12/27/16

REPUBLIKA NG PILIPINAS
TANGGAPAN NG SANGGUNIANG PANLUNGSOD
LUNGSOD NG BAKOLOD
-oOo-

for publication

CITY ORDINANCE NO. 09-16-797
November 29, 2016

AN ORDINANCE DECLARING EVERY FIRST WEEK OF JULY OF EVERY YEAR AS CLEFT AND CRANIOFACIAL AWARENESS AND PREVENTION WEEK IN THE CITY OF BACOLOD AND PROVIDING FUNDS FOR THE OBSERVANCE THEREOF.

WHEREAS, the City of Bacolod promotes the health and well-being of all its constituents and upholds the rights of individual citizens to free access to health information and all programs in pursuit of a healthy life;

WHEREAS, cleft and craniofacial conditions affects thousands of infants, children, teens and adults, some are born with congenital anomalies like cleft lip and palate, others with more complex, life-threatening craniofacial conditions. Some are burned; others are injured in accidents and animals, or diagnosed with various oral/head/neck and skin diseases;

WHEREAS, the magnitude of the cleft lip and palate problem in the Philippines is based on national statistics is 1-2/1,000 live births with cleft lip being more common than cleft palate, with the following computation for annual load:

- Birth Rate = 27.85 births/1,000 population
- Population = 81,159,644
- Birth/annum = 2,260,296
- New CLP cases/Annum = 2,260

Combined cleft lip and palate being not as common as single structure involvement. Source: Murray J.C. et. al. Clinical and epidemiological Studies on Cleft lip and Palate in the Philippines. Cleft palate Craniofac J. 1997; 34:7-11;

WHEREAS, based on research entitled Prevention of oro-facial clefts in developing world by Fadekemi O. Oginni and Anthony T. Adenekan, "oro-facial cleft (OFC) remains as prominent health issue in developed and developing countries alike. It is the commonest craniofacial birth defect in humans. Mounting evidence suggest a polygenic, multifactorial and a list of epigenetic events. Primary prevention of OFC is based on recognition of the etiologic and risk factors. While a number of preventive strategies are in place for OFC in most developed countries of the world, the majority of developing countries are distant from achieving this goal for a number of reasons. Notable among these are a huge knowledge and practice gap in the field of genetics and dearth of accurate data. In addition, improper coordination and absenteeism from antenatal care contributed greatly to this set back. With ongoing efforts aimed at determining the genetics of non-syndromic OFC in developing countries, researched directed at identifying environmental factors should equally be in place;

WHEREAS, the same research states that "pending the outcome of these, implicated environmental and attitudinal risk factors in other populations could serve as preventive template in health education and interventions. Since risk factors vary between populations, definitive and effective preventive strategies and models would vary from place to place and from time to time. Frantic effort directed at identifying specific implicated risk factors in developing countries should include developing and keeping comprehensive national perinatal database and centralization of antenatal care protocol. Additionally, active health education at every level and a focus on developing manpower in the field of genetics should be in place. These would be designed and tailored toward identified, proven, and emerging risk factors";

WHEREAS, children who are born with a cleft lip or a cleft palate or both oral clefts affects the bio-psychosocial well-being of said children. A cleft lip may cause feeding and or speech/language problems if they are not treated. Cleft palate primarily impacts speech development. If surgical repair is not performed early enough, a child with cleft palate may have difficulty with proper pronunciation and articulation. Cleft palate can also cause dental and middle ear problems;

WHEREAS, a cleft lip and palate are congenital anomalies that result basically from a genetic defect. The causes of the genetic defect are hypothesized to be environment and nutrition related. The exact genetic defect and exact mechanisms causing the defect are not yet known;

WHEREAS, an ordinance giving awareness of these defects can be helpful to the constituents and to those private institutions, non-government organizations and companies having concerned therewith like the H.O.P.E. Foundation, Inc.

WHEREFORE, LET IT BE ORDAINED AS IT IS HEREBY ORDAINED BY THE SANGGUNIANG PANLUNGSOD IN SESSION ASSEMBLED THAT:

Section 1. OBSERVANCE. Every first week of July of every year shall be set as Cleft and Craniofacial Awareness and Prevention Week in the City of Bacolod, with the highlight set every July 1.

Section 2. OBJECTIVES. The objectives of the observance of said week are as follows:

1. To raise awareness about cleft and craniofacial conditions affecting thousands of infants, children, teens and adults;

2. To promote prevention strategies such as health education and interventions at every level;

3. To develop programs to support parents and children with cleft and craniofacial conditions.

Section 3. DEFINITIONS. The following definitions are hereby adopted for purposes of this ordinance:

1. **A cleft lip** is a congenital anomaly that represents as cleft on the lip that result from a failure of one or both sides of the upper lip to fuse. The cleft lip may be unilateral or bilateral and can range from a slight notch to a complete cleft extending up and into the nose.

2. **A cleft palate** is congenital anomalies that presents as cleft on the palate or roof of the mouth that result from a failure of one or both sides of roof of the mouth to fuse. The cleft may be partial or complete extending up to the soft palate and front part of the upper gum. Cleft lip and cleft palate may be present concomitantly.

3. **Oral Cleft** is an encompassing for clefts in the oral cavity. It includes both cleft lip and cleft palate.

Section 4. ACTIVITIES. During the week, the City through the Department of Social Service and Development (DSSD) Office as lead agency, the City Health Office (CHO) with the support of private institutions, non-government organizations and companies shall undertake activities, such as but not limited to the following:

1. Host community activities, concert, exhibits, programs and projects to raise public awareness;

2. Conduct press briefing or medial activities to spread information;

3. Create and distribute information materials to families with cleft and other communities;

4. Conduct dialogue with communities and health personnel for issued regarding cleft;

5. Such other activities as may be necessary to spread awareness.

Section 5. DUTY OF THE CITY HEALTH OFFICE. It shall be the duty of the City Health Office (CHO) in coordination with the Department of Social Services and Development (DSSD) to maintain records of all infant born with cleft and craniofacial condition in the City.

Section 6. MEDICAL AND SURGICAL OPERATION ASSISTANCE. The City may conduct annual medical assistance and surgical operation for free to any indigent qualified patients having cleft and craniofacial defect in partnership with private institutions, non-government organizations and companies through a Memorandum of Agreement (MOA) with the approval of the Sangguniang Panlungsod.

Section 7. APPROPRIATION. The City shall appropriate the amount of Five Hundred Thousand Pesos (P500,000.00) to be taken from General Fund or such other source of funds of the city government subject to existing COA rules and regulations.

Section 8. SEPARABILITY CLAUSE. Should any portion of this Ordinance be declared ultra vires unconstitutional by competent authority, the remainder not so affected shall continue to be in full force and effect insofar as it is susceptible to enforcement and application.

Section 9. EFFECTIVITY. This ordinance shall be effective immediately upon approval.

CARRIED BY THE VOTE OF:

Affirmative :
Councilors : Ricardo L. Tan, Caesar Z. Distrito, Cindy T. Rojas, Em L. Ang, Elmer T. Sy, Ana Marie V. Palermo, Wilson C. Gamboa, Jr., Dindo C. Ramos, Bartolome N. Orola, Sr., Claudio Jesus Raymundo A. Puentevella, Sonya M. Verdeflor.

Negative : None.

Official Leave : Councilor Noli B. Villarosa.

Absent : None.

Author : Councilor Wilson C. Gamboa, Jr.

Passed : November 29, 2016 (22nd Regular Session of the 9th Council).

Comments : Passed.
Councilor Renecito S. Novero was not around when this ordinance was passed.

ELCIVIM. PAMLYARAN
Vice Mayor
Presiding Officer

ATTESTED:

ATTY. VICENTE C. PETIERRE III
Secretary to the Sanggunian

APPROVED: December 21, 2016.

EVELIO R. LEONARDIA
City Mayor

VCP/CGT/jbz

SP
LEGISLATIVE SERVICES SECTION
DATE: 12/27/16 TIME: 10:05Am
BY: Jason