



Republic of the Philippines  
PROVINCE OF OCCIDENTAL MINDORO  
Municipality of Paluan

**OFFICE OF THE SANGGUNIANG BAYAN**

APPROVED BY:

**HON. MICHAEL D. DIAZ**

*Municipal Mayor*

*Certified Correct and Duly Enacted:*

**HON. JASMIN T. FERNANDEZ**

*Municipal Vice Mayor/Presiding Officer*

**SB Members:**

**HON. ROCKY C. MASANGKAY**

**HON. MARRIAN M. IBAÑEZ**

*Leave*

**HON. CLEOFE CABABAY-FERDONIA**

**HON. MARI MAE TAGUMPAY-MARTINEZ**

**HON. RONALDO I. TORRELIZA**

**HON. JONELL G. TRIA**

**HON. ELORDE A. MARASIGAN**

**Ex-Officio SB Members:**

*Official Business*

**HON. ROMELITO D. TALENTO**

*ABC President*

*Absent*

**HON. VIC ANTHONY M. VELANDRIA III**

*SKF President*

**HON. RYAN L. PARISAN**

*IPMR*

**Attested:**

(As to the authenticity of signatures and documents)

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**JEFFREY V. HUERTAS**

*Secretary to the Sanggunian*

**HON. ROCHE D. BAUTISTA**

*SB Member*

*Acting Secretary to the Sanggunian*

**Municipal Ordinance No. 2025-05**

*Series of 2025*

**AMMENDING CURRENT POLICY ON TOBACCO, VAPORIZED NICOTINE AND NON-NICOTINE PRODUCT AND THEIR DEVICES, AND ELECTRONIC CIGARRETE IN THE MUNICIPALITY OF PALUAN.**

**Author: Hon. Jonell G. Tria**

**Sponsored by: Hon. Jonell G. Tria and the Committee on Health**

**WHEREAS**, the Municipality of Paluan, Occidental Mindoro is committed to promoting public health and ensuring the well-being of its residents by regulating the use of tobacco products;

**WHEREAS**, the rise in popularity of electronic cigarettes and other vaping products has introduced new health risks and concerns, necessitating the extension of existing tobacco use regulations to include these products;

**WHEREAS**, the World Health Organization and various health authorities have highlighted potential health risks associated with vaping, including exposure to harmful chemicals and the impact on youth health;

**WHEREAS**, the Municipality of Paluan recognizes the need to address the use of vaping products in public spaces to maintain a healthy and safe environment for all residents, particularly in areas frequented by children and non-smokers;

**WHEREAS**, integrating regulations on vaping products with current tobacco use policies will create a more comprehensive approach to tobacco and nicotine control, aligning with the Municipality's goals for public health and safety;

**WHEREAS**, public feedback and health data indicate a growing concern among residents about the exposure to second-hand aerosol from vaping products, underscoring the need for updated regulations to protect the community;

**RESOLVED**, as the body hereby resolves to enact:

**SECTION 1: TITLE** - This ordinance shall be known as the "The Comprehensive Tobacco, Vaporized Nicotine and non-nicotine product and their devices, and Electronic Cigarette Regulation"

**SECTION 2: PURPOSE AND COVERAGE** - The purpose of this ordinance is to update the current policy on tobacco use and to include regulations on the use of electronic cigarettes and other vaping products in order to promote public health and safety.

**SECTION 3. PROHIBITION OF USE**

1. The use of tobacco products, electronic cigarette, and vaping is prohibited in the following areas:

2.



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- a. Within 25 feet of entrances, exits, windows that open, and ventilation intakes of public buildings.
- b. In all enclosed workplaces, including but not limited to offices, factories, and retail spaces.
- c. In public transportation vehicles, including buses, trains, and taxis.
- d. In public places, including but not limited to parks, playgrounds, and sports facilities.
- e. On school grounds and within 100 feet of school property boundaries.

**SECTION 4: RETAIL SALE AND DISTRIBUTION**

1. No person shall sell or distribute tobacco products, vaping products, and electronic cigarette to any individual under the age of 18.
2. Retailers must post signage indicating that the sale of tobacco, vaping products, and electronic cigarette to minors is prohibited.
3. The sale of tobacco products, vaping products, and electronic cigarette through self-service displays is prohibited. All sales must be conducted directly by an employee.

**SECTION 5: LICENSING AND PERMITS**

1. All establishments that sell tobacco products, vaping products, and electronic cigarette must obtain a license from the Local Government Unit through the Business and Licensing Office.
2. A separate license is required for each location where tobacco products, vaping products, and electronic cigarette products are sold.

**SECTION 6: ENFORCEMENT AND PENALTIES**

1. Violations of this ordinance shall incur penalty of Two Thousand Five Hundred Pesos (Php 2,500.00).
2. In addition to fines, repeat offenders shall face additional measures including:
  - a. Suspension of Relevant Licenses or Permits: For establishments, the local government may suspend or revoke the license or permit to operate for repeated non-compliance.
  - b. Mandatory Compliance Workshops: Offenders may be required to attend mandatory workshops or training sessions on compliance with the ordinance.



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**SECTION 7: PUBLIC AWARENESS**

1. The Municipal Health Office/RHU shall implement public awareness campaigns to educate the public about the risks associated with tobacco products, vaping products, and electronic cigarette products and the regulations set forth in this ordinance.

**SECTION 8. FUNDING.** - The Municipality of Paluan shall allocate funds from its annual budget to support this program. Additional resources may be sought through grants, donations, and partnerships with external organizations.

**SECTION 9. SEPARABILITY CLAUSE.** - If, for any reason, any part or provision of this Ordinance shall be declared unconstitutional or invalid, the remaining provisions hereof which are not affected thereby shall continue to be in full force and effect.

**SECTION 10. REPEALING CLAUSE.** - All laws, decrees, executive orders, rules and regulations or parts thereof which are inconsistent with this Ordinance are hereby repealed, amended or modified accordingly.

**SECTION 11. EFFECTIVITY.** – This ordinance shall take effect upon approval of the Sangguniang Panlalawigan.

**ENACTED** this 17<sup>th</sup> day of **February 2025** at the Sangguniang Bayan Session Hall, Paluan, Occidental Mindoro.

C

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1. Timely introduction of safe, appropriate, and nutrient-dense quality complementary food with continued and sustained breastfeeding for all infants from six (6) months up to two (2) years of age, with emphasis on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely;
2. Provision of nutrition counselling on complementary food preparation and feeding to mothers and caregivers;
3. Dietary supplementation of age-appropriate and nutrient-dense quality complementary food;
4. Growth and development monitoring and promotion in health facilities and at home;
5. Provision of routine immunizations based on the latest DOH guidelines;
6. Provision of micronutrient supplements deemed necessary;
7. Management of common childhood illnesses based on WHO and DOH guidelines;
8. Management of moderate and severe acute malnutrition using national guidelines and proper referral to higher level health facilities as appropriate, for treatment and management, especially those with serious medical complications;
9. Provision of oral health services including application of fluoride varnish to prevent dental caries;



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10. Provision of anti-helminthic tablets for children one (1) to two (2) years old as appropriate;
11. Availability of potable source of water, counselling of household members on hand-washing, environmental sanitation, and personal hygiene, and support for sanitation needs of households to reduce food, water, and vector-borne diseases;
12. Counselling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care, and early stimulation for early childhood development, and referral for development delays and other disabilities for early prevention, treatment and rehabilitation;
13. Social welfare support to improve access to health and nutrition services such as, but not limited to, dietary supplementation, complementary food, other healthy food products and commodities, assessment and referral for development delays and other disabilities for early prevention, treatment and rehabilitation for infants six (6) months and above who belong to poorest of the poor families;
14. Support for home kitchen gardens wherever feasible;
15. Provision of locally available grown crops, vegetables and fruits in addition to other agricultural products to be used in complementary feeding and dietary supplementation;
16. Protection against child abuse, injuries and accidents including the provision of first aid, counselling and proper referrals; and
17. Others as may be determined based on

international and national guidelines and evidence generated locally.

**Section 9. Health And Nutrition of Adolescent Females.** - To address the cyclical nature of malnutrition among the population, delivery of health and nutrition services for adolescent females ten (10) to eighteen (18) years old at facility, school, and community levels shall include, but not be limited to, the following:

- a. Assessment of health and nutrition status and identification of nutritionally-at-risk adolescent girls, as well as provision of ready to use supplementary food or ready to use therapeutic food for nutritionally-at-risk adolescent females, as appropriate;

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- b. Provision of age-appropriate immunizations based on the latest DOH guidelines;
- c. Provision of oral health services including oral health assessment;
- d. Provision of anti-helminthic drugs for deworming;
- e. Counselling on proper hand-washing, environmental sanitation, and personal hygiene;
- f. Provision of micronutrient supplements according to guidelines of the DOH, in partnership with the Department of Education (DepEd);
- g. Promotion of the consumption of iodized salt and foods fortified with micronutrients that may be deemed necessary;
- h. Referral to appropriate health facilities to manage menstruation irregularities or abnormalities that contribute to anemia and blood loss, and to manage complicated illnesses including moderate, severe acute malnutrition;

- i. Counselling on proper nutrition, mental health, avoidance of risk-taking behaviors, smoking cessation, adoption of healthy lifestyle practices, and family health; and
- j. Others as may be determined based on international guidelines and evidence generated locally.

**Section 10.** Other Program Components - The LGUs, NGAs, concerned CSOs, and other stakeholders shall likewise include the following cross-cutting components in the implementation of the program:

- A. National and local health and nutrition investment planning and financing;
- B. Policy, standards, and guideline development;
- C. Health and nutrition promotion and education, social mobilization and community organization, including advocacy;
- D. Service delivery;
- E. Health and nutrition human resources capacity development;
- F. Sectoral collaboration and partnerships;
- G. Logistics and supply management
- H. Knowledge management and information; and
- I. Monitoring and evaluation, and research and development.

**Section 11. Nutrition in the Aftermath of Natural Disasters and Calamities.** - Areas that are affected by disasters and emergency situations, both natural and man-made must be prioritized in the delivery of health and nutrition services, and psychosocial services interventions. NGAs and LGUs are mandated to immediately provide emergency services, food supplies for proper nourishment of pregnant and lactating mothers, and children, specifically those from zero (0) to two (2) years old. Women, infant and child-friendly spaces shall be prepared and ready to accommodate women and their children, provide their daily necessities such as food, clothing, clean water, and shelter; readily available breastfeeding support and counselling for those with children up to two (2) years or beyond, as well as provision and guidance on the appropriate complementary food for children over six (6) months old.

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Donations of milk formula, breastmilk substitutes, and/or products covered by the Milk Code without the approval of the Inter-Agency Committee (IAC) created under Executive Order No. 51, Series of 1986, shall be prohibited in order

to protect the health and nutrition of pregnant and lactating women, infants and young children before, during and after a disaster.

In emergency situations, donations or assistance from the private sector, with no conflicts of interest or those not involved with manufacture, marketing, and sales of products covered by the scope of the Milk Code, shall be allowed immediately in the aftermath of natural disasters and calamities. Strict compliance with the Milk Code and its revised implementing rules and regulations (IRR) shall be observed, and options for mothers with breastfeeding problems will be provided, such as, but not limited to, the mobilization of breastfeeding support groups or strategic establishment of local milk banks.

The DOH and other relevant departments, in coordination with the National Disaster Risk Reduction and Management Council (NDRRMC), shall formulate guidelines and mechanisms in pursuit of this section, taking into consideration humanitarian, inclusive, gender and culture-sensitive standards for the protection of children, pregnant and lactating mothers, in accordance with Republic Act No. 10821, otherwise known as the "Children's Emergency Relief and Protection Act", its implementing rules and regulations, and the Comprehensive Emergency Program for Children.

**Section 12. Capacity-Building of Barangay Health and Nutrition Volunteers.** - The DOH and the NNC, in coordination with LGUs, shall provide practical and effective training courses to BNSs, BHWs, and other personnel concerned to upgrade their skills and competence in the implementation of the services and interventions for the health and nutrition of women and children.

**Section 13. The National Nutrition Council (NNC) Governing Board.** - The NNC Governing Board shall be composed of the following:

- a. Secretary of the DOH as the *ex officio* Chairperson;
- b. Secretary of the DA as the *ex officio* Vice Chairperson;
- c. Secretary of the Department of the Interior and Local Government (DILG) as the *ex officio* Vice Chairperson;
- d. Secretary of the DepEd;
- e. Secretary of the Department of Social Welfare and Development (DSWD);
- f. Secretary of the Department of Trade and Industry (DTI);
- g. Secretary of the Department of Labor and Employment (DOLE);
- h. Secretary of the Department of Science and Technology (DOST);
- i. Secretary of the Department of Budget and Management (DBM);
- j. Secretary of the National Economic and Development Authority (NEDA); and
- k. Three (3) representatives from the private sector to be appointed by the President who shall come from any of the following: (1) health and nutrition professional organizations; (2) women sector; (3) farmer and fisherfolk; (4) urban poor; (5) organization or association of community health workers or BNS; (6) CSOs; and (7) academe and research institutions. Said representatives shall serve for a term of two (2) years.



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The heads of departments may be represented by their duly designated representatives who shall be of a rank not lower than an Assistant Secretary.

Persons from the private sector with conflicts of interest, especially as described in Executive Order No. 51, Series of 1986, are prohibited from being members of the Council.

The composition of the NNC's Secretariat and Technical Committee as defined in Executive Order No. 234, series of 1987, "Reorganizing the National Nutrition Council" shall be maintained.

**Section 14. Functions, Roles, and Responsibilities of the NNC.** – The NNC, the highest policy making and coordinating body on nutrition, shall have the following functions and powers:

- A. Formulate national nutrition policies, plans, strategies and approaches for nutrition improvement, including strategies on women, infant and young child, and adolescent nutrition;
- B. Oversee and serve as a focal point in the integration of nutrition policies and programs of all member agencies and instrumentalities charged with the implementation of existing laws, policies, rules and regulations concerning nutrition;
- C. Coordinate, monitor and evaluate nutrition programs and projects of the public and private sectors and LGUs to ensure their integration with national policies;
- D. Receive grants, donations and contributions, in any form, from foreign governments, private institutions and other funding entities for nutrition programs and projects: *Provided*, That no conditions shall be made contrary to the policies or provisions of this Ordinance;
- E. Coordinate the joint planning and budgeting of member agencies to ensure funds for relevant nutrition programs and projects; to secure the release of funds in accordance with the approved programs and projects; and to monitor implementation and track public expenditure on these programs; and
- F. Call upon any government agency and instrumentality for such assistance as may be required to implement the provisions of this Act.

**Section 15. Role of NNC Member Agencies, Other NGAS and LGUs.** - Member agencies shall be responsible for ensuring the implementation of programs and projects, development of promotive, preventive and curative nutrition programs, and integration of health and nutrition concerns into their respective policies and plans. It shall provide additional resources in any form, including technical assistance,



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sourced from its budget in support of local nutrition programs.

**Section 16. Procurement of Goods and Services.** - The provisions of Republic Act No. 9184, otherwise known as the "Government Procurement Reform Act", notwithstanding, the government agencies concerned are hereby mandated to establish a liberalized mode of procurement for this program, subject to the approval of the Government Procurement Policy Board.

The public procurement for this program shall prioritize the participation of local and community-based producers, suppliers and/or service contractors.

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**Section 17. Monitoring, Review and Assessment of the Program.** - The NGAs and LGUs concerned shall regularly monitor, review and assess the impact and the effectivity of the program in consultation with their stakeholders.

**Section 18. Appropriations.** - The amount needed for the initial implementation of this Act shall be charged against the appropriations of the DOH, DA, NNC and other relevant agencies. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act (GAA).

The DBM, in coordination with the Department of Finance (DOF), DOH, DA, NNC and other relevant agencies shall consider the prevalence of malnutrition and child mortality in determining the annual appropriations for the implementation of this Act.

Priority LGUs identified by the NNC shall be eligible to receive from concerned NGAs supplementary funds necessary for the implementation of this Act. *1awphi1* Said subsidy shall be included in the GAA.

**Section 19. Implementing Rules and Regulations (IRR).** - Within ninety (90) days from the effectivity of this Act, the DOH shall, in coordination with the NNC Governing Board, and in consultation with stakeholders in the public and private sectors, promulgate the IRR necessary for the effective implementation of this Act.



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**Section 20.** Separability Clause. - If any provision of this Act or the application of such provision to any instrumentalities or entities or circumstances is held invalid or unconstitutional for any reason or reasons, the remainder of this Act or the application of such other provisions shall not be affected thereby.

**Section 21.** Repealing Clause. - All laws, decrees, executive orders, administrative orders or parts thereof inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

**Section 22.** - Effectivity. - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.



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