIBUTED TO OR PURCHASED BY PERSON UNDER 18 YEARS OF AGE"**

**Section 9. Proof of Age Verification** – In case of doubts as to the age of the buyer, retailers shall verify, by means of any valid form of photographic identification, containing the date of birth of the bearer and that NO individual purchasing a tobacco product is below eighteen (18) years of age;

**Section 10. Penalties** – Any person found violating any provisions of this ordinance shall be penalized as follows:

- a. First Offense - Fine of Five Hundred Pesos (P500.00) or 8 hours community service
- b. Second Offense - Fine of one Thousand Five Hundred pesos (P1,500.00) or 72 hours community service
- c. Third Offense - Fine of Two Thousand Five Hundred Pesos (P2,500.00) or imprisonment of not less than Three (3) days but not more than Thirty (30) days or both at the discretion of the Court.

**Section 11. Persons Authorized in the Implementation of this Ordinance.** The Municipal Health Officer, Sanitary Inspector, PNP and all barangay officials are hereby deputized in the implementation of this ordinance.

**Section 12. Disposition of the Proceeds Derived from the Implementation of this Ordinance.** Sixty percent (60%) of the imposed fines realized or proceeds derived from the implementation of this ordinance shall accrue to the apprehending officer and forty percent (40%) shall accrue to the Local Government Unit of Matnog, Sorsogon.

#### CHAPTER V - MUNICIPAL ORDINANCE NO. 05-2011

### **AN ORDINANCE PRESCRIBING RULES AND REGULATIONS FOR THE USE OF LYING – IN – CLINIC OF RURAL HEALTH UNIT (RHU) MATNOG, SORSOGON**

Author: Honorable Evelyn S. Galalde and Honorable Edward Ruel T. Barlin

**BE IT ORDAINED** by the Sangguniang Bayan of the Municipality of Matnog, Province of Sorsogon in session assembled:

**Section 1. Scope** – This Ordinance shall prescribe rules and regulations for the use of lying – in – clinic at the Matnog Rural Health Unit (RHU) for normal deliveries utilizing the services of authorized RHU personnel.

**Section 2. Definition of Terms** – When used in this ordinance, the following terms shall mean as follows:

- 1. **Lying-in-clinic** – a place where deliveries are performed
- 2. **Skilled Birth Attendant (SBA)** – are the following: Registered Doctor, Registered Nurses and Registered Midwives
- 3. **Normal Spontaneous Delivery** – Uncomplicated Vaginal Deliveries
- 4. **Imminent Delivery** – vaginal delivery ready to take place
- 5. **Pre-natal Care** – health care given to pregnant women
- 6. **PHIC** – Philhealth Insurance Corporation

**Section 3. Payment for Utilizing the Lying-in-Clinic.** There shall be paid an amount of Two Thousand Five Hundred (P2,500.00) Pesos for Normal Spontaneous Delivery for every mother utilizing the services of the RHU lying-in-clinic.

**Section 4. Authorized Collector.** The payment shall be made to the Office of the Municipal Treasurer or its authorized agent/collector on or before the discharge of the patient.

**Section 5. Proceeds Derived from the Collections in Utilizing the Lying-in-Clinic.** That collections of the lying-in-clinic shall be deposited in the General Fund of the Municipality of Matnog and shall be distributed as follows:

- a. P 550.00 Newborn Screening (NBS)
- b. 1,950.00 Staff incentives, medicines supplies and laundry

b.1. Incentive for Women's Health Team are distributed as follows:

- BHW 100.00
- Midwife of the catchment area 100.00
- Hilot 100.00

b.2. Allocation for the Nurse, Medical Technologist and the utility distributed as follows:

Nurse	50.00
Medical Technologist	50.00
Utility	100.00
Doctor	100.00
Handle	300.00
Assist	200.00
New Born Care	100.00

b.3. Seven Hundred Fifty (750.00) Pesos shall be allocated and retained for the facility.

## **Section 6. Rules and Regulations**

### **A. SERVICES**

1. The lying-in-clinic shall be open even after office hours and used exclusively for the purpose of delivery.
2. Only normal pregnancies shall be admitted to the lying-in-clinic except for imminent deliveries of complicated cases.
3. In case complications should arise on the mother and/or on the baby before the delivery, patient should be referred immediately to the nearest appropriate facility.
4. Delivery package includes essential intra partum and newborn care with newborn screening (NBS).
5. Food is not included in the package.
6. That the cost of medicines and supplies bought by the patient duly supported by receipts shall be deducted from the payment of the patient.

### **B. MANPOWER**

1. Only licensed skilled birth attendants shall be allowed to use or utilize the lying-in-clinic.
2. The midwife of the catchment area where the patients reside should be in attendance to assist in the normal spontaneous delivery.
3. All deliveries should be attended by midwife and a nurse or at least two midwives if the nurse is not available, as the case may be, until the patient is discharged.

**Section 7. Claim for Services Rendered.** Any claim for the services rendered by the attending health personnel shall be subject to the usual accounting and auditing rules and regulations.

**Section 8. Patients with PHIC.** Patients with PHIC are FREE OF CHARGE after complying with all PHIC requirements.

**Section 9. Administrative Provisions.** Only skilled birth attendants of the Matnog Rural Health Unit duly licensed and authorized by the law to carry out and assist in the delivery shall be allowed to assist or utilize the lying-in-clinic for delivery purposes.

**Section 10. Penal Provision.** Violation of any provision of this ordinance shall subject the offender to a fine of two Thousand Five Hundred (P2,500.00) Pesos without prejudice to criminal, civil or administrative case that may be filed.

## **CHAPTER VI - MUNICIPAL ORDINANCE NO.02 s. 2011**

### **AN ORDINANCE GRANTING BENEFITS AND INCENTIVES TO BARANGAY HEALTH WORKERS IN THE MUNICIPALITY OF MATNOG, APPROPRIATING FUNDS FOR THE PURPOSE AND FOR OTHER PURPOSES.**

**Author: Hon. Edward Ruel T. Barlin, Hon. Carlos G. Estrelon Jr., Hon. Ernie G. Garcera**

**BE IT ENACTED** by the Sangguniang Bayan of Matnog, that;

**Section 1. Title-** This ordinance shall be known as "**Barangay Health Workers Benefits and Incentives Ordinance of Matnog, Sorsogon**"

**Section 2. Purpose-** This ordinance shall provide guidance and measures in support of Barangay Health Workers (BHWs) to enable them to effectively participate in health care and development of the communities.

**Section 3. Coverage-** This ordinance shall cover all registered, accredited and associate BHWs in the Municipality of Matnog who are trained in Primary Health Care by accredited government or non-government organization (NGO)

and who voluntarily rendered primary health care services in their own communities, provided that they are not receiving salaries/honorarium from any government agency or institution.

#### Section 4. Statement of Policy.

- a. Protect and promote the right to health of the people.
- b. Provide the conditions for health empowerment, where each individual has access to information and services that will bring about his/her health and well being.
- c. Recognize the Primary Health Care approach is a major strategy towards health empowerment. Emphasizing the need to provide adequate, accessible and acceptable health services through participatory strategies such as health education, training of BHWs, community building and organizing.
- d. Recognize the need for developing and institutionalizing a support for BHWs.
- e. Recognize the role of BHWs as front liners in the delivery of Primary Health Care Services; and
  - i. Right to organize themselves
  - ii. Access to mechanisms and resources in support of efforts to improve their services for the communities; and
  - iii. Access to opportunities for their professional advancement.

#### Section 5. Definitions of Terms. For the purpose of these rules, the following are the definitions of terms;

- a) **Barangay Health Worker (BHW)**- refers to accredited, registered and associate barangay health workers.
- b) **Accredited Barangay Health Workers (ABHW)**- a registered BHW who has completed the accredited primary health care services training program from a government agency or NGOs accredited by the DOH, and has actively rendered voluntary primary health care services in his/her barangay for at least three (3) years and whose name appears in the Municipality Registry of Registration of Accredited BHWs;
- c) **Registered Barangay Health Workers (RBHW)** – a person who has undergone training programs under any accredited government or non-government organizations and has voluntarily rendered primary health care services in the barangay for at least one (1) year as associated barangay health workers and whose name appears under the Municipal Registry of Registered BHWs;
- d) **Associate Barangay Health Workers (ABHWs)** – refers to the newly accepted health volunteer in the barangay who rendered at least three (3) years voluntary service;
- e) **Local Health Board (LHB)** - its main task is to assist Local Government Unit in the delivery of substantial health services and facilities develop to them. It shall propose to the Sanggunian the annual budgetary allocations for the operations for the operation and maintenance of health facilities and services within the LGU. The LHB shall serve as an advisory committee to the Sangguniang in health matters;
- f) **Accredited Government and Non-Government (NGO)** – a government agency or institution or non-government organization whose Training Programs for BHWs have been accredited by the DOH;
- g) **Accredited BHW Training Program** – refers to any DOH-accredited training course designed to develop the competency of BHWs to perform their roles as community organizers, education and primary health care services provides;
- h) **Primary Health Care Services** – are essentials health care services such education on a prevailing health problems, the method of preventing and controlling them, promotion of adequate food supply and proper nutrition, basic and environmental and adequate supply of safe water, maternal and child care including family planning and immunization against major infectious disease, prevention and control locally endemic disease appropriate treatment of common disease and injuries, promotion of mental health, prevention of oral and dental disease and promotion of dental health, provision and proper use of essential drugs and herbal medicines, and access utilization of hospital care centers of wellness;
- i) **Registration** – refers to a systematic enlisting BHW based on a set of criteria promulgated by the DOH and implemented by the LHB.

- j) **Community** – refers to a barangay purok or zone where a BHW renders primary health care services;
- k) **BHW Accreditation** – is an official acknowledgement by the LHB of the qualifications of a BHW in meeting the DOH and implemented under this Ordinance;
- l) **Organized BHW Group** – refers to the association, federation or confederation of BHWs at the barangay, municipal, provincial, regional or national levels, having an independent and autonomous functions such as those of People's Organization (Pos) and (NGOs);
- m) **Delisted BHW** – a registered or accredited BHW whose registration or accreditation has been withdrawn by the Local Health Board in accordance with the provisions of this Ordinance; and
- n) **Voluntary Services** – refers health and health-related activities rendered by a BHW on his/her own free will, responsive to needs of the community, and for he/she has no certificate of appointment and is not given any remuneration or salary.

**Section 6. Duties and Functions of the BHW.** In accordance with the Republic Act No. 7883 and its implementing rules and regulations. The BHW shall discharge his/her duties and responsibilities as a community organizer, educator and primary health care services provider enumerated hereunder.

- a) As a community Organizer, is he/she shall participate in organizing and mobilizing the community towards self reliance by:
  - (i) Maintaining regular communication with the community leaders and professional health workers;
  - (ii) Providing linkage between the community and local health agencies.
  - (iii) Assisting the community to develop a health plan and to take action to promote their health and well being;
  - (iv) Facilitating the community members to identify and respond to their community members to promote their participation in local health initiatives;
- b) As an Educator, he/she shall provide knowledge and skills to community members in the prevention and management of simple illness by:
  - (i) Conducting health classes and/or household techniques;
  - (ii) Updating knowledge of communities on relevant issues; and
  - (iii) Distributing appropriate information, education and communication materials.
- c) As a Health Care Service Provider, he/she shall render primary health care services to the members of the community by:
  - (i) Providing health care services as defined in Section 5(d) of Rule 1 for which he/she is trained;
  - (ii) Referring patients with complication and those suspected to have communicable disease to the appropriate health center of hospital;
  - (iii) Monitoring the health status of the household of the household members under his/her area of service coverage which he/she is assigned to one hundred fifty (150) to one (1) or equivalent to thirty (30) household;
  - (iv) Keeping records of health activities in the community and in health station; and
  - (v) Ensuring the proper maintenance of the health station and the safe custody of its equipment, medical supplies and health records.

**Section 7. Qualification of Barangay Health Worker-** the following are the requirements for accredited, registered and associate BHW:

- A. Accredited Barangay Health Worker:
  - a) Must have completed continuous three (3) years of service as a registered BHW prior to the application for accreditation. Permission for leave of absence must be secured from the Barangay Health Midwife; and
  - b) Must have completed all the requirements, seminars for accreditation.

**B. Registered Barangay Health Worker:**

- a) Must have actively rendered continuous voluntary primary health care services for at least one (1) year prior to application for registration.
- b) Permission for leave of absence must be secured from the barangay Health midwife.
- c) Must have completed the required seminar for registration.
- d) Must renew registration every year for three (3) years; and
- e) One BHW will serve fifty (50) households in inland barangays and thirty (30) households in high risk and remote barangays.

**C. Associate Barangay Health Worker:**

- a) Must be at least eighteen (18) years old but not more than fifty (50) years old;
- b) Must be at least second year high school, able to read and write legibly.
- c) Must be willing to render to render voluntary primary health care services.
- d) Not presently appointed as Barangay Nutrition scholar or Day Care Worker, Barangay Secretary, Barangay Treasurer and Barangay Tanod.
- e) Not presently occupying and elected post in barangay.
- f) Have not been candidate for any position in recent barangay Election; and
- g) Must not have any political affiliation.

**Section 8. Role of Barangay Captain.** The Barangay Captain may recommend at least three (3) names for associate BHW but cannot appoint any. The Local Health Board reserves the authority to select the new BHW from among the recommended applicants.

**Section 9. Benefits and Incentives.** As defined under Republic Act 7883 and as provided under this ordinance, BHW are entitled to the following incentives and benefits;

**A. ALLOWANCES**

1. Subsistence allowance from the barangay- a minimum of three hundred pesos (300.00) subsistence allowance shall be granted to the BHW by the barangay every month; and
2. Subsistence allowance from the municipality- a subsistence allowance shall be granted by the municipality to the BHW subject to the review and recommendation of the RHM or RHU head.

**B. BENEFITS**

- a. The LHB shall assist the BHW in the avilment of the following benefits as granted under Civil Service eligibility Republic Act No. 7883:
  - b. Training education and career enrichment programs;
  - c. Free legal assistance; an
1. In recognition of the importance of the role performed by the BHW in the achievement of health and development objectives of the Municipality, the Municipality of Matnog hereby grants in favor of the BHWs the following additional benefits:
  - a. **Philhealth Membership** – unless subsequently delisted. The BHW shall be accorded a lifetime inclusion in the municipality's Availment of the Philhealth Indigency Programs;
  - b. **Retirement Benefits** – the gratitude of the community for the service of the accredited BHW expressed in the form of cash reward in the amount which shall be determined by the LHB and included in the Annual Budget of the Municipality shall be given to the BHW who has rendered at least fifteen years of service upon her retirement at the age of sixty five (65) years old. The amount of cash reward shall vary accordingly the length of the service rendered by the BHW; and
  - c. **Burial Assistance** – unless an accredited, registered or associate BHW has been delisted during his/her lifetime, the family of the BHW granted a burial assistance in the amount of which shall BE determined by the LHB.

**Section 10. Encouragement and Support to the BHWs Right to Self Organization.** In order to encourage and support the realization of the right of the BHWs to organized themselves as provided under Republic Act No. 7883

and its Implementing Rules and Regulations, the Municipal BHW Federation is hereby granted automatic accreditation by the Sangguniang Bayan, upon submission of the following documents to the LHB:

1. Certificate of Registration by the SEC, DOLE, CDA, or any accrediting agency of the government;
2. Copy of the Constitution and By-Laws
3. List of Officers and Members
4. Copy of Oath of Office of the Officers; and
5. Program of Action for one (1) year.

The Sangguniang Bayan shall grant the accreditation to the MBHWF upon submission of recommendation for accreditation by the MHB

### **IMPLEMENTING MECHANISMS**

**Section 11. The Local Health Board (LHB).** The LHB as created under Section 102, Title Book 1 of the Local Government Code of 1991, shall be primary responsible in enacting policies for the effective implementation of this Ordinance. Specifically, the LHB shall be responsible for the registration and accreditation of BHWs, in the municipality in the municipality and for this purpose, shall;

- a) Safeguard the registration and accreditation process;
- b) Evaluate and take the necessary action on the BHWs application for registration and accreditation;
- c) Ensure that the Board decision made on BHW registration and accreditation is reflected in a board or in the minutes of the meeting;
- d) Issue certificates of registration and/or accreditation to qualified HBWs;
- e) Review and approved every incentives or benefits for BHW requiring for the expenditures of local funds to ensure that only deserving BHWs get the same;
- f) Recommended benefits and appropriation of funds for the BHWs
- g) Provide an official copy of the Local BHW registry to the DOH and other government agency; and
- h) Monitor the provision of services by registered an associate BHWs

To facilitate the registration and accreditation of BHW, the LHB may create a BHW Registration and Accreditation committee (BHW-RAC) which shall;

- a. Evaluate the application and its supporting documents submitted by applicants BHWs;
- b. Interview applicants and other parties as may deemed necessary;
- c. Recommend to the LHB appropriate action on the BHWs application for registration and/or accreditation;
- d. Prepare and update the municipality BHW registry, and;
- e. Act as secretariat to the LHB on matters concerning the registration and accreditation of BHWs.

**Section 12. The Municipal Health Office (MHO).** The MHO through its head shall designate a Nurse/Midwife Coordinator of the BHW and be a member of the of the BHW-RAC, if one was created by the LHB. It shall prepare and maintain the local registry of BHWs and also ensure the participation and BHW in health related activities in their localities. It shall provide technical guidance to BHWs through the rural Health Midwife (RHM) in the delivery of primary health care services.

**Section 13. Registration and Accreditation Committee (RAC).** It shall be composed of the MHO/Municipal Health Coordinator of BHW (PHN) as Chairman and BHW Municipal Federation President, DOH Representative and NGO/PO Representative as members of the committee.

**Section 14. Registration and Accreditation of BHWs.** In implementation of this Ordinance, the Local Health Board of Matnog is hereby mandated to complete the registration and accreditation of all BHWs in the Municipality of Matnog in accordance with the provisions of the Republic Act No. 7883 and its Implementing Rules and Regulations within ninety (90) days from the effectivity of this Ordinance. The actual number of the BHWs to be registered, accredited shall be determined by the LHB in accordance with the needs and requirements of the Municipality of Matnog.

**Section 15. Annual Registration and Accreditation.** The registration and Accreditation by the LHB to the BHW shall be effective only for a period of one (1) year, for reason, the BHW must apply for renewal of registration or accreditation every year, subject to the requirements and guidelines promulgated by the LHB.

**Section 16. Municipal Registry of BHWs.** LHB shall keep registry of registered, accredited and associate BHWs in the Municipality of Matnog containing the following information:

- (a) Complete name of the BHW
- (b) Age
- (c) Sex
- (d) Civil Status
- (e) Educational Attainment
- (f) Occupation employment if any
- (g) Blood Type
- (h) Name of children if any and their corresponding birth dates
- (i) Date of period of continuous service in the barangay(s)
- (j) Current station of place of assignment
- (k) Name of position of Technical supervision
- (l) Title and Dates of Training(s) attended
- (m) Number of Household covered by the BHWs
- (n) Registration Number Date of Registration
- (o) Place of Registration
- (p) Accreditation Number
- (q) Date of Accreditation
- (r) Place of Accreditation, and
- (s) Remarks for other information which the LHB may deem appropriate

Registry shall be updated at the end of the month of February every year.

**Section 17. Portability of Registration.** A certificate of Registration or association issued by a Local Health Board shall be recognize and considered valid in any barangay in the municipality of Matnog.

**Section 18. Notice of Transfer of Residence.** In case of Transfer of residence a registered/associate BHW shall notify the LHB, and the Barangay Captain of both the old and the new residence. This is mandatory for the purpose of updating the master list and subsequently renewal of the registration/accreditation.

A registered/ accredited/associate BHW who transfer residence to another barangay may rendered voluntary services to the barangay where he/she transferred to but shall not be entitled to the benefits accorded to the BHWs in the said barangay. Upon recommendation of the barangay council, the BHWE may apply to the LHB for inclusion in the master list of BHWs in her/his barangay after one year of residency therein.

**Section 19. Stability of Registration or Accreditation Status.** Once registered or accredited, the BHW shall remain a such unless delisted by the following reasons:

- (a) BHW who run for any barangay Municipal post.
- (b) BHW appointed as permanent and casual employee.
- (c) BHW who involved in campaign for any candidate during barangay election; and
- (d) Resignation, retirement ore withdrawal of registration, accreditation by the Municipal Health Board.

**Section 20. Delisting of BHW.** A BHW found by the LHB to have violated any provisions mentioned in Section 18 or fails in the performance of his/her duties and functions based of the formal evaluation of the Barangay Council or the Municipal Health Board shall, after due process of law, be removed from the BHW registry. The procedures and guidelines for the implementation of this section shall be promulgated by the LHB within (90) days from the affectivity of this Ordinance based on IRR or Republic Act No. 7883. A BHW delisted for reasons not related to any of the reasons mentioned above nor those mentioned under Section 18 hereof may apply for registration or re-accreditation after one (1) year from the time he/she has been delisted.

**Section 21. Annual Appropriation.** To effectively implement the provision of this Ordinance and achieve the objectives hereof, an annual budget in the amount recommended by the Municipal Health Board for BHW Program shall be a line item in the Annual Budget of the Municipality of Matnog.

**Section 22. Suppletory Application** of the Rules and Regulations implementing Republic Act No. 7883. The provisions of the implementing Rules and Regulation of Republic Act No. 7883 shall have suppletory effect in the implementation of this ordinance.

**Section 23. Separability Clause.** If any provision of this ordinance is declared invalid the remainder or any provision hereof not effective thereby shall remain in force and effect.

**Section 24. Repealing Clause.** Ordinances, Executive Order and any other issuance or parts thereof which are inconsistent with the provisions of this Ordinance are hereby deemed repealed or amended accordingly.

**Section 25. Date of Effectivity.** This Ordinance shall take effect within fifteen (15) days after the completion of their publication in a newspaper of general circulation in the Municipality of Matnog or posting in at least two (2) conspicuous places in the Municipal Hall of Matnog.

## CHAPTER VII - MUNICIPAL ORDINANCE NO.07 s. 2006

### THE ECOLOGICAL SOLID WASTE MANAGEMENT ORDINANCE OF 2006.

Author: Hon. Edward Ruel T. Barlin

BE IT ORDAINED by the Sangguniang Bayan of Matnog, that,

#### Article I TITLE OF ORDINANCE

**Section 1. Title-** This ordinance shall be known as the **Ecological Solid Waste Management Ordinance of the Municipality of Matnog.**

#### Article II SCOPE AND COVERAGE

**Section 2.** This ordinance shall be applicable to all residential houses, commercial establishment such as hotels, restaurants, cinema houses, public markets, department stores, groceries, etc; institutions like hospital, schools, churches, public and private offices, industrial establishment like factories, plants and other establishments of any kind, and agricultural areas in the municipality.

#### Article III AUTHORITY AND PURPOSE/GOALS

**Section 3. Authority.** This ordinance is enacted to supplement the provisions of Republic Act 9003 otherwise known as the Ecological Solid Waste Management Act of 2000 and other existing Laws, ordinances and rules and regulations related to ecological Solid Waste Management.

**Section 4. Purpose.** This Ordinance is enacted for the following.

- a. To guide, control and regulate the generation, storage, collection, processing, transportation and disposal of solid waste within the municipality, and promote orderly and sanitary system for the same.
- b. To enhance the total environment of the municipality through the necessary control and mitigation of negative environment impacts of solid waste.
- c. To promote and protect the health, safety, peace, convenience and the general welfare of the inhabitants of the municipality.
- d. To minimize generation of solid waste and maximize possible resources, recovery/recycling and utilization by;
  - Maximizing the use of goods and consumption of goods.
  - Allocating fair inputs in the production of goods, foods and services.
  - Encouraging the salvaging of possible recoverable from the solid waste for re use and/or recycling back to production process.
  - Encouraging the recycling and resources recovery of waste in own backyard through the composting and biogas production, and
  - Providing assistance and cooperation in the recycling of solid waste in disposal sites.

**Section 5. Goal.** The primary goal of this ordinance is to enhance ecological balance within the municipality through assistance comprehensive and integrated solid waste management.

**Section 6.Objectives.** The objectives of this ordinance are the following:

- a. To ensure round-the clock cleanliness within the municipality through orderly solid waste management.
- b. To cease and desist from utilization of open garbage dumps which serve as breeding places of insect causing disease, foul odors and harmful fumes, emit "greenhouse gases" which contribute to global warming and thinning of ozone layer generate "leachate" which pollute soil and water resources and creates unhealthy scavenging activities in the vicinity.
- c. To eradicate unsightly, uncover and overflowing waste containers in the streets, public places and open spaces.
- d. To minimize and finally eradicate pollution arising from harmful gases, smoke and particulates produced by needles burning/dumping polluted runoffs into water sources/supply and hazardous substances.

#### **Article IV DEFINITION OF TERMS**

**Section 7. Definition of Terms.** As used in this Ordinance the following terms shall mean:

**Act- RA 9003** otherwise known as the Ecological Solid Waste Management Act of 2000.

**Agricultural Waste-** waste generated from planting or harvesting of crops trimming or pruning of plants and wastes or run-off materials from farms or fields.

**Biodegradable-** Any material that can be reduced into their finer particles(degraded or discomposed) by microbial organism or enzymes (synonymous with compostable)

**Board-** The Municipality Solid Waste Board, shall refer to the municipality government of Matnog

**Collection-** the act of removing solid waste from the source or from a communal storage point.

**Compost-** the decayed organic material for use as soil conditioner or fertilizer.

**Composting-** controlled decomposition of organic matter by micro-organism, mainly bacteria and fungi into a humus-like product.

**Controlled dumping-** a disposal site at which solid waste is deposited in accordance with the minimum prescribed standard site of operation.

**Disposal-** the discharge, deposit dumping, spilling, leaking or placing of any solid waste in any land or any body of water.

**Domestic waste-** the refuse from household as distinguished from industrial, agricultural and institutional waste, etc. which may be classified as biodegradable (compostable) or non biodegradable (non compostable).

**Ecological Solid Waste Management-** the systematic administration of activities, which provide for segregation at source, segregated transportation, storage, transfer, processing, treatment and disposal of solid waste and all other solid waste management activities, which do not harm the environment.

**Generation-** the act or process of producing solid waste

**Generator-** a person, natural or juridical, who last uses a material and makes it available for disposal or recycling.

**Hazardous waste-** solid waste or combination of solid waste which because of its quantity, concentration or physical, chemical or infectious characteristic may:

1. Cause, or significantly contribute to an increase in mortality or an increase in serious, irreversible, or incapacitating reversible, illness, or
2. Pose a substantial present or potential hazard to human health or the environment when improperly treated, stored, transported or disposed or otherwise managed.

3. **Materials recovery facility-** includes a solid waste transfer station or sorting station, drop-off center, a composting facility and a recycling facility.

**Municipal Waste-** wastes produced from activities within local government unit, which includes a combination of domestic, commercial, institutional and industrial waste and street litters;

**Open Burning-** the thermal destruction of waste by means of direct exposure to fire, furthermore this definition shall apply to traditional small scale method of community sanitation "tap-ong"

**Open Dump-** a disposal area wherein the solid waste are indiscriminately thrown or disposed of without due planning and consideration for environmental and health standards.

**Person(s)-** any being, natural or juridical, susceptible of rights and obligations or of being the subject of legal relations.

**Receptacles-** individual containers used for the source separation and the collections of recyclable materials

**Recovered Materials-** materials and by products that have been recovered or diverted from solid waste for the purpose of being collected, processed and used as a raw materials in the manufactured of recycled product.

**Recyclable Material-** any waste material retrieved from the waste stream and free from contamination that can still be converted into suitable beneficial or for other purposes, including but not limited to newspaper, ferrous scrap metal, non-ferrous scrap metal, used oil, corrugated cardboard, aluminum glass, office paper, tin cans and other materials as maybe determined by the board.

**Recycled Material-** post consumer material that has been recycled and return to the economy

**Recycling-** the treating of used or waste materials through a process of making them suitable for beneficial use and for other purposes, and includes any process by which solid waste materials are transformed into new products in such the manner that the original products may lose their identity, and which may be used s raw materials for the production of other goods or service provided, that the collection, segregation and re use of previously used packaging materials shall be deemed recycling under this ordinance.

**Residual Waste**—non recyclable or non recoverable materials of no economic value

**Resource Recovery-** the collection, extraction or recovery of recyclable material from the waste stream for the purpose of recycling, generating energy or producing a product suitable for beneficial use; provided, that such resource recovery facilities exclude incineration.

**Re-use-** the process of recovering materials intended for the same or different purpose without the alteration or physical and chemical characteristics.

**Segregation-** a solid management practice of separating different materials found in solid waste in order to promote recycling and re-use of resources and to reduce the volume of waste for collection and disposal.

**Segregation-at-source-** the solid waste management practice e of separating at the point of origin, different materials found in solid waste in order to promote recycling re use of resources the volume of waste for collection and disposal.

**Solid waste-** all discarded household, commercial waste, non hazardous institutional and industrial waste, street, sweeping, construction debris, agricultural waste and other non-hazardous/nontoxic solid waste. Unless specifically noted otherwise, the term "solid Waste" as used in the act shall not include.

- a. Waste identified or listed as hazardous waste of a solid, liquid, contained gaseous or semisolid form which may cause or contribute to an increase in mortality or in serious or incapacitating reversible illness, or acute/ chronic effect on the health of persons and other organisms.
- b. Infectious waste from hospital such as equipment, instruments, utensils and fomites of a disposable nature from patient who are suspected to have or have been diagnosed as having communicable disease and must therefore be isolated as required by public health agencies, laboratory waste such as pathological specimens (I.e., all tissue, specimens of blood elements,

excreta and secretion obtained from patients or laboratory animals) and disposable fomites that may harbor or transmit pathogenic organism, and surgical operating room pathologic specimens and disposable fomites attendant thereto, and similar disposable material from outpatient areas and emergency rooms; and

- c. Waste resulting from mining activities, including contaminated soil debris.

**Solid Waste Management-** the discipline associated with the control of generation, storage, collection, transfer and transport, processing, and disposal of solid waste in a manner that is in accord with the best principles of public health, economics, engineering, conservation, aesthetics and other environmental consideration, and that is also responsive to public attitudes as well as the disposal of special household hazardous waste.

**Solid Waste Management Facility-** any resource recovery system or component thereof, any system, program or facility for resource conservation, facility for the collection, source separation, storage, transportation, transfer, processing, treatment or disposal of solid waste.

**Source Reduction-** the reduction of solid waste before it enters the solid waste stream by method such as product design, materials substitution, material re-use and packaging restrictions.

**Special Waste-**household hazardous wastes such as paints, thinners, household batteries, spray canister and the like. These include waste from residential and commercial sources that comprise of bulky wastes, consumer electronics, white goods, yard waste that are collected separately, batteries oil and tires. These wastes are usually handled separately from other residential and commercial waste;

**Storage-** the interim containment of solid waste after generation and prior to collection for ultimate recovery or disposal;

**SWMB-** shall refer to Solid Waste Management Board;

**Waste Diversion-** shall refer to activities which reduce or eliminate the amount of solid waste from disposal facilities;

**White Goods-** large worn out or broken household, commercial and industrial appliances such as stoves, refrigerators, dishwaters and clothes washers and dryers collected separately. White goods are usually dismantled for the recovery of specific materials (e.g. copper, aluminum, etc.)

**Yard Waste-** wood small or chipped branches, leaves, grass clippings, garden debris, vegetables residue that is recognizable as part of a plant or vegetables and other materials identified by the board.

## Article V WASTE GENERATION AND STORAGE

**Section 8. Mandatory Segregation of Solid Waste-** The segregation of solid waste shall primarily be conducted at the source to include residential, household, institutional, industrial, commercials, transport sector and agricultural sources: Provided that wastes shall be segregated into the categories provided in Section 9 of this Ordinance.

**Section 9. Requirements for the Segregation and Storage of Solid Waste-** The following shall be the minimum standards and requirements for segregation and storage of solid waste pending collections:

- a. Segregation of waste from households/residential shall be mandatory in all barangays of the municipality.
- b. Residents/household owners shall learn the two (2) kinds of waste and its proper disposal.

Biodegradable compostable and non-biodegradable/non-compostable. These two kinds of waste shall be segregated and properly stored at the site where they are generated.

1. There shall be a separate container for each type of waste from all household sources. The concerned residents shall ensure that solid waste container depending on its use shall be properly marked/colored or identified for on-site collection as "biodegradable/compostable, non-biodegradable/non compostable" or recyclable/re-usable",

2. Backyard composting shall be mandatory to households with backyard measuring five (5) square meters and above, provided that the households with backyard measuring below five square meters are hereby encouraged to do the same;
3. Residents shall choose proper containers such as cans, sacks, bags, bins, etc. that will facilitate sanitary, efficient handling, storage, collection, transport or disposal at least cost. Food waste shall be placed in covered containers;
4. Local waste managers (core group) shall be designated by every barangay who shall oversee the waste segregation and collection of recyclable materials and shall be responsible in coordinating with accredited dealers or manufacturers of recycled products. They shall also be responsible for the monitoring and reporting of waste segregation practices in their respective barangays;
5. Public thoroughfares and grounds in front or in the vicinity of residential houses shall be kept clean and tidy by the owners/lessee of the house or building at all times; and
6. Trees, shrubs and other vegetation within the vicinity of residences shall be regularly cared for and maintained to minimize and generated waste/yard waste and unpleasant sight.

**c. Commercial Areas (Including Markets)**

1. Segregation of waste from commercial areas/establishments (shopping malls, restaurants, commercial complexes, recreational centers, public/private market etc) shall be mandatory in all sources;
2. Food waste from commercial centers (e.g. fastfood centers, restaurants, catterias, canteens etc.) shall be incorporated with biodegradable or compostable wastes and shall not be disposed to sewers;
3. There shall be a separate container for each type of waste from all commercial sources. The concerned owner/lessee of stall/commercial space shall ensure that solid waste container depending on its use shall be properly marked/colored or identified for on-site collection as "biodegradable/compostable", "non-recycled", "recyclable-use" or "special waste"
4. Local waste managers (Eco-Aids) shall be designated within the commercial areas including markets who shall oversee the segregation and collection of segregated solid waste and recyclable materials and shall be responsible in coordinating with accredited dealers or manufacturers of recycled products;
5. Stall owner/lessee shall choose proper containers such as cans, bags, bins, etc, that will facilitate sanitary, efficient handling storage collection, transport or disposal at least cost. The storage containers for segregated commercial wastes shall be communal or individual depending on location for collection and transport process;
6. The enclosed communal receptacle possibly on wheels shall be located along the collection route where the generated wastes shall be brought and stored by the stall owner/lessee;
7. The Lobby and fronting sidewalks/immediate grounds of commercial establishment shall be maintained clean and presentable by the owner/operator/lessee of the establishment (shops, stalls, store, restaurants, eateries, catterias, barbers shops, beauty parlors, recreational and entertainment facilities like theaters, billiard halls, folk houses, beer gardens, discos, cocktail lounges, dancing halls, cabarets, bistros, etc); and
8. The fronting sidewalks and immediate areas of stall/open spaces of markets shall be kept clean and orderly by the lessee of said stall/space at all time

**d. Institutional/Industrial Areas**

1. In industrial establishment firms and institution (government, private, religious) segregation of biodegradable/compostable, non-recycle, recyclable/reusable or special waste shall be mandatory at all sources within the municipality;
2. The head of any industrial establishment and/or any institutional shall ensure the proper and hygienic storage of generated wastes in receptacles/containers which shall be situated along collection routes
3. There shall be a separate container for each type of waste from all institutional and industrial sources. The concerned head of the institution/industry shall ensure that solid waste containers depending on its use shall be properly marked/colored or identified for on-site collection as "biodegradable/compostable", "non-recyclable/reusable" or "special waste";
4. The head of any industrial form/establishment and/or institutional shall ensure the cleanliness and orderliness of its facilities, yards and its fronting sidewalks and street; and
5. Hazardous waste (chemical, biological and radioactive substances) from both institutional and industrial sources shall be stored in accordance with the applicable laws, guidelines, rules and regulations of concerned national government agencies such as the Department of Environment

**e. Transport Terminals, Public Utility Vehicles**

1. Segregation of waste shall be mandatory in all transport terminal, public utility vehicle and sea vessel within the municipality;
2. There shall be a separate container for each type of waste from all transport terminal, public utility vehicle and sea vessels sources. The concerned terminal operator, driver/conductor of public utility vehicle and operator of sea vessels shall ensure the solid waste container depending on its use shall be properly marked/colored or identified for on-site collection as biodegradable/compostable, "non-recyclable", "recyclable/re-usable" or special wastes." The containers shall be properly covered;
3. Local waste managers (Eco-Aides) shall be designated within the terminal areas who shall oversee the segregation and collection of segregated solid waste and recyclable materials and shall be responsible in coordinating with accredited dealers or manufacturers of recycled products;
4. Terminal owners/operators shall choose proper containers such as cans, bags, bins, etc. that will facilitate sanitary, efficient handling, storage, collection, transport or disposal at least cost. The storage containers for segregated commercial wastes shall be communal or individual depending on location for collection and transport process;
5. The owner/operator of any transport terminal shall ensure the cleanliness and orderliness of its facilities, yards, and its fronting sidewalk and street.

**f. Agricultural Areas (including farm for livestock, poultry, etc.)**

Homogenous agricultural waste (rice straws, corn cob, leaves, animal manure, etc) shall be properly stockpiled/stored by the concerned farmer.

**Article VI  
WASTE COLLECTION AND TRANSPORT DISPOSAL**

**Section 10. Collection of Solid Waste at the Barangay Level.** Waste segregation and collection shall be conducted at the barangay level specifically for biodegradable/compostable and reusable/recyclable wastes. The collection and disposal of non- recyclable/non-recoverable materials and special wastes shall be the responsibility of the municipality.

**Section 11. Requirements for the collection of solid waste.** The following shall be the minimum standard and requirements for the collection of solid waste kept inside the household vicinity.

**a. Residential Household Areas:**

1. The concerned resident shall ensure and shall be brought only in front of his gate/door and/or along the collection route of the collection vehicle/cart, during the collection period;
2. The concerned residents shall report to the Office of the Barangay Chairman, and Office of the Mayor/Municipal Administrator and Municipal Planning Development Officer (MPDO) or concerned official for any uncollected segregated solid waste within the vicinity of his/her residence;
3. Biodegradable/compostable wastes shall not be collected from household/residential houses with backyard measuring five (5) square meters and above. Only non-biodegradable (di-nabubulok) waste shall be collected from these sources;

**Section 12. Protection of personnel directly dealing with collection, disposal and handling of solid waste materials;**

- a. All collectors and other personnel directly dealing with collection of solid waste shall be equipped with personal protective equipment (PPE) to protect them from the hazards for handling solid wastes;
- b. Necessary training shall be given to the collectors and personnel to ensure that the solid wastes are handled properly.

**Section 13. Requirements for the Transport of Solid Waste.** The use of separate collection scheduled and/or separate trucks or haulers shall be required for specific types of wastes. The waste compartment shall have a cover to ensure the containment of solid wastes while in transit.

**Section 14. Guidelines for Transfer Station.** Transfer station shall be designed and operated for efficient waste handling capacity and in compliance with environmental standards and guidelines set pursuant to RA 9003 and other regulation, provided that no waste shall be stored in such station beyond twenty-four (24) hours.

The siting of the transfer station shall consider the land use plan, proximity to collection area, and accessibility of hauls routes to disposal facility. The design shall give primary consideration to size and space sufficiency in order to accommodate the waste for storage and vehicle for loading and unloading of wastes.

#### Article VII

### MATERIALS RECOVERY PROCESSING AND RECYCLING OF SOLID WASTE

**Section 15. Inventory of Existing Markets for Recyclable Materials.** The Municipal Government in cooperation with the Department of Trade and Industry (DTI) and other concerned agencies and sector, shall conduct an inventory of existing markets for processing and purchasing recyclable materials and study the potential steps necessary to expand these markets. Such study shall include, but not limited to, an inventory of existing markets for recyclable materials products standard for recyclable and recycled materials, and a proposal, developed in conjunction with the appropriate agencies, to stimulate the demand for the production of products containing post-consumer and a recovered materials.

**Section 16. Establishment of Barangay Materials Recovery Facility.** The barangays shall be responsible for the collection, segregation, recycling of biodegradable, recyclable, compostable and reusable wastes. MRFs will be established in every barangay. The facility shall be established in a barangay-owned or leased land or any suitable open space to be determined by the barangay through its Sanggunian. For this purpose, barangay shall allocate a certain parcel of land for the MRF. The determination of site and actual establishment of the facility shall likewise be subject to the guidelines set under Section 13 of this Ordinance. The MRF shall receive segregated waste for final sorting, segregation, composting, and recycling. The resulting residual wastes shall be transferred to a long-term storage for collection of municipality. Provided, that the MRF shall include composting of facilities and equipment which shall receive waste for composting and production of organic fertilizer and soil conditioner.

**Section 17. Establishment of the Municipal Materials Recovery Facility.** There shall be established a material recovery facility (MRF) in the Municipality. The facility shall be established in a municipality-owned or leased land or any suitable open space to be determined by the municipality through the Sangguniang Bayan. For this purpose the municipality shall allocate a certain parcel of land for the MRF. The determination of site and actual establishment of the facility shall likewise be subjected to the guidelines set under Section 14 of this Ordinance. The MRF shall receive segregated waste for final sorting, segregation, composting and recycling. The resulting residual wastes shall be transferred to a long term storage facility prior to processing or final disposal, Provided, that the MRF shall include composting facilities and equipment which shall receive waste for composting and production of organic fertilizer, and soil conditioner, provided further that the municipal MRF shall process wastes collected only from the central business district, Institution, Public Market, and Transport Terminals.

**Section 18. Guidelines for establishment of Materials Recovery Facility.** The materials recovery facilities shall be designated to receive, sort, process, and store compostable and recyclable le material efficiently and in environmentally sound manner. The facility shall address the following consideration:

- a. The building and/or land layout and equipment must be designated to accommodate efficient and safe materials processing, movement, and storage, and
- b. The building must be designated to allow efficient and safe external access and to accommodate internal flow.

#### Article VIII INCENTIVES

### Section 19. Incentives.

- a. Rewards, monetary or otherwise, shall be provided to individuals, private organizations and entities, including non-government organization, that have undertaken outstanding and innovative projects,

technologies, process and techniques or activities in re-use, recycling and reduction. Said reward shall be sourced from the fund herein created.

- b. An incentive scheme is hereby provided for the purpose of encouraging LGUs, enterprises or private entities, including NGOs, to develop or undertake an effective solid waste management, or actively participate in any program geared towards the promotion thereof as provided for in this act.

## Article IX FEES AND CHARGES ON SOLID WASTE MANAGEMENT SERVICES

**Section 20. Authority to collect Solid Waste Management Fees.** Pursuant to Section 47 of R.A. 9003, the Municipal Government is authorized to impose fees in amounts sufficient to pay the cost of implementing effectively and efficiently solid waste management plan prepared pursuant to this Ordinance and improve/enhance solid waste collection, transportation, processing (recovery, recycling, composting and disposal.)

**Section 21. Imposition of fees for Solid Waste Management Services.** There shall be collected annually from every owner or operator of business establishment within the municipality an annual garbage fee based on the following schedule:

a. Manufacturer of any article of commerce, assemblers, repackers, processors, brewers, distillers, rectifiers, and compounders of liquors distilled spirits and wine	200.00
b. On wholesalers, distributors or dealers in any form of commerce	200.00
c. On exporters, and or manufacturers, millers, producers, wholesalers, Distributors or dealers or retailers of essential commodities	500.00
d. On contractors and other independent contractors	300.00
e. On retailers:	
(1) Sari-Sari Store (small)	100.00
(2) Sari-Sari Store (big)	150.00
(3) Bazaar, groceries, drugstore, department store, etc.	250.00
(4) Others	200.00
f. On eating places like cafes, cafeterias, restaurant and similar establishment	200.00
g. On service business establishment, financial institution, amusement places Lodging places etc.	250.00
Bus Terminal	500.00
Ferry Boat /Terminal	1,000.00
h. On all other establishments that are not mentioned above	200.00

**Section 22, Time and Manner of Payment.** The fee imposed under Section 20 of this Ordinance shall be paid to the Municipal Treasurer upon application for business permit with the Municipal Mayor.

**Section 23. Exemptions on fees for Solid Waste Management Services.** No fees for Solid Waste Management Services shall be collected from residential houses that willfully comply with and implement the principles of Ecological Solid Waste Management in accordance with the pertinent provisions stated in this Ordinance.

## Article X PENAL PROVISIONS

**Section 24. Prohibited Acts.** The following acts are prohibited under this Ordinance:

- a. Littering, throwing, dumping of waste matters in any public places, roads, sidewalks, school premises, theaters, business establishments, sports and. Or recreation houses/areas, rivers, canals, esteros or parks, the Matnog Bay or any municipal waters, and or other public areas frequented by individuals;
- b. Setting outside or in front of household/business enterprises uncollected garbage unless during collection time;
- c. The open burning of solid waste;
- d. Causing or permitting the collection of non-segregated or unsorted waste;

- g. Unauthorized removal of recyclable materials intended for collection by authorized persons;
- h. The mixing of source-separated recyclable materials with other solid waste in any vehicle, box, container or receptacle used in solid waste collection or disposal;
- i. Transport and dumping in bulk of collected domestic, industrials, commercial and institutional waste in area other than centers of facilities prescribed under this ordinance.

## Section 25. Penal Provisions.

A. **For individuals-** Any person who violates this municipal ordinance shall be punished as follows, to wit:

1. **First offense-** Community Service of eight (8) hours or fine of three hundred (300.00) Pesos
2. **Second Offense-** Community Service of sixteen (16) hours and fine of Five Hundred (500.00) Pesos;
3. **Third Offense-** Community Service of twenty (24) hours and fine of One Thousand (1,000.00) Pesos.

B. **For business establishment-** any store owner or proprietor of any business establishment who violates this municipal ordinance shall be punished as follows, to wit:

1. **First offense-**Community Service of eight (8) hours or fine of Five Hundred (500.00) Pesos.
2. **Second Offense-** Community Service of Sixteen (16) hours and fine of One Thousand (1,000.00).
3. **Third Offense-** Community Service of Twenty four (24) hours and a fine of One Thousand Five Hundred (1,500.00) Pesos.

C. **For Industrial Establishment and Institutions-** owner or proprietor of any industrial establishment and head of any institution who violates this Municipal Ordinance shall be punished as follows, to wit:

1. **First Offense-**Community Service of eight (8) hours or a fine of One Thousand (1,000.00) Pesos
2. **Second Offense-**Community Service of Sixteen (16) hours and a fine of One Thousand Five Hundred Pesos (1,500.00)
3. **Third Offense-**Community Service of Twenty four (24) hours and Fine of Two Thousand Five Hundred (2,500.00) Pesos

D. **For Public Utility Buses/Vehicles-**Any driver and and/or conductor of a public utility bus or vehicle who violates this municipal ordinance shall be punished as follows:

1. **First Offense-** community service of eight (8) hours or a fine of five Hundred (500.00) Pesos;
2. **Second Offense-** community service of sixteen (16) hours and fine of One Thousand (1,000.00) Pesos;
3. **Third Offense-**community service of twenty four (24) hours and fine of One Thousand Five Hundred (1,500.00) Pesos.

E. **For Sea Vessels-** any ship captain or any person-in-charge of the vessels who violates of this municipal ordinance shall be punished as follows, to wit:

1. **First offense-**community service of eight (8) hours or a fine of One Thousand (1,000.00) Pesos;
2. **Second Offense-** Community service of sixteen (16) hours and a fine of One Thousand Five Hundred (1,500.00) Pesos
3. **Third Offense-**community service of twenty four (24) hours and a fine of Two Thousand Five Hundred (2,500.00) Pesos.

## Article XI ADMINISTRATIVE PROVISIONS

**Section 26. Creation of Solid Waste Management Board.** The Municipal Planning Development Coordinator through the Solid Waste Management Board, shall ensure the Municipality wide implementation of the Solid Waste Management Program.

**Section 27. Creation of Municipal Solid Waste Management Board.** A Municipal Solid Waste Management Board shall be organized/formed to prepare, submit and implement a plan for the safe and sanitary management of solid waste generated within the Municipality.

The Municipal Solid Waste Management Board shall be composed of the Municipal Mayor as head with following members:

- a. The Municipal Vice Mayor
- b. The Chairman, Committee on Environment of the Sangguniang Bayan
- c. The Chairman, Committee on Health of the Sangguniang Bayan
- d. The Municipal Health Officer
- e. The Municipal Planning Development Coordinator
- f. The President of the Barangay Councils
- g. The Sangguniang Kabataan President, Municipal Federation
- h. The DOH representative
- i. A representative from NGOs/Pos whose principal purpose is to promote recycling and the protection of air and water quality
- j. A representative from religious organization
- k. A representative from the recycling industry such as junk shop; and
- l. A representative from the manufacturing or packaging industry.

The board may determine a representative of each concerned local government agency possessing relevant technical and marketing expertise.

The Municipal Solid Waste Management Board may, from time to time, call on any concerned agencies or sectors, as it may deem necessary.

Provided, that representative from the NGOs, recycling and manufacturing or packaging industries shall be selected through a process designed by themselves and shall be endorsed by the government agency representative of the board.

**Section 28. Role of Barangays.** All Barangays shall ensure the full implementation of this Ordinance in their respective jurisdiction. They shall recommend the necessary personnel to be deputized by the Municipal Mayor as Barangay Solid Waste Management Officers for this purpose. Reach personnel so deputized must have sufficient identification and authority to apprehend violators and shall be provided with the necessary Citation tickets.

**Section 29. Creation of the Barangay Solid Waste Management Committee.** All barangays in the municipality shall organize/form the Barangay Solid Waste Management Committee that shall prepare, submit and implement a plan for the safe and sanitary management of solid waste generated within their territorial jurisdiction.

The Barangay SWM Committee shall be composed of the Barangay Captain as Chair with the following members:

- a. One (1) kagawad preferably the Chairman on Health or Environment Committee.
- b. SK Chairman
- c. President of Home Owners Association, if any
- d. Public/private school principals or representative
- e. One (1) parent and teacher Association or representative
- f. One (1) religious organization representative
- g. One (1) Business Sector representative
- h. One (1) Environment NGO representative
- i. President of Markey Vendors Association one (1) representative from junkshop owners association

**Section 30. Environmental Education in the Formal and Non-formal Sectors.** The national government through the DECS and in coordination with concerned government agencies, NGOs and private institutions, shall strengthen the integration of environment concerns in school curricula at all levels, with particular emphasis on the theory and practice of waste management principles like waste minimization, specifically resource conservation and recovery, segregation at source, reduction, recycling, re-use and composting, in order to promote environmental awareness and action among the citizenry.

**Section 31. Business and Industry Role.** Commercial and Industrial establishment, shall be encouraged, through appropriate incentives other than tax incentives, to initiate participate and invest in integrated ecological solid waste management projects, to manufacture environment-friendly products, to introduce, develop and adopt innovative processes that shall recycle and re-use materials, conserve raw materials and energy, reduce waste and prevent pollution, and to undertake community activities to promote and propagate effective solid waste management practices.

**Section 32. Implementing Rules and Regulation.** The Solid Waste Management Board thru the Municipal Planning and Development Office is tasked to supervise the municipal wide implementation of this ordinance and to assist the Board in preparing the corresponding implementing Rules and Regulations for effective implementation, subject to approval of Sangguniang Bayan which will be an integral part of this ordinance.

**Section 33. Issuance of Citation Tickets.** The solid Waste Management thru the Municipal Planning and Development Office shall be authorized to issue the Solid waste citation tickets for apprehensions pursuant to this Ordinance. All tickets issued, whether used or unused, must be reported to the Municipal Planning and Development Office thru the Solid Waste Management Board. Any collection of the fine herein imposed without issuance of the citation ticket shall render the collector liable to criminal or administrative liabilities and a fine of two thousand Five Hundred (2,500.00) Pesos and imprisonment for six (6) months at the discretion of the court.

**Section 34. Payments of Fines.** The fines prescribed in Section 24 hereof shall be paid to the following.

- a. The Municipal Treasurer of Matnog in case of the violator was apprehended by a deputized officer of the Solid Waste Management Board
- b. The Barangay Treasurer of the concerned barangay, in the case the violator was apprehended by a deputized Barangay Solid Waste Management Officer.

**Section 36. Solid Waste Management Fund.** To carry out the provisions of this ordinance, there is hereby appropriated an amount of not exceeding 20% of the 20% Development Fund of the Municipality for the implementation of this Ordinance.

**Section 37. Information Dissemination.** Every barangay shall be furnished with approved copy of the said ordinance and implementing rules and regulations.

## CHAPTER VIII - MUNICIPAL ORDINANCE NO.04-2009 AS AMENDED

### **AN ORDINANCE AMENDING MUNICIPAL ORDINANCE NO. 04-2009 OF THE REGULATING THE TRAINED PRACTICES OF BIRTH ATTENDANTS AND ALL HEALTH WORKERS OF THE SAFE MOTHERHOOD/MATERNAL AND CHILD HEALTH PROGRAM IN MATNOG, SORSOGON**

**Author: Hon. Evelyn S. Garalde**

**BE IT ORDAINED** by the Sangguniang Bayan of Matnog, Sorsogon in regular session duly assembled that:

**Section 1. Title** – This ordinance shall be known as MUNICIPAL BIRTH ATTENDANCE AND SAFE MOTHERHOOD/MATERNAL AND CHILD HEALTH PROGRAM IN MATNOG, SORSOGON

**Section 2. Coverage.** The provisions herein shall govern the functions, services and practice of birth attendance by all registered and non-registered trained birth attendants, either active or non-active, whether in the government health service or private.

**Section 3. Acronyms.** As used in this ordinance, the following acronyms shall mean, to wit:

- |            |  |
|------------|--|
| 3.1 BEMOCC | - Basic Emergency Maternal Obatretic Care Center               |
| 3.2 BHW    | - Barangay Health Worker                                       |
| 3.3 LIC    | - Lying-in-Center  |
| 3.4 MHO    | - Municipal Health Office                                      |
| 3.5 RHU    | - Rural Health Unit  |
| 3.6 SBA    | - Skilled Birth Attendant                                      |
| 3.7 TBA    | - Traditional Birth Attendant or "lilat" in the local practice |

3.9 UNPF  
3.10 WHO  
3.11 WHT

United Nations Population Fund  
- World Health Organization  
- Women's Health Team

#### **Section 4. Persons Qualified To Be Birth Attendants**

The practice and function of Birth Attendant should be limited only to the following, who shall be deemed as the only technically competent persons to perform, except under extraordinary circumstances, the practice and function of Birth Attendance, viz:

- 4.1 Skilled Birth Attendants who are the following 1) Registered Doctor 2) Registered Nurse 3) Registered Midwives
- 4.2 Barangay WHT, with the government's RHU midwife, assigned in the barangay concerned as the SBA and Team Leader, and BHWs and TBAs, as members to assist the SBA in providing services to maternal.

#### **Section 5. Prohibited Practices**

- 5.1 TBAs are prohibited from the practice of birth attendance or from performing of deliveries of an expectant mother, except when providing assistance under the immediate and direct supervision of the SBA as enumerated under Section 3 of this ordinance.
- 5.2 Home deliveries shall never be performed by any person other than the SBA as enumerated in Section 4 of this ordinance.

#### **Section 6. Registration And Accreditation Of Traditional Birth Attendants, Otherwise Known As "Hilot".**

- 6.1 TBAs to be qualified as members of Barangay WHT shall register with and be accredited by the MHOOF of Matnog, Sorsogon.
- 6.2 A TBA shall file an application for Registration/ Accreditation before the Barangay Women's Health Team, which shall evaluate initially the competence of a TBA to assist Birth Attendance and be member of WHT.
- 6.3 Registration/Accreditation form shall be prepared and issued by the Municipal Health Office. Said accreditation shall be duly signed by the following: a) Team Leader of the Barangay Women's Health Team as Endorsing Officer, b) Municipal Health Office as Recommending Officer, and c) Municipal Mayor as Approving Officer.
- 6.4 Approved Registration/ Accreditation shall be issued to the TBA concerned after payment of FIFTY PESOS (50.00) at the Local Treasurer's Office as documentation/ administrative fee.
- 6.5 The Municipal Health Officer shall thoroughly review, verify and determine the technical competence and capability of the applicant TBA before recommending approval and issuance of Certificate of Registration and Accreditation by the Local Government Unit concerned.
- 6.6 The Registration/ Accreditation herein provided shall be renewed every two (2) years.

#### **Section 7. Functions, Duties and Responsibilities of A Barangay Women's Health Team**

- 7.1 Identify, list down, monitor/ keep track of expectant mothers in the barangay, render health counseling before, during and after maternal delivery; and conduct/facilitate transport expectant mothers to government hospitals/maternal clinics of BEMOC Center in the city/ municipality concerned.
- 7.2 Support and assist SBAs in the performance of Birth Attendance. Keep a record thereof to perform parts of its monthly report to the Municipal Health Office concerned through the Team Leader of the Barangay WHT.
- 7.3 Perform individualized or group counseling and information campaign and serve as advocates of safe motherhood/ maternal and child health care in the barangay, as follows, but not limited thereto;
  - 7.3.1 Encourage pregnant women to enroll for essential pre-natal and post natal care to obtain care from skilled attendant during childbirth.
  - 7.3.2 Help Women and families to follow-up on safe care advice and other recommendation from skilled birth attendants (nutrition, treatment, dietary, supplemental, immunization, scheduled appointments, plans for birth and emergencies, etc.)

- 7.4 Encourage the involvement of the male partner in the care of the woman and their newborn.
- 7.5 Disseminate health information throughout the community and to particular families directly concerned;
- 7.6 Give care support during and after delivery, either as birth attendant or birth companion;
- 7.7 Report to and/or inform the Municipal Health Office, through the Barangay, rural health station about the women who have become pregnant in the community so that the SBA can make direct contact with them;
- 7.8 Serve as a link between the families, communities and local authorities and the reproductive health services;
- 7.9 Encourage community involvement in the development/maintenance of the continuum of care.

### **Section 8. Administrative Responsibilities**

8.1 Conduct, at the Municipal Level, series of technical and administrative training for government and non-government personnel involved in the practice of Birth Attendance, maternal and child pre and post-natal health care and services and cause the integration of traditional birth attendants into the regular health services of the Municipal Health Office.

#### **8.2 Municipal Health Offices:**

- 8.2.1 In coordination of the Provincial Health Office, the Municipal Health Office, under the overall command of the Municipal Health Officer shall be responsible for the implementation of the applicable provisions of this ordinance at their own administrative and operational jurisdiction.
- 8.2.2 Establish and operate BEMOC Center, where there is no existing government hospital, to be manned by routinely scheduled SBAs and WHTs to minister the needs of expectant mothers before, during and after maternal delivery.

#### **Section 9. Incentives for Members of Barangay Women Health Teams:**

9.1 The Municipal Health Office, shall provide a monthly cash incentive, out of funds from the SECOND WOMEN'S HEALTH AND SAFE MOTHERHOOD/MATERNAL AND CHILD HEALTH PROGRAM, and from the professional fees coming from the services rendered to pregnant women enrolled under PHILHEALTH.

#### **Section 10. Administrative/ Penal Sanctions.**

10.1 violation of the applicable provision of Section 4 & 5 of this ordinance shall subject the offender to a fine of not less than THREE HUNDRED (Php 300.00) PESOS but not exceeding TWO THOUSAND FIVE HUNDRED (Php 2,500.00) PESOS or SIX (6) MONTHS imprisonment or both such fine and imprisonment at the discretion of the competent court without prejudice to administrative or criminal prosecution under existing laws.

10.2 Non-implementation or non-compliance of the salient provision of this ordinance by government personnel concerned to the prejudice to life and safety of individuals shall be subject to administrative or criminal liability pursuant to existing and applicable statutes, rules and regulations upon formal complaint of the affected party and after determination by the competent court or authority.

## **CHAPTER IX - MUNICIPAL ORDINANCE NO.06 s. 2006**

### **AN ORDINANCE ADOPTING THE CONTRACEPTIVE SELF-RELIANCE PLUS (CSR+) PLAN OF MATNOC, SORSOGON AND APPROPRIATING FUNDS THEREFORE.**

**Author: Hon. Edward Ruel T. Barlin**

**BE IT ORDAINED** by the Sangguniang Bayan of Matnog, that,

**Section 1. Title-** This Ordinance shall be known as "An ordinance adopting the **Contraceptive Self Reliance (CSR+) Plan of Matnog, Sorsogon**".

**Section 2. Definition of Terms-** for better understanding the following terms and phrases are hereby defined as used in this ordinance.

- a. **Program-** shall refer to CSR+ (Family Planning, TB DOTS, STI/HIV AIDS) as established in this ordinance.
- b. **CSR+CSS Indigent-** shall mean families whose gross household income per month is not more than Four Thousand Pesos (4,000.00)

- c. **Member**- shall refer to the members of the program
- d. **Dependents**- shall refer to the qualified dependents of the member
- e. **Health Care Providers**- shall refer to all health workers in the community.

**Section 3. Objectives-** In order to respond to the health care needs of the indigent family, the program seeks to achieve the following objectives:

- a. Increase budgetary allocation
- b. Sustain the inadequacy program enrollees
- c. Maintain health care facilities and equipment to attain a better than midrange satisfaction rating as per service satisfaction scale to be set by the concerned office.
- d. Realize at least a 20% improvement in efficiency and effectiveness of the CSR+ service annually.

**Section 4. Program Benefits**

- a. Access to family planning commodities
- b. Reduce risk of mortality due to high risk pregnancies
- c. Reduce growth rate from 1.88 to 1.6
- d. Reduce morbidity/mortality due to vitamin A deficiency
- e. Reduce morbidity/mortality due to TB
- f. Increase detection of TB
- g. Increase cure rate of TB
- h. Improve surveillance system of HIV/AIDS

**Section 5. Support Units**

- a. Department of Health (DOH)-renders technical assistance
- b. Local Government Units (LGU)- provides financial support
- c. PHIC Capitation Fund- augmentation fund from the PHIC to the health needs of the RHU
- d. Barangay- provides additional fund.

**Section 6. Performance Management Fund Allocation-** Rural Health Unit shall prepare performance indicators and annual performance targets for the services rendered to assess the output of the CSR+ plan. An amount of Two Hundred Thousand (200,000.00) Pesos from the 20% CDF of the Municipality shall be appropriated for the implementation of this ordinance and the same amount every year thereafter for its continuity.

**Section 7. Effectivity-** This ordinance shall take effect after its posting in three conspicuous places within the municipality or after publication in a newspaper of general circulation for three (3) consecutive weeks.

**CHAPTER X - MATNOG ORDINANCE NO. 07 s. 2005**

**THE MUNICIPALITY OF MATNOG MULTI SECTORAL STI/HIV/AIDS COUNCIL FOR THE PREVENTION OF SEXUALLY TRANSMITTED DISEASE DEFINING ITS POWER AND FUNCTION AND PROVIDING FUNDS FOR THE PURPOSE.**

**Author: Hon. Edward Ruel T. Barlin**

**BE IT ORDAINED** of the Sangguniang Bayan of the Municipality of Matnog in session assembled:

**ARTICLE I. GENERAL PROVISION**

**Section 1. Title.** This ordinance shall be known as the "**Municipality of Matnog Multi-Sectoral STI/HIV/AIDS Council**" and shall hereafter be known as the Matnog Local Aids Council or MLAC.

**Section 2. Creation of the Matnog Multi-Sectoral STI/HIV/AIDS Council-** A Matnog Multi-Sectoral STI/HIV/AIDS Council" or MLAC for purposes of brevity is hereby created for the prevention and control of STI/HIV/AIDS in the Municipality of Matnog and to oversee a concerted local, Multi-Sectoral and comprehensive response to Sexually Transmitted Infections, Human Immuno-Deficiency Virus and acquired immune Deficiency syndrome and other related diseases that shall mobilize the citizenry to rally behind the challenges of Sexually Transmitted diseases.

**Section 3. Purpose-** MLAC is hereby created to be the central advisory body for policy formulation and policy making, planning, monitoring and evaluation for comprehensive and integrated STI/HIV/AIDS prevention and control programs in the Municipality of Matnog.

## ARTICLE II - DECLARATION OF POLICIES AND PRINCIPLES

**Section 4. Declaration of Policies and Principles-** Sexually transmitted infections (STI) Human Immuno-Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are diseases that recognizes no territorial, racial, social, political and economic boundaries for which young and old can be infected. The gravity of threat of the above-mentioned diseases demands a strong preventive and support measures and MLAC shall adhere to the following provisions of organic laws of the Philippines, which shall serve as its principles:

- a. Article II. Section 10 of the 1987 Philippine Constitution states that "the state values the dignity of every human person and guarantees full respect for human rights."
- b. Republic Act No. 8504 known as Philippine AIDS Prevention and Control Act of 1998 was enacted declaring the following principles:
  1. The state shall promote public awareness about the cause, modes of transmission, consequences, and means of prevention and control of STI/HIV/AIDS through a comprehensive nationwide educational and information campaign organized and conducted by the State. Such campaign shall promote value formation and employ scientifically proven approaches, focus on the family as a basic social unit, and be carried out in all schools, training centers, workplaces and communities. This program shall involve affected individuals and groups, including people living with STI/HIV/AIDS;
  2. The state shall extend to every person suspected or known to be infected with STI/HIV/AIDS full protection of his/her human rights and civil liberties;
  3. The state shall promote utmost safety and universal precaution in practices and procedures that shall and will mitigate the risk of STI/HIV/AIDS transmission;
  4. The state shall positively address and seek to eradicate conditions that aggravate the spread of STI/HIV/AIDS, including but not limited to poverty, gender, inequality, prostitution, marginalization, drug abuse and ignorance, and
  5. The state shall recognize the potential role of affected individuals in propagating vital information and educational messages about STI/HIV/AIDS and shall utilize their experience to warn the public about the disease..
- c. Article IV, Section 23 of RA 8504 states the "Local Government Units, in cooperation with concerned government agencies, NGO's, person infected with STI/HIV/AIDS prevention and care services."

**Section 5. Definition of Terms-** As used in the Ordinance, the following terms are defined and construed as follows:

- a. **Acquired Immune Deficiency Syndrome (AIDS)-** is a condition characterized by a combination of signs and symptoms, caused by HIV contracted from other person and which attacks and weakens the body's immune system, making the affected individuals susceptible to other life threatening infections.
- b. **Behavioral Surveillance-** is a systematic and regular collection of information on risk behavior and cross-pollinators of the transmission of HIV infection among selected population groups.
- c. **Condom-** is a thin protected barrier or sheath worn over the male or female external reproductive organ.
- d. **Community-** is a group of persons with something in common.
- e. **Contact tracing-** is a method of finding and counseling the sexual partners of a person who has been diagnosed as having sexually transmitted disease or diseases.
- f. **Discrimination-** is a prejudicial act of making distinctions or showing partiality in the granting of privileges, benefits or services to a person on the basis of his/her actual, perceived or suspected HIV status.
- g. **Entertainment Establishment-** are business establishment that include but not limited to bars, nightclubs, disco houses, cocktail lounges, massage clinics, videoke bars, sing-along pub houses and other similar establishment that employs two (2) or more workers, which are required to secure a permit to operate within the municipality of Matnog.

- h. **Health Worker**-is a person engaged in health or health- related work in hospitals, sanitary center, health infirmaries, health centers, and barangay health station, clinics and other health related establishments
- i. **Hiring**- is the process of selecting an individual for a specific position or job.
- j. **High Risk Behavior**- refers to a person's frequent involvement in certain activities, which increase the risk of transmitting or acquiring HIV.
- k. **HIV/AIDS Education**- is the provision of information on the causes, prevention and consequences of HIV/AIDS and activities designed to assist individual to develop the confidence and skills needed to avoid HIV transmission and to develop more positive attitudes towards people living with HIV/AIDS.
- l. **Human Immune Deficiency Virus**- refers to the virus which causes AIDS.
- m. **HIV Transmission**- is the transfer of HIV from infected persons to an uninfected one more through sexual intercourse, blood transfusion, sharing of needles/syringes, mother to child during pregnancy and breast feeding.
- n. **HIV/AIDS Prevention and Control**- the programs, strategies and measures aimed at protect ting non-infected persons from contracting HIV and minimizing the impact of the condition on people living with HIV/AIDS.
- o. **Masseur**- is a man who practices massage.
- p. **Masseuse**- is a woman who practices massage.
- q. **Medical Confidentiality**- refers to the relationship of trust and confidence created or existing between a patient or a person with HIV and his attending physician, consulting medical specialist, nurse medical technologist and all other health worker or personnel involved in any counseling, testing, or professional care of the former, it also applies to any person who in any official capacity, has acquired or may have acquired such confidential information.
- r. **Minor**- is a person who is below 18 years of age.
- s. **Non Government Organization**- (NGO) - is a private, non-profit voluntary organization that is committed to the task of social economic development and established primarily for service.
- t. **Peer Educator**- a person belonging to the same group or same social network to the target population, who is trained to conduct HIV/aids health education activities.
- u. **Person with HIV**- refers to an individual whose HIV test indicated directly or indirectly, that he/she is infected with HIV.
- v. **Pre-employment to post employment**- the continuity of employment starting from the hiring process, through employment, resignation, retirement and post retirement or resignation of an employee.
- w. **Prophylactic**- refers to any agent or device used to prevent the transmission of the disease, i.e. condom.
- x. **Reproductive Health**- it is a state of complete physical, mental and social well being and not merely the absence of the disease and infirmity in all matters relating to the reproductive health system and its function.
- y. **Serological Surveillance**- a systematic and regular collection of blood samples to identify the distribution and trends of HIV infection among the selected groups.
- z. **Sexually Transmitted Diseases/infections (STDI)**- any disease that is acquired or transmitted through sexual contact.
- aa. **Subpoena Ad Testificandum**- a procedure of a competent court inviting a person to testify as witness during a court trial or any investigation conducted under the law of the Philippines. It is commonly referred to as subpoena.
- bb. **Subpoena Duces Tecum**- a procedure whereby a competent court requires a person to appear in court to prevent or provide specified documents and or material under his/her control, which may be used as evidence.
- cc. **Passive surveillance**- refers to HIV registry in which the health authorities receive reports from physicians, clinics and laboratories of HIV/AIDS confirmed cases.
- dd. **Active Surveillance**- refers to sentinel serologic surveillance collection of blood samples to identify the distribution and trends of HIV infection among selected groups.

### ARTICLE III - COMPOSITION AND TERM OF OFFICE

**Section 6. Composition**- the Matnog LAC shall be composed of the following:

Position	Agency/institutional/Organization
<b>Chairman:</b>	Municipal Mayor
<b>Vice Chairman:</b>	Municipal Health Officer (MHO)
<b>Members:</b>	SB Chairman Committee on Health

SB Chairman Committee on Family  
SB Chairman Committee on Appropriations  
PNP Station Commander  
Department of Education (DepEd) Representative/ HS Principals  
Department of Health (DOH) Representative  
Municipal social Welfare Development Office (MWDO)  
Tri Media Representatives (print, TV/CTV and Radio Stations)  
NGO's:

- 1) Convergence for Sustainable Human Development, Inc. (CSHDI)
- 2) Family Planning of the Philippines (PFOP)
- 3) Likas, Inc.
- 4) Visayan Forum Foundation

Gender and Development Council Representative  
Municipal Planning and Development Officer (MLGOO)  
Liga ng mga Barangay President  
Sangguniang Kabataan (SK) Federation President  
Municipal Health Office (MHO) nurse  
MHO Medical Technologies  
MHO Rural Sanitary Inspector  
Municipal Information Officer  
Municipal Tourism Officer  
Barangay Health Workers (BHW) Representative

Representative from vulnerable Groups:

- 1) People in Prostitution(PIP)
- 2) Men having Sex with Men (MSM)
- 3) Migrant Workers (MW)

Representative from Entertainment Establishments  
Representative from Women's Health Organizations of Matnog.

An alternative representative(s) shall be designated by each member of the council, who in case of their absence, will represent them during meetings or activities of the MLAC.

**Section 7. Term of Office-** The term of office of the representatives from NGO's shall be co-terminus with the term of the appointing authority, provided that the organization from which they are representative must continue to exist and must maintain the purpose for which they were chosen.

**Section 8. Powers and Functions-** The MLAC being the central advisory, planning, monitoring, evaluation and policy-making body for the prevention and control of STI-HIV/AIDS shall be charged and vested with the following powers and functions:

- a. within the Municipality of Matnog;
- b. Prepare, short, medium and long term plans for the prevention and control of STI/HIV/AIDS;
- c. Formulate- policies and strategies for the prevention and control of STI/HIV/AIDS
- d. Monitor and evaluates the implementation of its program and plans, campaigns and strategies;
- e. Organize and encourages owners/operators/managers of registered entertainment establishment to actively participate in the prevention and control of STI/HIV/AIDS;
- f. Identify and recommend priorities and gaps in the local STI/HIV/AIDS implementation in terms of cases and strategies.
- g. Conduct periodic public information, education and communication activities in the promotion of prophylactic, reproductive health, prevention and control of STI/HIV/AIDS in different communities and barangays.
- h. Conduct regular seminar in all educational institution from primary to tertiary level and to distribute, disseminate, circulate, publish or broadcast modules, pamphlets, booklets. Brochures or other forms of information be it written, verbal, audio, or video.
- i. Conduct regular seminars/forums/dialogues in all government institutions and agencies and its subdivisions whether national or local including government owned or controlled corporation found within the territorial jurisdiction of the Municipality of Matnog as well as private

- establishment; and contribute, disseminate, circulate, publish or broadcast, modules, pamphlets, booklets, brochures or other forms of information be it written, verbal, audio or video;
- j. Conduct yearly STI/HIV/AIDS behavioral surveillance, in coordination with DHO, partner NGO's and other development partners with STI/HIV/AIDS programs among people with high risk sexual behavior or those who by the nature of their work is prone to contacting STI/HIV/AIDS.
  - k. Initiate skills training, advocacy programs and development strategies to benefit the people with high risk of contacting STI/HIV/AIDS;
  - l. Regularly monitor, inspect, examine the facilities, practices and procedures of hospitals, medical/dental clinics, medical/dental laboratories, medical/dental testing centers and blood banks located within the territorial jurisdiction of the Municipality of Matnog, whether they are public or privately owned, for profit or charitable purpose and evaluate whether or they have complied with the existing minimum standards in the prevention and containment of STI/HIV/AIDS.
  - m. Require medical practitioners within the juridical area of the municipality of Matnog to submit monthly report on the STI/HIV/AIDS cases.
  - n. Recommend to the Sangguniang Bayan for enactment of laws and ordinances that shall assist, bolster and strengthen in the control, prevention and containment of STI/HIV/AIDS.
  - o. Recommend closure or imposition of sanction or penalties of any establishment found violating the prohibited acts as mentioned under this ordinance.
  - p. Assist in the accessing, sourcing and requesting of funds either from national, local and international donors and funding agencies, and formulate policies in the allocation and disbursement of resources.
  - q. Act as the primary agency that shall represent the Municipality of Matnog in all conventions, conferences, forums or gathering of other agencies, organization, leagues, chambers or groupings, whether national, local or international pertaining to the issue of STI/HIV/AIDS.
  - r. Monitor and evaluate in coordination with MHO on STI/HIV/AIDS cases.
  - s. Identify STI/HIV/AIDS cases through passive and active surveillance;
  - t. Coordinate the activities and strengthen working relationship between and among government agencies and NGOs in the campaign against STI/HIV/AIDS;
  - u. Evaluate and analyze the problems and make recommendations regarding the utilization of funds from local national and international sources for the prevention and control of STI/HIV/AIDS in Matnog;
  - v. Coordinate and cooperates with local and international organizations regarding data collections, research and treatment modalities concerning STI/HIV/AIDS; and
  - w. Perform all other tasks and functions related to the overall objective in the prevention and control of STI/HIV/AIDS in the Municipality of Matnog.

#### **ARTICLE IV- MEETING**

**Section 9. Meeting** – The council shall meet quarterly as often as necessary by serving notice to all members at least a day before the meeting.

**Section 10. Quorum** – The presence of at least a majority of all the members of the council shall constitute a quorum for purpose of doing business.

#### **ARTICLE V – SECRETARIAT**

**Section 11. Composition** – A secretariat shall be organized, which shall be composed of the following:

Chairperson:	MHO
Vice-Chairperson:	MPDO
Members:	NGOs with health programs in the Municipality Representatives of the Vulnerable Groups

#### **Section 12. Functions and Duties and Responsibilities:**

- a. Prepare the agenda of the meeting of the MLAC and records the minutes of the same;

- d. Oversee the implementation of the policies, programs and activities of MLAC;
- e. Do regular and periodic monitoring and evaluation of the policies, programs and activities of MLAC;
- f. Recommend to MLAC measures that shall enhance and mitigate STI/HIV/AIDS in the Municipality of Matnog;
- g. Formulate and submit to MLAC programs, projects and activities relative to STI/HIV/AIDS prevention and control; and
- h. Perform such other functions as may be required by MLAC.

## ARTICLE VI- EDUCATION AND INFORMATION

**Section 13. Mandatory STI-HIV AIDS Education-** It shall be mandatory for all operators, managers and/or owners of entertainment establishments and their entertainers and employees, masseuse and masseurs of barber shops and massage clinics, beach resorts, caregivers school(s) and recruitment agencies situated within the territorial jurisdiction of the Municipality of Matnog to attend seminars on STI-HIV/AIDS prevention conducted either by the MHO or NGOs accredited by the Municipality of Matnog, otherwise no permit to operated shall be granted to the aforementioned establishments.

**Section 14. Availability and Accessibility of Preventive Control Measures and Information Materials on STI/HIV/AIDS Prevention.**

- a. Ensure the availability of preventive and control measures in all Barangay Health Units (BHUs) MHO and DOH accredited hospitals.
- b. Ensure that services pertaining to the prevention and control of STI/HIV/AIDS shall be adequately provided or available to all entertainment, establishments, hotels, motels, inns, lodging houses and pension houses, and
- c. A poster bearing prevention messages shall be posted within the premises of the above-cited establishment particularly in the dressing rooms and control rooms.

**Section 15. Agencies task to conduct seminars –** The Reproductive Health Clinic of the MHO and NGOs accredited by the Municipal Government are hereby tasked to conduct seminars on Reproductive Health, STI/HIV/AIDS periodically and to make themselves accessible and available for seminars purposes to the above-mentioned establishment particularly in Section 14-B of this Ordinance and to other persons, groups or organizations/associations who may need such services.

**Section 16. Issuance of Permit to Operate-** in compliance with this ordinance, the establishments mentioned in this ordinance shall not be allowed to operate unless a Certificate of Attendance in STI/HIV/AIDS seminar has been issued to its operator and to all of its employees.

**Section 17. Peer Educator-** all registered entertainment establishments should be required to have at least one (1) Peer Educator.

**Section 18. Availability of Prophylactics-** to prevent STI/HIV/AIDS, all hospitals, clinics and drugstores, entertainments, hotels/motels, inns and beach resorts, found within the territorial jurisdiction of the Municipality of Matnog are required to make prophylactics or condom available within their establishment.

## ARTICLE VII - REGULAR AND MEDICAL EDUCATION

**Section 19. Regular STI screening for entertainers and people with similar occupation.**

- a. All entertainers, masseurs, and people with similar occupation shall undergo compulsory medical checkup (gram staining) at least twice a month to be conducted on regular basis of the reproductive Health Clinics of the MHO;
- b. Conduct/facilitate an annual HIV behavior surveillance in the municipality, and
- c. Recommend the closure of any establishment found in violation of the prohibited acts as mentioned in this Ordinance and in the labor and sanitation laws.

**Section 20. Compilation of roster of entertainers/employees in entertainment establishment –** The MHO shall

hereto, all owners/operators/managers of entertainment establishments shall submit to the MHO a quarterly updated list of their employees.

For this purpose, the MHO shall maintain an up to date master list of all establishment covered by this ordinance, Record book shall be required and made available for inspection of all times.

**Section 21. Regular Inspection-** the MHO and the team shall conduct an actual scheduled inspection of an establishment with the aid of the PNP and DSWD as the need arises.

## ARTICLE VIII - MONITORING AND EVALUATION

**Section 22. Monitoring and Evaluation System-** The MLAC shall establish a comprehensive STI/HIV/AIDS monitoring and evaluation system in coordination with the MHO, in order to determine the magnitude and progression of STI/HIV/AIDS infection in the municipality, and for the purposed of assessing the adequacy and efficacy of the counter measures being employed by the MLAC, MHO and NGO's.

Further, the MLAC in coordination with the MHO shall monitor STI/HIV/AIDS cases through passive and active surveillance among the people with high risk sexual behavior or those who by nature of their work is prone to contacting STI/HIV/AIDS.

**Section 23. Reporting-** All hospitals, clinics, laboratories and testing centers for STI/HIV/AIDS, is requires to immediately report to the MHO any identified STI/HIV/AIDS cases.

**Section 24. Contact Tracing-** STI/HIV/AIDS contact tracing and all other related health intelligence activities may be pursued by the MLAC in coordination with the MHO; provide, such shall not contravene to the general purpose of R.A. 8504 otherwise known as "The Philippine AIDS Prevention and control Act of 1998". Provided, further, that any information gathered shall remain confidential and classified, and can only be used for statistical and monitoring purpose and not as basis or qualification for any employment, school attendance, freedom to abode or travel.

## ARTICLE IX - PROHIBITED ACTS

**Section 25. Prohibited Acts in the Establishment Covered by this Ordinance.**

- a. Offering an entertainment that appeals exclusively to the prurient interest of the people and does not conform with the revised Penal Code provision for entertainment for public patronage
- b. Allowing presentation of lewd shows and other entertainment activities that violates gender sensitive accepted standards of morality and decency.
- c. Maintaining facilities such as private entertainment rooms with locks, non-transparent partitions with walls or with form of obstruction from public view that may facilitate performance of illegal activities such as prostitution, use of illegal drugs, acts of lasciviousness or any other acts that violates women's and child's rights.
- d. Dismissing or penalizing employees of any of the establishment mentioned in the preceding paragraphs by reason of injection of a client.
- e. Exhibiting behavior contrary to public rooms
- f. Employment of minors is strictly prohibited, and
- g. Failure of establishment owner/manager to submit their employees for a regular medical/examination.

## ARTICLE X - CONFIDENTIALITY

**Section 26. Medical Confidentiality-** all health professionals, medical instructors, workers, employers, hospital, laboratories, recruitment agencies, insurance companies, data encoders and other custodians of any medical record, the data of test results are directed to strictly observe confidentiality in the handling of all medical information, particularly the identity and status of person with STI/HIV/AIDS.

Confidentiality shall encompass all forms of communication that directly or indirectly lead to the disclosure of information on the identity of any person who undergo HIV testing or diagnosed to have HIV. This information may include but is not limited to the name, address, diagnosed picture description or other any characteristic of a person which may lead to his/her identification.

**Section 27. Exceptions to the Mandate of Confidentiality -** Medical confidentiality shall not be considered breached in the following:

- a. When informing other health workers directly involved or about to be involved in the treatment or care of a person with HIV/AIDS, provided that such workers shall be obliged to maintain the shared medical confidentiality; and
- b. When responding to a subpoena duces tecum and subpoena ad testificandum issued by the Court with jurisdiction over a legal proceeding where the main issue is the HIV status of an individual, provided that the confidential medical record shall be properly sealed by its lawful custodian after being double checked for accuracy by the head of the office or department, hand delivered and personally opened by the judge, provided, further, that the judicial proceedings be held in executive session.

**Section 28. Release of HIV/AIDS Test result** - All results of HIV/AIDS testing shall be confidential and shall be released only to the following persons:

- a. The person who submitted himself/herself to such test;
- b. Either parent of minor child has been tested;
- c. A legal guardian in the case insane person or orphan;
- d. A person authorized to receive such result in conjunction with the surveillance program of the MHO as provided in accordance with the provisions of in Section 27 of R.A. 8504; and
- e. A justice of the Court of Appeals or the Supreme Court, as provided in accordance with provision of Section 16 of RA.8504.

**Section 29. Reporting Procedures** – All hospitals, clinics, laboratories, and testing centers for STI/HIV/AIDS shall adopt measures in assuring the reporting and confidentiality of any medical record, personal data and file, including all data which may be assessed from various data banks of information systems to the MHO.

**Section 30. Disclosure to Sexual Partner** – Any person with HIV is obliged to disclose his/her HIV status and health condition to his/her spouses or sexual partner at the earliest opportune time.

## ARTICLE XI – DISCRIMINATORY ACTS

**Section 31. Discriminatory in the Work Place** – Discriminatory in any form from pre-employment, including living, promotion or assignment, based on the actual perceived or suspected HIV status of an individual is prohibited. Termination from work on the sole basis of actual, perceived or suspected HIV status is deemed unlawful.

**Section 32. Discrimination in the School-** No educational institution shall refuse admission or expel, discipline, segregate, deny participation, benefits or services to a student or prospective student on the basis of his/her actual, perceived or suspected HIV status.

**Section 33. Restriction and Travel Habitation-** The freedom of abode, lodging and travel a person with HIV shall not be a bridge. No person shall be quarantine, placed in isolation, or refused lawful entry into or deported from Philippine territory on account of his/her actual perceived or suspected HIV status.

**Section 34. Inhibition from Public Service-** The right to seek an elective or appointive public office shall not be denied to a person with HIV.

**Section 35. Discrimination in Hospitals and Health Institutions-** No person shall be denied health care service or be charged with a higher fee on account of actual perceived or suspected HIV status.

**Section 36. Denial of Burial Services-** A deceased person who had AIDS or who was known suspected or perceived to be HIV positive shall not be denied any kind of decent burial services.

**Section 37. Penalty-** Violation of any of the provision of this Ordinance or of any rules and regulations issued thereunto shall be punished by imprisonment of less than four (4) months but not more than six (6) months or a fine of not less than Two Thousand Pesos (2,000.00) but not more than Two Thousand Five Hundred (2,500.00) Pesos or both in the discretion of the court.

## ARTICLE XII- APPROPRIATIONS

**Section 38. Appropriation-** The amount of Fifty Thousand (50,000.00) Pesos shall be initially appropriated out of the 20% Development Fund for fiscal year 2006 for the annual operation of the MLAC and for the implementation of its policies and program subsequent appropriations shall then be provided thereafter.

**Section 39. Formulation of Implementing Rules and Regulations** – Within one (1) month after the approval of this Ordinance, the MLAC shall formulate and issue the appropriate rules, and regulations necessary for the efficient and effective implementation of any and all provisions of this Ordinance.

## CHAPTER XI - MUNICIPAL ORDINANCE NO.11-2004

### **AN ORDINANCE CREATING PHILHEALTH CAPITATION FUND FROM THE PROCEEDS OF THE OUTPATIENT CONSULTATION AND DIAGNOSTIC PACKAGE TO BE PROVIDED BY THE PHILIPPINE HEALTH CORPORATION (PHILHHEALTH) FOR QUALIFIED INDIGENT FAMILIES OF THE MUNICIPALITY OF MATNOG UNDER THE INDIGENT SECTOR COMPONENT OF THE NATIONAL HEALTH INSURANCE PROGRAM (NHIP)**

**Author: Hon. Edward Ruel T. Barlin**

---

BE IT ORDAINED by the Sangguniang Bayan of Matnog, that:

**Section 1. The capitation amount shall be released on a quarterly basis by the corporation under the following conditions:**

- 1.1. Initial release shall be subject to prior accreditation of the municipality-owned and managed Rural Health Units and payment of premium contribution of the Municipality; and
- 1.2. Succeeding release of quarterly capitation shall be subject to the submission of required monitoring/evaluation reports as provided for under the implementing guidelines of the out patients consultation and diagnostic package and prior payment or premiums.

**Section 2. The disposition of the PFC shall be governed by the following rules:**

- 1.3. The disbursement and liquidation of the PCF shall be in accordance with pertinent government accounting and auditing rules and regulations;
- 1.4. A separate book of accounts shall be maintained by local government unit; and
- 1.5. The capitation fund shall be used only for the specified purposes stipulated in the outpatient Consultation and Diagnostic Package Guidelines.

**Section 3. The corporation may withhold the release of the subsequent quarterly PCFs due to any of the following:**

- 3.1. Delay or non-payment of premium contribution;
- 3.2. Violation of government accounting and auditing rules and regulations on the disbursement and liquidation of the PFC; and
- 3.3. Non-submission of the required reports under item 1.2 hereof.

**Section 4. Separability Clause** – The provision of this Ordinance are hereby declared to be separable and in the event one or more provisions are held constitutional, the validity of the other provisions shall not be affected thereby.

**Section 5. Repealing Clause** – Any prior Ordinance, resolutions, rules and regulations or parts thereof, which are inconsistent or in conflict with this Municipal Ordinance are hereby repealed and or modified accordingly.

**Section 6. Effectivity** – The Municipal Ordinance shall take effect fifteen (15) days after its official publication for three (3) consecutive weeks in a local newspaper of general circulation posting in three (3) conspicuous places in the municipality.

CHAPTER XII - MUNICIPAL ORDINANCE NO.06-2004

**AN ORDINANCE INSTITUTIONALIZING THE INTER-LOCAL HEALTH ZONE OF THE LOCAL GOVERNMENT UNIT OF BULAN, IROSIN, MATNOG AND STA MAGDALENA SORSOGON**

**Author: Honorable Edward Ruel T. Barlin**

**ARTICLE I. GENERAL PROVISION**

**Section 1. Short Title**

This ordinance entitled “**An ORDINANCE INSTITUTIONALIZING THE INTER-LOCAL HEALTH ZONE OF THE LOCAL GOVERNMENT UNIT OF BULAN, IROSIN, MATNOG AND STA. MAGDALENA, SORSOGON.**”

**Section 2. Rationale/Purpose/objectives**

- a. To ensure that health is available to everyone, carefully planned and adequately delivered.
- b. To set up a care delivery system wherein the Local Government Unit and the Community actively participate.
- c. To ensure the unification of municipalities and sharing of resources, a more concrete and stable health care delivery system may be established which could understand constantly changing internal and external government.

**Section 3. Rules of interpretation-** These implementing Rules and regulations (IRR) shall be construed liberally in order to promote the objective of securing a committed cooperation for health and other health related matters among the participating LGU's and other stakeholders.

**Section 4. Definition of Terms-** As used in this rules and regulation (IRR) shall be construed as follows:

- a. **Inter-Local Health System**-refers to a system of health care similar to the district health system in which individuals, communities and all other health care providers in a well-defined geographic area participate together in providing quality, equitable and accessible health care premised on the inter-LGU partnership as the basic framework.
- b. **Zone or Health Zone**- refers to the Inter-Local Health Zone herein created.
- c. **Inter-Local Health Zone (ILHZ) Board.** A body established through the collective efforts of all the participating Local Government Unit and other identified health stakeholders.
- d. **Local Government Unit-** This refers to the political subdivision of the government created under the Local Government Code of 1991, vested with corporate and governmental powers and enjoying autonomy from the national government in the administration of their local affairs;
- e. **Local Chief Executive (LCE)-** This refers to the Mayor or Governor of a Province, City or a Municipality.
- f. **Local Health Board-** SA structure mandated by the Local Government Code of 1991 and established at the Municipal, City or Provincial. This advisory body is granted by law to recommend policies and measures for the operation and maintenance of health facilities and services in their respective scope.
- g. **Barangay Health Station (BHS).** The smallest health unit under the Philippine Health system administered by a Rural Health Midwife and assisted by the Barangay Health Workers (BHWs) and other health volunteers.
- h. **Municipal Health Office (MHO)** a health unit which provides primary health care related services. Its operation is headed by a physician, along with nurses, midwives, rural sanitation, inspectors, Medical technologist, dentist and other support personnel. With a level of health care service higher than that of a BHS but lower than that of a District hospital.
- i. **Core Referral Hospital.** A secondary level health facility which is capable of dealing with referrals from the community, private medical practitioner, and public health care services such as the Rural Health Unit (RHU), providing a minimum health services that included outpatient services, obstetrics and trauma cases.
- j. **Exigency of the Service-** is a situation where service is urgently needed and where any delay in its execution and delivery will adversely affect the outcome of the service as well as pose a threat to the life of a person, community and/or to the condition of a facility or property.
- k. **Fund-** refers to the common trust fund intended for the establishment and maintenance of the Inter-Local Health System in a Health Zone.

## ARTICLE II- CREATION OF BIMS-ILHZ

For the BIMS-ILHZ to have life and sustainability, a resolution shall be passed by the respective Sangguniang Bayan of Bulan-Irosin Matnog and Sta Magdalena embodying therein grant of authority to its respective Local Executive to enter into a Memorandum of Agreement (MOA) to institutionalize BIMS-ILHZ to the end that their respective LGU, health services maybe integrated.

By virtue of such resolution, the Local Government Unit of Irosin and the Local Government Unit of Bulan, Matnog and Sta Magdalena through its Local Chief Executive, shall enter into a Memorandum of Agreement for purposes of integrating health service, pooling human, technical, financial, material and other essential resources by adopting and maintaining an inter-Local Health Zone of Bulan, Irosin, Matnog and Sta Magdalena.

## ARTICLE III- ADOPTION OF RULES AND REGULATIONS

In the implementation of this Ordinance, BIMS-ILHZ shall be guided by the rules and regulations as herein below set forth, to wit.

### Section 5. Guiding Principles for Cooperation's of the Inter-Local health Zone

- a. The Guiding Principles of cooperation between and among the participating LGUs are the provision of the 1987 Philippine Constitution and the Local Government Code of 1991, stating among others, that

"Local Government Units may group themselves, consolidate or coordinate their efforts, services and resources for purposes commonly beneficial to them." (Article X, Section 13 of the 1987 constitution)

"Local Government Units through appropriate ordinances group themselves, consolidate and coordinate their efforts, services and resources for the purpose beneficial to them. In support of such undertaking the local government involved may, upon approval of the Sangguniang concerned after a public hearing conducted for the purpose, contribute funds, real estate, equipment and other kinds of property and appoint or assign personnel under terms and condition as may be agreed upon by the participating local units through Memoranda of Agreement" (**Article III, Section 3 of RA 7160**)

- b. The general objectives of this cooperation is to ensure and strengthen collaborative linkages between and among LGUs, DOH, NGO, Pos, Private Sectors and other National Agencies through the generation, mobilization and allocation for the attainment of "Health in the Hands of the People by year 2020".

In particular, this cooperation shall organize an Inter-Local health Zone and the Technical Management Committee, who shall oversee the following:

- i. Assessed health situation in the ILHZ and identify prevailing health problems that need to be addressed;
- ii. Review in preparatory manner the management service output and extend of coordination provided by all BHS, Rural health Units, Primary Community Hospitals and District Hospital;
- iii. Assess and monitor existing human resource and its capabilities to include the Barangay Health Workers, Hilots and other traditional healers and implement continuous training activities that would upgrade the technical as well as the institutionalize competence;
- iv. Ensure that all ILHZ member Municipalities are implementing a formulated Municipal Health Operational Plan;
- v. Review the implementation of the essential drugs procurement system, as to price, quality, and ensure its conformity with the National Drug formulary of generics law;
- vi. Strengthen health care delivery by utilizing a functional two-way referral system;
- vii. Establish an integrated information and management system at the ILHZ level through setting –up of a computer network and community based health data boards;
- viii. Prepare the development of a Health Zone insurance scheme based for the low-income population through the indigence component of the National Health Insurance and Community Based Health Program;
- ix. Adopt and implement the "sentrong Sigla" or "Center of Wellness" of the Department of Health focusing and working towards improved quality of services;

- x. Encourage partnership among Local Government Units and networking between line agencies, the communities and the non-government Organizations (NGOs) and People Organizations working within the Inter-Local Health Zone.

#### **Section 6. Composition of the BIMS Inter-Local Health Zone**

- a. The BIMS Inter-Local Health Zone consist of the municipalities of Bulan,Irosin, Matnog, Sta Magdalena, all in the province of Sorsogon, under which the following health care units and facilities are covered, to wit.
  - All Barangay Health Stations (BHSs)
  - All Rural Health Units (RHUs)
  - Matnog and Bulan Municipal Hospitals
  - Irosin District Hospital, and
  - Including health facilities that maybe established therein.

#### **Section 7. Board Composition of the BIMS Inter-Local Health Zone**

- a. The BIMS Inter-Local Health one shall be the unifying and coordinating authority composed of but not limited to the following:
  - Local Chief Executive
  - All Municipal Health Officers and Chief of Municipal Hospitals
  - Chief of the Irosin District Hospital
  - DOH Representatives
  - Health Chairman of the Sangguniang Panlalawigan and Sangguniang Bayan
  - Representative of the Sorsogon Provincial Health Office
  - Representative of the Non-Government Organization, and
  - President of Municipal Barangay Health Workers Association (on rotation basis)
- b. The Chairman of the board shall come from the Local Chief Executives covering the BIMS-ILHZ. The Chairman of the board will be rotated among LCEs on quarterly basis, and shall assume the following responsibilities.
  - Act as Presiding Officer in all board meetings
  - Sign all approved documents for the BIMS Inter-Local Health Zone, and
  - Assume such other tasks upon the instruction of the Board.
- c. The Chief of the Irosin District Hospital shall act as the Ex-Officio Vice Chairman of the BIMS ILHZ board.
- d. In case of membership expansion to the BIMS-ILHZ Board. The approval of the majority of the Board Members present in the deliberation may pass a resolution admitting an individual, official or representative of an agency.

#### **Section 8. Functions of the BIMS Inter-Local Health Zone Board**

- A. The BIMS-ILHZ Board shall provide for a complementary advisory, technical, supervisory and administrative support to health units in health zone, it shall
  - 1. Serve as technical and advisory committee to individual Sangguniang Bayan and health-offices of the component municipalities within the BIMS-ILHZ;
  - 2. Oversee and approve the holding of joint health planning and budgeting activities and other inter LGU resource sharing;
  - 3. Advocate for municipal and provincial annual budgeting, particularly for health service allocations;
  - 4. Determine additional funding requirements for efficiency in health care services management and delivery;
  - 5. Identify other funding sources
  - 6. Provide venues for recognizing innovative health practices within the BIMS Health Zone.

7. Oversee the implementation of approved ILHZ policies;
8. Oversee the monitoring and evaluation of public health and hospital services within the BIMS Health Zone and
9. Oversee the technical management Committee operations.
  - a. The BIMS-ILHZ board may accredit private health facilities within the zone as part of the health referral network.
  - b. All the health plans of the municipal and all hospitals within the zone shall be consolidated as the BIMS Health Zone Plan, which will be subject for approval of the Provincial Health Board, while the respective Local Health Board of each Municipalities shall endorse all Municipal Health Plans to respective Sangguniang Bayan.

### **Section 9. Meetings of the Board**

- a. **The BIMS-ILHZ Board shall meet at least twice every quarter. The Chairman may however call for a special meeting to address urgent health concern that may arise as far as practicable, the order of the business its meeting shall be:**
  - a. Roll call
  - b. Proof of due notice
  - c. Consideration of the minutes of the last meeting
  - d. Reports of the RHUs, the Municipal Hospital and the Irosin District Hospital;
  - e. Unfinished business
  - f. New business, and
  - g. Adjournment
- b. Notice of meeting shall be served to the members at least one (1) prior to its schedule.
- c. Actual transportation expenses incurred by all members in attending the meetings shall be charged to the respective LGU and or Hospital budgets, while the food served during the meeting shall be charged against the ILHZ trust fund, subject to the usual accounting and auditing rules and regulations.
- d. Majority of the members of the BIMS ILHZ board shall constitute the quorum. Its act shall be made effective after the approval by at least the majority of the members present in the meeting.

### **Section 10. Composition of the Technical Management Committee (TMC)**

The Technical Management Committee shall be the technical arm of the BIMS ILHZ board. They shall be selected by the Board and the composition shall include but not limited to the following:

- Chief of the Irosin District Hospital
- 4 Municipal Health Office
- 4 Public Health Nurses
- 2 Municipal Hospital Nurses
- 1 Rural Health Midwife
- 1 rural Sanitary *inspector*
- Representative coming from the following:
  - 1 Medical Technologist (Matnog Municipal Hospital)
  - 1 Pharmacist (Irosin District Hospital)
  - 1 Public Health Dentist (Irosin District Hospital)
  - 1 Administrative Staff Representative (Irosin District Hospital)
- 1 NGO Representative
- 1 People Organization Representative (BHWs)
- 1 Representative of the Provincial Health Office
- 1 Provincial Health Team
- 2 DOH Representatives

**Section 11. Functions of the Technical Management Committee (TMC).** The TMC shall be formed to assume the secretariat task for the BIMS ILHZ Bard, and as such, shall take charge the following:

- a. Establish a data-base health information system for the BIMS ILHZ
- b. Initiate integrated health planning

- c. Develop appropriate policies and systems and recommend for the approval of the BIMSILHZX Board on such concerns such as:
  - Regular financial planning indicating identified priority areas for funding.
  - Health Insurance scheme for the low-income population which is in conformity with the indigence component of the Philhealth.
  - Minimum and complementary package of services for hospitals, RHUs and BHSs
  - Disease surveillance sentinel site
  - Health Human Resource Development
  - Implementing guidelines for the referral system, human resource sharing, health care financing, collective procurement system, and quality assurance standards, and
  - Lobbying with the Provincial Government for retaining of hospital income.
- d. Initiate periodic assessment of all health programs and hospital performance.

### **Section 12. Meetings of the Technical Management Committee**

- a. The TMC shall meet at least once every two (2) months. The designated TMC Coordinator, the Chief of the Irosin District Hospital, may however call for special meeting for urgent health concern that may arise at the health zone.
- b. Actual transportation expenses and per diems incurred by all TMCV members in attending the meeting shall be against the fund of the BIMS ILHZ subject to the usual accounting and auditing rules and regulation.

### **Section 13. Relationship of the ILHZ with the Local Health Boards at the Municipal Provincial Level**

- a. In relation to the Municipal Local Health Boards. The Municipal Local Health Boards shall maintain their regular functions. Discussion in their regular meetings shall focus on internal affairs on the respective municipality, however, that may include zonal issues and proposals previously discussed at the ILHZ Board or TMC. The Municipal LHB shall likewise observe the adoption of ILHZ approved policies and systems.
- b. In relation to the Provincial Health Board. The Provincial Local Health Board shall maintain its regular functions. The Official representatives of the PHO and the Sangguniang Panlalawigan at the BIMS ILHZ shall present the annual Health Zone work and financial plan to the provincial local health board for its approval. In relation to the Program Review initiated by the PHO. This conference becomes progressively the inter zonal conference, broadening the participating members of hospital staff to public health staff and other stakeholders. Issues and problems common to the local health zone within the province of Sorsogon shall be discussed. The following shall be taken into consideration.
  1. Issues and concerns that requires for policy legislations shall be brought to the Provincial Local Health Board from deliberation and shall covered by a Sangguniang Panlalawigan Resolution.
  2. The frequency and content of the meetings shall be defined in consultation with all ILHZ in the province of Sorsogon.
- c. In relation to the Program Review initiated by the PHO. This conference becomes progressively the Inter zonal conference, broadening the participating members of hospital staff to public health staff and other stakeholders. Issues and problems common to the local Health Zone within the province of Sorsogon shall be discussed. The following shall be taken into consideration.
  1. Issues and concerns that requires for policy legislations shall be brought to the Provincial Local Health Board from deliberation and shall covered by a Sangguniang Panlalawigan Resolution.
  2. The frequency and content of the meetings shall be defined in consultation with all ILHZ in the province of Sorsogon.

### **Section 14. Other Institutional Roles and Responsibilities.**

1. The Municipal Local Government Units. With the assistance from its Local Health Board will be responsible for the following:
  - a. Formulate and implement an Integrated Municipal Health Plan within the framework of the Inter-Local Health Plan, and anchored on its existing local health situation, supported with an analysis of collected relevant information.

- b. Implement BIMS-ILHZ approved programs and projects under the integrated inter Local Health Plan that are applicable to the locality.
- c. Implement existing regulatory measures formulated at the National and Provincial level, likewise, propose and institute additional necessary regulatory measures for the municipality.
- d. Maintain the operation of the Municipal Health Office, including hospital owned by them, and institute construction, repair and renovation of these facilities if necessary.
- e. Provide venues for coordination among health and other health related public and private sectors/groups for the promotion of preventive health at the municipal level and
- f. Implement or support the conduct of research activities for effective health care delivery.

1.1. The Municipal Local Government Unit shall likewise assume the following roles and responsibilities:

- a. Accept as a goal the existence of one totally functioning RHU per 10,000 to 20,000 population while 1 BHS for every 3,000 to 5,000 population.
- b. Improve and maintain the road network to facilitate access/referral to/from the BNHS, RHU, nearest hospital, or Sorsogon Provincial Health Office. And whenever necessary provide transport and communication facilities for medical and surgical emergencies.
- c. Provide financial and technical support to vital community health workers and;
- d. Ensure the provision of financial and technical support to programs and projects essential to health.

## 2. The Provincial Government will be responsible for the following

- a. Initiate for the formulation and implementation of provincial/district health policies and plans in line with the national health, framework and situated with the health condition existing in the province.
- b. Provide administrative and technical assistance to the hospital and extend technical supervision through coordination with the BIMS ILHZ.
- c. Maintain the operation of the provincial/district and community hospitals in order for them to meet standard for hospital in order for them to meet standards for hospital licensing and accreditation requirements of the phi health.
- d. Collection, collation and analysis of the health information obtain from municipal and component city levels and submission of reports on such to the Department of Health.
- e. Implement or support the conduct of research activities for effective health care delivery.
- f. Provide venues for coordination among health and other health-related public and private sectors/group for the promotion of preventive health at the provincial level.
- g. Provide financial assistance for the development and strengthening of the BIMS ILHZ
- h. Initiate the regular conduct of semi-annual assessment of health programs and hospitals service output among inter-Local Health Zone, and
- i. Reinforce through policy legislations the compliance to the standard and regulations of the sanitation Code of the Philippines and other devolved functions related to health.

2.1. The provincial government through the Provincial Engineer's office shall improve the geographical accessibility of the Zonal Health facilities improving the road conditions and eventually providing transport and communication facilities for medical and surgical emergencies.

2.2. Provide and assist the municipalities with resources to fulfill their obligations in the health sectors and communities.

## 3. The DOH- Center for Health Development for Bicol and its DOH Representatives

- a. Management of specified tertiary medical care facilities and specified health facilities intended to serve for proper referral system.
- b. Technical supervision of local health services and coordination with the Provincial/Municipal Local health Boards and the other ILHZ boards.
- c. Extension to LGUs of technical logistics and financial advisory support services.
- d. Oversee the implementation of health regulatory measures.

- e. Collaborate with concerned sectors in the formulation and implementation of human resource policies and plans.
- f. Mobilize sources of funds and technical cooperation for health development purposes, both internal and external, and
- g. Promote and conduct research activities for effective health care delivery.

3.1. The DOH directly or through its Center for Health Development for Bicol and its DOH representatives in the field shall:

- a. Be in constant dialogue and in coordination with the Inter-Local Health Technical Management Committee, play the lead role in the technical coordination of the health program;
- b. Participating LGUs shall prepare their respective Annual Municipal Health Plan (AMPH). Thereafter, this AMPH shall be consolidated at the district level in order to present an Integrated Inter-Local Health Zone Plan to the DOH for regulation of inputs for effective and efficient implementation of the LGU project;
- c. Established a trust fund for grants from DOH Center Office and other related agencies, with specific guidelines for community-based health development project;
- d. Assist the LGUs in their efforts to generate, mobilize and allocate resources, and likewise find a sufficient number of qualified personnel for their Inter-Local Health Zone; and
- e. Participate in the LGUs Training Needs Assessment (TNA) and make suggestions through the TMC for the selection of health staff personnel to be trained.

#### **Section 15. Management of LGU common Health Funds**

- a. Common Health Fund coming from individual LGU Appropriations to the Trust Fund, Drugs Revolving Fund, Health Insurance Fund. DOH Assistance to the LGUs Fund, Community Health Care financing Fund and other sectors contributions is hereby with the Local Government Unit of Irosin as Fund Trustee.
- b. All funds shall be deposited as "Trust Fund" to be utilized exclusively by the BIMS Inter-Local Health Trustee.
- c. The BIMS Inter-Local Health Zone "Trust Fund" must be disbursed based on the Inter-Local Health Zone Work and Financial Plan.
- d. The common Health Fund shall be managed by the Inter-Local Health Zone Technical Management Committee. Designated and established by the BIMS ILHZ Board, its utilization shall be within the approved ILHZ Work and Financial Plan
- e. The individual LGU shall appropriate funds from their respective budget as contribution to the Common Health Fund of the BIMS ILHZ. The Board shall determine the amount appropriate to the financial capacity of the individual LGU.

#### **Section 16. Human Resources Development**

- a. In the exigency of the service, the Board may detail health personnel anywhere within the Health Zone, subject to the provisions of the Revised Implementing Rules and Regulations of RA 7305.
- b. To ensure competence and integrity in the health service, the Board may adopt a uniform policy for the Health Zone for hiring and training health personnel. And in the case of hiring, priority shall be afforded to residents in the municipality where vacancy occurs, provided he/she is willing to reside in the area of deployment. In the case of training of health personnel, the Board may request the Department of Health to conduct training or authorize the personnel to undergo such, in a training institution duly accredited by the government.

**Section 17. Information System.** The Board shall adopt a district-wide health information system, which consist to routine and weekly health surveillance, data collection as per prescribed standards of the Department of Health. It shall also strive to train a physician or a nurse as District Epidemiologist.

## **Section 18. Referral system and Minimum Package of Services**

- a. A minimum package of activity for primary Health care, Complementary package of activity for the core referral hospital and tertiary package of activity for the provincial government referral hospital shall be developed and adopted in the health zone.
- b. A "two-way" referral system shall also be adopted at the health zone where the hierarchy levels of care would be from the BHW-Midwife as the BHS to the physician or nurse at the RHU to the District Hospital and eventually to the highest level of health care if needed and vice versa is observed. A prescribed referral from shall be utilized in the Health zone.

## **Section 19. Planning and Budgeting**

- a. The planning and Budgeting period for health shall comply with the schedule of activities issued by the National Health Committee which was created under EO 205. The annual planning and budgeting cycle start in the month of January and up to the submission of the executive budget to its respective Sangguniang. Each municipality shall prepare an Annual Municipal Health Plan, which ensures that the needs and aspirations of the people are considered in the plan and harmonized with the National priorities, pursuant to Section 305, paragraphs (K) and (h) of RA 7160.
- b. The technical Management Committee of the Health Zone shall conduct an Inter-Local Health Zone Planning for the purpose of collating individual Annual Municipal Health Plans where the Integrated Health Plan for the ILHZ shall be derived.
- c. The Local Government Unit shall commit themselves to support progressively their individual LGU Health Budget every year. The LGU shall also seek to increase the percentage of funds allocated for the MOEE, this shall however be commensurate to the individual LGUs financial situation and existing distribution patterns.

## **Section 20. Monitoring and Evaluation**

- a. An annual Health Program Review shall be conducted by the ILHZ Board through the TMC. This activity shall require the presence of concerned planning officers, health personnel and other stakeholders as identified by the Board.
- b. In assessing the health trends and status of the Health Zone, the Board through the TMZ may conduct quarterly evaluation of its health activities, projects and program. It may devise tools for monitoring and evaluation.
- c. Baseline data gathering and other surveys particular dealing with establishing a socio-economic profile for the Health Zone and reflecting the achievements of the Inter-Local Health System's goals and objectives.
- d. The BIMS ILHZ shall initiate the conduct of monitoring and periodic evaluation of the Integrated Health Zone Plan, which is independent from the Provincial Health Office and the DOH activity.
- e. The monitoring functions of the PHO, DOH and the BIMS ILHZ shall be maintained at all levels of the Inter-LGU Health System.

## **Section 21. Accounting and Financial Monitoring and Evaluation**

- a. The BIMS Inter-Local Health Zone through its board and the TMC shall maintain a separate system for recording of the Common Trust Fund.
- b. The BIMS Inter-Local Health Zone through its Board and the TMC shall keep the financial records from the date of signing of contracts for the purpose of auditing.
- c. The BIMS Inter-Local Health Zone through its Board and the TMC shall make available all financial records at any time for monitoring and auditing purposes by any legally authorized agencies.
- d. The TMC shall submit a financial statement including a narrative report, every meeting of the Board. These reports shall indicate the utilization of the revolving fund, commencing from the date of its implementation. Such report shall be furnished to the respective LGUs within the Health Zone and the Provincial Health Board not later than two (2) weeks after the end of every reporting period.

## Section 22. General Provisions

- a. Within one year after the signing of the Memorandum of Agreement between the participating LGUs and the Department Of Health, concerned Sangguniang shall pass a joint ordinance constituting the BIMS Inter-Local Health Zone.
- b. A Municipality applying for membership in the Inter-Local Health Zone maybe admitted upon approval by the Board and ratification by all Sangguniang concerned

## Section 23. Amendments

- a. Any amendment in these rules and regulations maybe proposed by at least majority members of the Board and shall take effect only after ratification by all concerned Sanggunian.
- b. A Sanggunian may also propose amendment to these rules and regulations, which must be ratification by all Sanggunian concerned.

**Section 23. Effectivity.** These rules and regulation shall take effect upon ratification by all concerned Sanggunian.

## CHAPTER XIII - MUNICIPAL ORDINANCE NO.05-2004

### **AN ORDINANCE PRESCRIBING THE PROCEDURE FOR THE IMPLEMENTATION OF ERADICATING RABIES IN DOGS AND PROVIDING PENALTIES THEREFORE AND FOR OTHER PURPOSES**

**Author: Hon. Edward Ruel T. Barlin**

---

**BE IT ORDAINED** by the Sangguniang Bayan of Matnog in session that;

**Section 1. Title.** This Ordinance shall be known as "**Matnog Anti-Rabies Ordinance**".

#### **Section 2. Definition.**

- a) **REGISTER** – the act of obligation and responsibility of an owner to enlist his/her dog(s) with the registry of the Municipal Agriculture Office and/or its instrumentalities.
- b) **REGISTRY** – an official record book to established and kept by the Committee and /or its instrumentalities, indicating among others, the names of the dog owner and number of dog (s) and the record of immunization.
- c) **IMMUNIZATION** - the process of inoculating with anti-rabies vaccines.
- d) **DOG** – "canisfamilaries" a domesticated quadropedal carnivorous animal
- e) **Dog Tag**- a label attached and secured to a dog collar indicating dog registration and immunization number.
- f) **Rabid Dog**- a dog, infected with virus causing rabies
- g) **Rabies**- a dreaded disease caused by virus, transmitted to human being by infected dogs thru inoculation or bite.
- h) **Impound**- to take into temporary protective legal custody.
- i) **Astray Dogs**- shall refer to dogs that are loose, unrestrained, unconfined and not under the complete control of their owners. Same may also include those outside of the fenced compound or house and found unleashed and uncaged within the territorial limits of the Municipality including those owned by residents of other municipalities.
- j) **Owner**- shall refer to any person who is the sole or part owner having charge or control of or allowing any dog to habitually be or remain or lodge or fed within such person's house, yard or premises.

**Section 3. Required Vaccination.** Every owner/possessor of dogs shall be required to have his dog of two to three(2-3) months of age properly vaccinated of anti rabies vaccines or upon possession of a dog shall see to it that it is duly vaccinated within a period of one (1) month.

**Section 4. Mandatory Registration and Vaccination of Pet Dogs.** The Municipal Agriculture Office in coordination with the Office of every Barangay Captain, shall cause the mandatory registration and vaccination of pet dogs and initiate the necessary programs for the intensive restriction and control of such animals in every barangay.

Likewise, accredited licensed private veterinarians may vaccinate dogs without prejudice to the provision of Section 6 hereof.

**Section 5. Issuance of Vaccination Certificate.** Every owner/possessor whose dogs are properly vaccinated shall, for each dog, be issued vaccination certificate and a metal tag or colored plastic tag.

5.1 The vaccination certificates shall be issued by the Municipal Agriculture Office (MAO) or accredited licensed private veterinarian who shall state in said certificate the name, age, description of the dog, the date of vaccination, the kind of vaccine used and such other details as the MAO may deem necessary. For this purpose, the MAO is hereby authorized to issue rules and regulations to implement the provisions of this ordinance.

5.2 The metal tag or colored plastic tag shall likewise be issued by the MAO or accredited licensed private veterinarian and shall impress it with serial number. This tag shall be worn by the dog at all times suspended in a conspicuous manner from a collar. If the tag be lost during the affectivity of the vaccine, the owner/possessor shall immediately ask for a replacement (upon payment of proper fee) from the MAO.

**Section 6. Payment of Licenses and Tag Issued.** Every owner/possessor whose dogs are to vaccinated shall pay the licenses and the issued tag to the Municipal Treasurer the amount of thirty (30.00) Pesos per dog which shall accrue to a special fund for the purpose of defraying expenses for the purchase of vaccine and dog tags.

6.1 All dog owner/possessor who resist/fail having their dogs vaccinated in spite of a written notice from the MAO shall be held liable under this ordinance and shall subject their dog confiscation and/or extermination after one (1) week from such notice. Thereafter, the provisions of Section 11 and 12 hereof maybe applied.

**Section 7. Establishment of Vaccination Station.** In the implementation of this ordinance the MAO may establish vaccination stations in the poblacion and in the different barangay. Prior announcement will be made at least one (1) week before vaccination scheduled.

**Section 8. Neutering/Sterilization of Dogs.** The effective control of dog population within its territorial jurisdiction shall be concern of the Municipal Government. For this purpose, the MAO may conduct neutering/sterilization of dogs when requested by the owner/possessor upon payment of the services and other incidental expenses.

**Section 9. Frequency of Immunization and Licensing.** The immunization and licensing of every dog shall be at least six (6) months, two (2) years or three (3) years interval depending upon the type of vaccine used.

**Section 10. Requirement for a Certificate of Registration of Dogs Brought to Matnog from Other Places.** All dogs brought to the municipality from any other place outside Matnog shall have an accompanying certificate of registration and vaccination duly certified by a licensed veterinarian, otherwise, the MAO with the help of the Quarantine Office, Philippines, Port Authority (PPA), and other concern agencies shall institute proper quarantine procedure before such dog shall be released.

**Section 11. Astray Dogs.** All dogs with or without tags found wandering in the streets, plazas, markets, school premises (both public and private) and other places outside the house or fenced premises of the owner/possessor unaccompanied by the latter shall be considered astray.

**Section 12. Impoundment of Astray Dogs.** All Astray dogs with or without tags indicating that it has been duly vaccinated shall be impounded and exterminated by employees of the MAO or by private persons or organizations duly authorized in writing for the purpose by the Municipal Mayor.

12.1 Any person threatened to be injured by a stray dog and killed the dog for reason or self-defense shall report the incident to the PNP or Barangay Police.

**Section 13. Unclaimed Impounded Dogs.** All astray dogs with tags shall be impound by the proper authority (MAO) or other person duly authorized) and if not claimed within three (3) days by the owner/possessor such dog shall either be sold, humanely killed or donated to any school for biological or anatomical studies. Provided, that if said dogs are duly claimed within three (3) day period, the person claiming shall present vaccination certificate and an impounding fee period to the Municipal Treasurer, provided finally, that if such a stray dog become violent, endangering the lives or persons, the provision of section 12 hereof maybe made to apply.

**Section 14. Unusual Behavior of Dogs.** Any unusual behavior of any dog within the municipality shall be immediately reported to the MAO who shall make ocular evaluation on the behavior of the dog and shall recommend, if circumstances warrants, the proper disposal of the dog, refusal or failure of the owner/possessor to comply with the recommendation of the MAO shall make the latter liable under this ordinance.

**Section 15. Impounding Fee.** The impounding fee for each dog shall be at the rate of 100.00 on the first day and 50.00 for the succeeding two (2) days for the period during which the dog has been impounded.

**15.1** Proceeds from the sale of dog under Section 13 hereof, and the impounding fee collected shall accrue to a special fund which can be appropriated for the purchase of rabies vaccines and to defray the cost of food of impounding animals.

**15.2.** Barangay who has impound ding area will a 50% share of the proceeds subject however to the usual auditing and accounting procedures, rules and regulation.

**Section 16. Biting Incidents.** The dog owner or person bitten by a dog outside the dog owner property shall immediately report the matter to the Municipal Health Office and the MAO, and the dog owner shall defray the cost of expenses incurred as a result of the injury, without prejudice to the liabilities imposed by the New Civil Code of the Philippines.

**Section 17. Death or Disappearance of Vaccinated Dogs.** The death or disappearance of a vaccinated dog shall be reported not later than two (2) days to the MAO. In case of death, the tag shall be surrender.

**Section 18. Exempt from Civil, Criminal or Administrative Liability.** The person implementing Section 6.6.1, 10,12, 12.1 13 and 14 of this ordinance shall be exempt from any civil, criminal or administrative liabilities.

**Section 19. Annual Appropriation for Anti-rabies Vaccines.** The Municipal Government of Matnog shall annually appropriated the amount of ONE HUNDRED THOUSAND (100,000.00) Pesos for the purchase of anti-rabies medicines, provided that said amount shall be allocated for the construction of impounding area, likewise purchase of anti-rabies campaign materials, medicines, vaccines and other expenses in its initial implementation, subject however to the usual auditing and accounting procedures, rules and regulations.

**Section 20. Repealing Clause.** Prior ordinances, rules and regulations which are in conflict with any of the provision of the foregoing ordinances are hereby repealed and/or modified accordingly.

**Section 21. Separability Clause.** If for any reasons, any section or provision of this ordinance shall be held unconstitutional and/or invalid, no other section or provision thereof shall be affected thereby.

**Section 22. Penalty.** Any person found violating the provision of Section 3,6,6.1, and 14 of this ordinance shall upon conviction be punished by a fine of not less than Two Thousand Five Hundred (2,500.00) Pesos or a three (3) months imprisonment at the discretion of the court.

**Section 23.Effectivity Clause.** This ordinance shall take effect immediately upon approval and after 60 days of massive information drive.

#### **CHAPTER XIV - MUNICIPAL ORDINANCE NO. 01-95**

### **AN ORDINANCE PROVIDING FOR THE FULL ENFORCEMENT OF PD 522 ANDPD 856 OTHERWISE KNOWN AS THE SANITATION CODE AND FOOD SAFETY MEASURES, RESPECTIVELY**

**Author: Honorable Romeo G. Garrido**

**BE IT ORDAINED** by the Sangguniang Bayan of Matnog, that:

**Section 1.** The Municipal Government of Matnog hereby provides for the full enforcement of PD 522 and PD 856 and their Implementing Rules and Regulations.

**Section 2.** Food handlers, Street food vendors, barbers, manicurist, and others are hereby ordered to display their health certificates.

**Section 3.** Ambulant food vendors must strictly adhere to sanitary food safety standards such as:

- a. Sanitary food preparation, handling, serving and storage
- b. Existence of sanitary facilities
- c. Absence of spoiled products

**Section 4. Person Authorized to Enforce This Municipal Ordinance.** Members of the Philippine national Police (PNP) and members of the Sangguniang Barangays in the Municipality of Matnog, Sorsogon are hereby deputized in the enforcement of this Ordinance.

**Section 5. Penal Provision.** Violations of any of the provisions of this ordinance shall subject the offender to temporary closure of business and shall pay a fine of not less than One Thousand (Php1,000.00) Pesos but not more than Two Thousand (Php2,000.00) Pesos.

**Section 7. Effectivity.** This Municipal Ordinance shall take effect upon its approval.

#### CHAPTER XIV – FINAL PROVISIONS

**Section 1. Separability Clause** – The provision of this Ordinance are hereby declared to be separable and in the event one or more provisions are held constitutional, the validity of the other provisions shall not be affected thereby.

**Section 2. Repealing Clause** – Any prior Ordinance, resolutions, rules and regulations or parts thereof, which are inconsistent or in conflict with this Municipal Ordinance are hereby repealed and or modified accordingly.

**Section 3. Effectivity** – The Municipal Ordinance shall take effect fifteen (15) days after its official publication for three (3) consecutive weeks in a local newspaper of general circulation and posting in three (3) conspicuous places in the municipality.

I hereby certify to the correctness of the foregoing.

  
JOSEPHINE G. BAUTISTA  
SB Secretary

  
ATTESTED BY: SALVADOR L. FRENCILLO  
Municipal Vice Mayor/Presiding Officer

ORIGINAL SIGNED  
APPROVED: EMILIO G. UBALDO  
Municipal Mayor