

'22 JUL 14 P 4 :06

SENATE

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S.B. No. 651

Introduced by **SENATOR IMEE R. MARCOS**

**AN ACT PROVIDING A NATIONAL POLICY ON THE PREVENTION OF
TEENAGE PREGNANCY, AND APPROPRIATING FUNDS THEREFOR**

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution provides that, "*The State shall protect and promote the right to health of the people and instill health consciousness among them.*" The Constitution further provides that the government should provide essential goods, health, and other social services available to all at an affordable cost and the promotion of general welfare for the people.

However, despite the enactment of R.A. No. 10354 or otherwise known as the "*The Responsible Parenthood and Reproductive Health Act of 2012*" and the presence of sexual education in classroom settings, the issue on teenage pregnancy is still rampant. In June 2021, former President Rodrigo Roa Duterte declared that the prevention of teenage pregnancy should be considered a national priority. In 2022, some 500 teenage girls give birth in the Philippines on a daily basis.

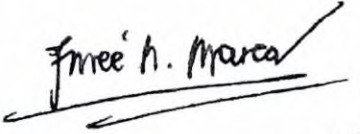
According to the 2018 World Bank report entitled, "*Making Growth Work for the Poor*," Filipino women in the poorest quintile have more than five children on average and the fertility rate has been steady in the past decades. *One in ten girls age 15-19 is either pregnant or already a mother.* An increase in adolescent pregnancy means higher maternal and infant mortality, as well as more school dropouts.

Another measure to be addressed is for households to meet their need for contraception. A recent study based in Manila showed that reducing access to contraception increase family size and decrease education attainment.

In 2016, as reported by the United Nations Fund for Population Activities (UNFPA), adolescent fertility rates have declined in the last two decades in all countries,

with the exception of the Philippines, where there have been little changes. On a lighter note, based on the 2017 National Demographic Health Survey, the country's teenage pregnancy had declined to 47 live births per 1,000 women aged 15-19. Nevertheless, while figures have declined, the actual number of teenage women getting pregnant remains high – *24 babies are born to teenage mothers every hour in the Philippines*, according to the Chair of Democratic Socialist Women of the Philippines, Elizabeth Angsioco.

Thus, given the continuing high number of teenage pregnancies in the Philippines, the immediate passage of this bill is earnestly sought.


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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

1 **SECTION 1. Short Title.** – This Act shall be known as the "*Teenage Pregnancy*
2 *Prevention Act.*"

3
4 **SEC. 2. Declaration of Policy.** – It shall be the policy of the State to promote
5 and protect the health of the people, instill health consciousness among them, and
6 endeavor to make essential goods, health, and other social services available to all the
7 people at an affordable cost. The increasing number of teenage pregnancy pose a
8 serious threat to the health and welfare of the Filipinos, especially to adolescent
9 women, which should be given prompt attention by the government.

10
11 **SEC. 3. Definition of Terms.** – For purposes of this Act, the following terms shall
12 be defined as follows:

13 a) *Adolescents* – refers to the population aged 10 to 21 years.

14 b) *Adolescent Sexual and Reproductive Health (ASRH) Care* – refers to the
15 access to a full range of methods, techniques, and services that contribute
16 to the reproductive health and well-being of young people by preventing
17 and solving reproductive health-related problems.

- 1 c) *Adolescent Sexuality* – refers to the reproductive system, gender identity,
2 values or beliefs, emotions, relationships, and sexual behavior of young
3 people as social beings.
- 4 d) *Comprehensive Sexuality Education (CSE)* – refers to the process of
5 acquiring complete, accurate, relevant, and age-appropriate information
6 and skills on all matters relating to the reproductive system, its functions
7 and processes, and human sexuality and forming attitudes and beliefs
8 about sex, sexual identity, interpersonal relationship, affection, intimacy,
9 and gender roles. It has the purpose of developing the skills of young
10 people for them to make informed decisions such as the capacity to
11 distinguish between facts and myths on sex and sexuality, and critically
12 evaluate and discuss the moral, religious, social, and cultural dimensions
13 of related sensitive issues such as contraception and abortion, and decide
14 to prevent risky behaviors that can undermine the realization of their
15 aspirations and potentials.
- 16 e) *Information and Service Delivery Network for Adolescent Health
17 Development (ISDN)* – refers to the network of facilities, institutions, and
18 providers within the province, district, municipality, city-wide health and
19 social system offering information, training, and core packages of health
20 and social care services in an integrated and coordinated manner.
- 21 f) *Local Youth Development Council (LYDC)* – refers to the local body to be
22 created based on RA 10742 (SK Reform Law) which is composed of
23 representatives of youth and youth-serving organizations in the provincial,
24 city, and municipal level with the primary function of assisting in the
25 planning and execution of projects and programs of the *Sangguniang
26 Kabataan*, and the Pederasyons in all levels.
- 27 g) *Task Force on Youth Development (TFYD)* – refers to the local body to be
28 created based on Implementing Rules and Regulations of RA 10632 (Act
29 to Postpone the October 2013 SK Elections) whose members will remain
30 in office until such time that SK officials have been duly elected and
31 qualified. They are mandated to formulate a Youth Development Plan and
32 ensure that the plan's programs and projects are implemented in the
33 barangay and that the SK funds are used solely for youth development.
- 34 h) *Normal Schools or College Teachers* – refer to the learning institutions
35 training or educating teachers.
- 36 i) *Public-Private Partnership (PPP)* – is a cooperative arrangement between
37 one or more public and private sectors, typically of a long-term nature,
38 for various development programs or projects.

- 1 j) *Reproductive Health* – refers to state of complete physical, mental and
2 social well-being, and not merely the absence of disease or infirmity in
3 all matters relating to the reproductive system and to its functions and
4 processes.
- 5 k) *Risky Behaviors* – refer to ill-advised practices and actions that are
6 potentially detrimental to a person's health or general well-being.
- 7 l) *Social Protection* – constitutes policies and programs that seek to reduce
8 poverty and vulnerability to risks and enhance the social status and rights
9 of the marginalized by promoting and protecting livelihood and
10 employment, protecting against hazards and sudden loss of income, and
11 improving people's capacity to manage risks.
- 12 m) *Adolescent Pregnancy Prevention Council* – hereafter referred to as the
13 Council, is an inter-agency and inter-sectoral council that shall be formed
14 through this Act and serve as its implementing body
- 15 n) *Philippine Accreditation System for Basic Education (PASBE)* – refers to
16 the accreditation process that looks into the operations of the public and
17 private elementary and secondary schools if they meet the quality
18 standards as established by stakeholders of basic education.

19
20 **SEC. 4. Development of National Program of Action and Investment Plan for the**
21 *Prevention of Adolescent Pregnancy.* –The Council, in collaboration with other relevant
22 national agencies, non-government organizations, and civil society organizations, shall
23 develop an evidence-based National Medium-Term Plan for the Prevention of
24 Adolescent Pregnancy. The program of action shall serve as the national framework for
25 inter-agency and inter-sectoral collaboration at all levels to address the various
26 health, cultural, socio-economic, and institutional determinants of adolescent
27 pregnancy.

28 Based on the Medium-Term National Plan, a National Program on the Prevention
29 of Adolescent Pregnancy (NPPTP) shall be developed and funded at all levels and shall
30 become a priority program of the Philippine Population Management Program of the
31 Population Commission (POPCOM), spearheaded and coordinated by the Adolescent
32 Pregnancy Prevention Council, created under Sec. 22 of this Act. The NPPTP shall be
33 based on the inter-agency program of action involving all relevant government agencies
34 and shall be considered as a program that is eligible for multiyear funding and inter-
35 agency obligational authority to ensure the allocation for the key strategies in all
36 concerned government agencies. The NPPTP shall be formulated with clear and
37 prescriptive guidance for better implementation at the local level.

38 In order to ensure the full participation of the stakeholders, consultations with

1 children, adolescents, and youth-oriented groups shall be held with the Council's youth
2 representatives. The results of the stakeholders' consultation that will be presented by
3 the youth representatives shall be integrated into the formulation, implementation,
4 operation, measurement, and evaluation of the NPPTP. If necessary, additional
5 consultations with the stakeholders shall be conducted at various levels of the program
6 to guarantee that the NPPTP remain youth focused and oriented.

7 Government agencies like the National Commission on Indigenous Population
8 and the National Commission on Muslim Filipinos, while not part of the Council, shall
9 be included in the development of the NPPTP in order to ensure that it will be inclusive
10 and culturally appropriate.

11
12 **SEC. 5. Organization and Mobilization of Regional and Local Information and**
13 **Service Delivery Network for Adolescent Health and Development (ISDN for AHD). –**

14 All chartered cities and municipalities shall organize and operationalize an ISDN for AHD
15 consisting of different government and non-government organizations, institutions, and
16 facilities catering information and services to adolescents within their locality. In cases
17 of cities and municipalities with existing ISDNs, they shall now harmonize new and
18 existing efforts and programs for AHD. The ISDN may be organized by district in each
19 municipality or city. An effective collaborative and referral system among the members
20 of the ISDN shall be established and implemented within a catchment area.

21
22 The ISDN for AHD will provide health services that are sensitive to the particular
23 needs and human rights of all adolescents, paying attention to the following
24 characteristics:

25 a) *Availability* – Primary health care should include services sensitive to the
26 needs of adolescents, with special attention given to sexual and reproductive health
27 and mental health;

28 b) *Accessibility* - Health facilities, goods, and services should be known and easily
29 accessible (economically, physically, and socially) to all adolescents, without
30 discrimination. Confidentiality should be guaranteed and maintained at all times;

31 c) *Acceptability* – While fully respecting the provisions and principles of the
32 Convention, all health facilities, goods, and services should respect cultural values, be
33 gender sensitive, be respectful of medical ethics, and be acceptable to both adolescents
34 and the communities in which they live;

35 d) *Quality* – Health services and goods should be scientifically and medically
36 appropriate, which requires personnel trained to care for adolescents, adequate
37 facilities, and scientifically accepted methods.

38

1 The ISDN shall perform the following tasks and functions:

2 a) Map and analyze the various factors contributing to pregnancies among
3 adolescents at the regional and local levels;

4 b) Identify and implement inter-agency interventions to address the various
5 issues related to adolescent pregnancies in the region and at the local level;

6 c) Harmonize all existing efforts addressing adolescent pregnancy and
7 coordinate with all the necessary agencies, organizations, and stakeholders to ensure
8 non-duplication of efforts at the local level;

9 d) Capacitate ISDN agency-members in collaboration with relevant regional
10 government agencies to ensure quality information and services to adolescents;

11 e) Provide, in collaboration with LGUs, needed information and services for
12 adolescent development;

13 f) Generate or share resources in the implementation of the joint strategic plan
14 of the ISDN; and

15 g) Monitor and evaluate effectiveness of coordination and referral systems and
16 other interagency interventions jointly implemented by the ISDN.

17

18 The City or Municipal Health Officer shall be the head and point person of the
19 local ISDN in collaboration with the *Sangguniang Kabataan* (SK) Federation or Task
20 Force on Youth Development (TFYD) and/ or Local Youth Development Council (LYDC)
21 in the concerned localities with technical assistance from the Council and other relevant
22 national government agencies. The City or Municipal Population Officer shall co-lead
23 the local ISDN.

24

25 **SEC. 6. Age and Development-Appropriate Comprehensive Sexuality Education.**

26 – The Department of Education, with assistance from the Council and in collaboration
27 with other relevant agencies, shall develop and promote educational standards,
28 modules, and materials to promote comprehensive responsible sexuality education in
29 schools, communities, and other youth institutions. The comprehensive sexuality
30 education (CSE) shall be a compulsory part of education, integrated at all levels with
31 the end goal of normalizing discussions about adolescent sexuality and reproductive
32 health and to remove stigma from all levels. The Council shall ensure that the CSE is
33 medically accurate, rights based, and inclusive and non-discriminatory towards LGBT
34 adolescents.

35

36 The CSE shall include age and development-appropriate topics such as, but not
37 limited to: human sexuality, consent, adolescent reproductive health, effective
38 contraceptive use, disease prevention, HIV/AIDS and the more common STIs, hygiene,
health and nutrition, healthy lifestyles, gender-sensitivity, gender equality and equity,

1 teen dating, prevention of gender and sexual violence, peer pressure, women's and
2 children's rights, digital citizenship and issues like pornography, and life-skills, among
3 others. The purpose of which is to equip them with the knowledge, skills, and values
4 to make informed and responsible choices about their sexual and social relationship.

5 The CSE shall be standardized and implemented in all public and private basic
6 education institutions. CSE delivery shall not be dependent upon the discretion of the
7 school administration or on its teachers. It shall be integrated in the school curriculum,
8 guided by international standards. In order to ensure proper compliance, the provision
9 and delivery of CSE in public and private basic education institutions shall be listed as
10 one of the criteria and an accreditation requirement of DEPED's Philippine Accreditation
11 System for Basic Education (PASBE). Schools refusing to implement CSE shall have
12 their accreditation reviewed by the PASBE board.

13 The Council shall undertake annual reviews to determine the effectiveness of
14 the curriculum and to make revisions as necessary to enhance implementation of the
15 program. In addition, the Council shall formulate a guide for CSE delivery for schools.
16

17 **SEC. 7. CSE for Out-of-School Adolescents and those with Special Concerns.** –
18 The Council, the local ISDN, and the Local Government Units (LGUs) shall collaborate
19 to intensify and institutionalize interactive learning methodologies for CSE among out-
20 of-school adolescents in the communities and workplaces as well as unsuitably housed
21 youth. Provided, that the needs of indigenous, working persons-with-disabilities, and
22 adolescents in social institutions are considered in the design and promotion of sexuality
23 education among adolescents.

24 Delivery of CSE in a non-formal education setting shall be ensured by DEPED
25 through their Alternative Learning System. Community youth leaders, through the SK,
26 TFYD, or LYDC shall invest in a concentrated effort in reaching these groups and
27 encourage peer to peer counseling. Volunteer groups and interested CSOs and
28 NGOs shall be recognized for supplemental support to the local ISDNs.

29 The local ISDN and LGUs shall also utilize their Barangay Health Workers (BHWs)
30 and enlist their help in delivering CSE to out-of-school adolescents and those with
31 special concerns.

32 DEPED, along with other relevant government agencies shall be tasked to
33 integrate a CSE syllabus that is culturally sensitive into the existing Madrasah
34 curriculum.
35

36 **SEC. 8. CSE for Parents and Guardians with Adolescent Children.** – A
37 community-based program for education and awareness of parents and guardians
38 about teen sexuality shall be developed and implemented with the main objective of

1 capacitating them to effectively guide, counsel, and provide support to their adolescent
2 children in concerns and decisions related to their sexual health. The CSE specifically
3 designed for parents and guardians should include discussions on how to address the
4 familial and societal norms that encourages risk behaviors and perpetuates ignorance
5 of adolescent sexual and reproductive health. Furthermore, this parent and guardian
6 oriented CSE shall capacitate and encourage them to continue their sexual education
7 with their children and wards in their households.

8 The module for this CSE program shall be developed by the council. The topics
9 to be included shall include but are not limited to: positive discipline, responsible
10 parenthood, violence against women and children, and dealing with bullying and the
11 possible stigma of being a teen parent.

12 These classes shall be conducted by trained Municipal/City Social Welfare and
13 Development Officers. Several avenues that can be pursued are Family Development
14 Sessions (FDS) of the DSWD and PTA meetings but other avenues should also be
15 pursued. The M/CSWDOs shall endeavor to reach out to parent organizations in schools
16 and communities to promote such program.

17
18 **SEC. 9. *Training of Teachers, Guidance Counselors, and School Supervisors on***
19 ***CSE.*** – The Council shall ensure that all teachers, guidance counselors, instructors, and
20 other school officials entrusted with the duty to educate adolescents on CSE shall be
21 properly trained on adolescent health and development and gender sensitivity to
22 effectively educate and guide adolescents in dealing with their sexuality-related
23 concerns. The training activities shall include the legal and human rights instruments
24 applicable to the sexual and reproductive health of adolescents, especially in cases of
25 unintended pregnancies as a result of sexual violence. The training shall be in
26 collaboration with the Council for technical assistance. Funding for the training shall be
27 allotted in the concerned government agencies' annual allocation to be approved by
28 Congress.

29 As a result of the training, schools shall institute policies to support adolescent
30 mothers in ensuring that they stay in school and complete their education.

31 The CHED shall ensure that CSE standards are integrated in the curriculum and
32 across specializations in the professional preparation and training for would-be teachers
33 in normal schools or teacher education institutions in the country.

34
35 **SEC. 10. *Promoting the CSE using the Social Media and other Digital or Online***
36 ***Communication Platforms.*** – The Council shall optimize social media and other online
37 platforms to reach adolescent netizens with accurate information and messages on
38 adolescent sexual and reproductive health (ASRH) concerns. A web portal for the

1 NPPTP shall be developed and promoted by the council to harmonize and link various
2 government websites and online services for ASRH including the networked
3 operationalization of ISDN for AHD.

4
5 **SEC. 11.** *Participation of the Private Sector in the Promotion of CSE.* – The
6 government may enter into public-private partnership agreement in mobilizing private
7 communication networks and companies in promoting CSE through text or short
8 message service (SMS) or media messages. An incentive mechanism for
9 telecommunication companies shall be developed and implemented by concerned
10 agencies to recognize private participation in promoting CSEs and adolescent youth
11 health-seeking behavior, positive attitude towards sex, sexual relations and sexuality,
12 etc.

13 The Movie and Television Review and Classification Board (MTRCB) shall review
14 their existing guidelines to ensure that no movie and television programs portray,
15 depict, promote, and encourage unsafe sexual activities among adolescents as a
16 normative behavior in the society. An incentive scheme for adolescent-friendly
17 television programs shall likewise be developed and implemented to encourage movie
18 and television networks to produce materials and programs that promote responsible
19 sexuality among adolescents.

20 Other private companies may be engaged to partner with the government
21 agencies in designing and implementing innovative programs to prevent adolescent
22 pregnancy.

23
24 **SEC. 12.** *Access to Reproductive Health Services.* – Adolescents who are
25 presently or currently engaged in sexual activities shall be allowed to access modern
26 family planning methods with proper counseling by trained service providers in public
27 and private facilities. The aforementioned counseling is carried out with the end in view
28 of ensuring healthy practices through the promotion of optimal health outcomes and
29 protecting minors, especially those in vulnerable circumstances, from possible
30 predatory and sexually exploitative practices.

31 For this purpose, all health service providers in health facilities including school
32 clinics and school-linked health centers shall be trained on providing adolescent-friendly
33 and responsive information and services. Provided, that all health facilities shall be
34 enhanced to become an adolescent-friendly facility by ensuring confidentiality,
35 exclusive schedule for adolescents, availability of services for adolescents, non-
36 judgmental and gender responsive health service providers. *Provided, furthermore,*
37 that adolescents shall not be denied access to clinical services and modern methods
38 of contraceptives if and when they seek to avail of the aforementioned healthcare

1 services.

2 The Council shall ensure that ASRH training are integrated in the pre-service
3 curriculum training of Barangay Health Workers (BHWs), front-line health care
4 providers, and social workers. The said training shall include topics such as, but not
5 limited to: consent, adolescent sexual and reproductive health, effective contraception
6 use, disease prevention, HIV/AIDS and the more common STIs, hygiene, healthy
7 lifestyles, and prevention of gender and sexual violence.

8 Linkages and referral systems shall be established in educational institutions in
9 order to bridge gaps in between CSE and access to SRH services for in-school
10 adolescents. For OSYs and other groups, a community peer educator could be chosen
11 to advocate accessing SRH services and distribution of commodities.

12 In cases of pregnant adolescents, a wider spectrum of SRH services shall be
13 made available to them spanning the pre-natal, antenatal, and post-natal stages of
14 pregnancy and its respective health care requirements. For in-school pregnant
15 adolescents, consultations with the school nurse and guidance counselor shall be
16 encouraged.

17 Provision of reproductive health services to adolescents shall be based on the
18 principles of non-discrimination and confidentiality, the rights of adolescents, their
19 evolving capacities, and as a life-saving intervention.

20

21 **SEC. 13. *Social Protection for Adolescent Mothers or Parents.*** – A
22 comprehensive social protection service shall be provided to adolescents who are
23 currently pregnant and their partners in order to prevent repeat pregnancies and to
24 ensure their wellbeing while assuming the responsibilities of being young parents.

25 Discriminatory and exclusionary practices that harm and discourage the education
26 of adolescent parents shall be prohibited. All efforts shall be taken by school
27 administrations to ensure and encourage the continuation of education of all adolescent
28 parents; as such, support mechanisms and school retention programs and policies shall
29 be put in place.

30 Adolescent mothers and their partners shall be entitled to maternal and paternal
31 leave, respectively, especially if both are employed. Suspension, forced resignation and
32 other discriminatory acts in the workplace against pregnant women shall be prohibited.

33 The LGUs through the Local Social Welfare and Development (LSWD) and/or the
34 Health Office shall implement a continuing CSE program for adolescent mothers and
35 fathers with technical assistance from the Council.

36

37 **SEC. 14. *Peer Counselling and Support Group.*** – The SK, in every barangay, shall
38 provide assistance and a support group to adolescents, especially those with absentee

1 parents; provide assistance to adolescent pregnant mothers, including confirmation
2 through pregnancy tests; and establish a hotline number where calls can be made
3 which shall remain strictly confidential.

4 For purposes of this Act, the support group shall refer to three (3) or more persons,
5 including members from the SK, who can mutually share personal experiences and give
6 care, encouragement, or advice to each other.

7
8 **SEC. 15. *Back-to-School Program.*** – Education institutions shall be mandated to
9 establish support mechanisms that will encourage adolescent mothers to return back
10 to education institutions. *Provided that,* internet-based courses shall be made
11 accessible as an option. These institutions shall ascertain that in-school day-care and
12 breastfeeding stations are available within their premises.

13
14 **SEC. 16. *Care and Management for First Time Parents.*** – All pregnant adolescents,
15 especially among the poor and hard-to-reach groups shall have access to skilled care
16 throughout their pregnancy, delivery, and post-natal periods. SRH providers shall strive
17 to provide as many adolescent mothers with their birth plans that details their intended
18 place of childbirth delivery, availability of transport to these health care institutions,
19 breastfeeding support and education, and respective costs. Special attention shall be
20 given to younger pregnant mothers during obstetric care.

21 Workshops, classes, and seminars for first time parents shall be provided with ante-
22 and post-natal education. These classes shall include topics such as, but not limited to:
23 infant feeding and care, positive discipline, responsible parenthood, and safe sex
24 practices. The classes shall be made available free of charge and at times most
25 convenient for the teen parents.

26 Educational insitutions shall be encouraged to develop and establish support
27 mechanisms that will encourage the return of teen mothers and parents, for instance:
28 in-school day-care and breastfeeding stations.

29
30 **SEC. 17. *Encouraging male involvement.*** – The Council shall develop programs
31 that will promote male involvement in the prevention of early and unintended
32 pregnancies. These programs shall include topics such as, but not limited to:
33 responsible fatherhood, couples counseling, avoiding gender violence, life-skills, and
34 co-parenting strategies. These programs shall emphasize the roles and responsibilities
35 of being a father and promote their active involvement.

36 These programs shall also serve as an avenue to encourage the uptake of SRH
37 services and information of boys and young men.

1 **SEC. 18. *Foster Care or Adoption.*** – The DSWD shall provide assistance to
2 adolescent mothers who may decide to put their child to foster care or adoption. The
3 consent of the mother and one (1) parent or guardian of the mother shall be needed
4 for the validity of the foster care or adoption.

5 Social workers and guidance counselors shall provide support and guidance to the
6 adolescent mothers and their guardians in order for them to make an informed choice
7 on the possible, legal and non-legal, consequences of their action.

8
9 **SEC. 19. *Residential Care Facilities for Disadvantaged Women.*** – The existing
10 residential care facilities for disadvantaged women of the Department of Social Welfare
11 and Development shall be capacitated to accommodate the needs of pregnant girls.
12 The management of the said facilities shall coordinate with their respective locality's
13 ISDN to provide SRH information and services to their residents.

14 In order to effectively serve their pregnant teen residents, these centers shall
15 employ the following personnel: a case worker, an on-call obstetrician-gynecologist,
16 full-time midwife or nurse, and a psychologist.

17 If there is an identified demand and need for a residential care facility to be built
18 and established, the local ISDN shall prioritize the city or municipality with the highest
19 rate of teen pregnancy.

20
21 **SEC. 20. *Integration of Local Program for the Prevention of Adolescent Pregnancy***
22 ***in SK Programs.*** – Strategies and programs which aim to prevent incidence of
23 adolescent pregnancies shall be integrated in the SK programs at the local and
24 community level using the 10% SK funds. In the absence of the SK, the Task Force on
25 Youth Development (TFYD) shall undertake the responsibility of integrating adolescent
26 pregnancy prevention programs in the barangay youth council's activities.

27
28 The Council shall issue guidelines to ensure the implementation of this provision.
29 The SK/TFYD shall likewise implement programs and activities that aim to
30 develop the potentials and skills of adolescents to make them more productive
31 members of the society. The topics of the said programs and activities is inclusive of
32 but are not limited to: leadership trainings and life skills seminars that can be done
33 together by the teens and their families together. The SK/TFYD shall encourage youth
34 participation in these activities as means of diverting the focus and potentials of
35 adolescents into more meaningful and productive endeavors.

1 The SK/TFYD shall enlist the support of the local barangay council, the local Council
2 for the Protection of Children, and the barangay health center to be able to provide a
3 more complete array of services, activities, and programs.
4

5 **SEC. 21. *Creation of a National Information System on the Prevention of Adolescent***
6 ***Pregnancy.*** – The Council shall endeavor to create a system that will comprehensively
7 assess and effectively monitor and evaluate the status, success, and efficacy of the
8 National Program of Action for the Prevention of Adolescent Pregnancy and the NPPTP.

9 The existing Young Adult Fertility and Sexuality Study shall be renamed Adolescent
10 Health and Development Survey and be carried out every four years to conduct surveys
11 and collect age- and gender-disaggregated data. Its topics shall cover a wider range of
12 topics and indicators extending beyond adolescent sexuality and reproductive health.
13 Its coverage shall include topics such as, but not limited to: education, adolescent
14 health, and labor.

15 Existing surveys such as the National Demographic and Health Survey, Family
16 Health Survey, Family Planning Survey, and Maternal and Child Health Survey shall
17 begin the collection of data-disaggregated at age 10-14 and include never-married
18 women in data collection in order to have a more accurate picture.

19 Research and data collected from the assessment and evaluation shall be stored in
20 a public database.
21

22 **SEC. 22. *Implementation Structure.*** – An Adolescent Pregnancy Prevention Council
23 to be integrated as a sub-committee of the National Implementation Team of the
24 Responsible Parenthood and Reproductive Health (RPRH) Law shall be established to
25 be composed of the following:

- 26 a) The DOH Secretary as the Chairperson;
- 27 b) The POPCOM Board of Commissioners Chair as Co-Chairperson;
- 28 c) Senior officials (at least Undersecretary level) of the NYC, DEPED, DSWD, DUG,
29 CHED, and TESDA as ex-officio members;
- 30 d) Five members appointed by the Chairperson who are persons with knowledge,
31 expertise, accomplishment, and with no less than five-year experience in the
32 fields of public health, adolescent rights and social protection, education,
33 psychology, and social welfare, provided that one qualified member is appointed
34 in each field; Provided further that majority of these appointed members are
35 female;
- 36 e) Two representatives of children and youth appointed by the Council Chairperson
37 from various nationally represented youth organizations, provided that one is
38 male and one is female; and

- 1 f) The Chairpersons of the League of Cities and League of Municipalities.
- 2 g) The POPCOM shall serve as the secretariat of the Council. The appointment of
- 3 members shall be in accordance with the rules and procedures as prescribed by
- 4 the POPCOM, taking into account the approximate proportion between men and
- 5 women.
- 6 h) The Council shall have the powers and duties as follows:
- 7 i) To propose legislative and administrative policies on the prevention of
- 8 adolescent pregnancy;
- 9 j) To develop operational guidelines for government agencies and private
- 10 organizations in the development and implementation of comprehensive
- 11 strategies and programs for prevention of adolescent pregnancy, including
- 12 sexual violence;
- 13 k) To monitor implementation of the provision of the law;
- 14 l) To coordinate with various government councils and technical working groups
- 15 with the end in view of converging and harmonizing various efforts and
- 16 programs aimed to prevent adolescent pregnancies;
- 17 m) To conduct research and generate evidence on the drivers of adolescent
- 18 pregnancy to inform programs and policies; and
- 19 n) To provide relevant agencies and private organizations with recommendations
- 20 and solutions to challenges and gaps in the course of implementing the program.

21 At the National level, the Council agency members shall have the following duties

22 and functions in accordance to their mandates and in relation to the implementation of

23 this Act:

24 1. The DOH shall:

- 25 a) Ensure the availability and provision of ASRH information, services, and
- 26 commodities in all public and private health facilities;
- 27 b) Ensure the training of health service providers in providing adolescent-
- 28 friendly and responsive health services; and
- 29 c) Support and provide technical assistance in the capacity building of
- 30 existing ISDNs and establishment of new ISDNs at the local level.

31 2. The Commission on Population shall:

- 32 a) Develop, in coordination with the relevant agencies, the NPPTP as part of
- 33 the national population program;
- 34 b) Implement a program for the training of parents and guardians in
- 35 effectively guiding adolescents on ASRH issues;
- 36 c) Set-up the National Information System on the Prevention of Adolescent
- 37 Pregnancy that shall be used for plan and program development and M &
- 38 E of indicators at all levels;

- 1 d) Take the lead in the nationwide and community-based campaign for the
- 2 prevention of adolescent pregnancy, including the development and
- 3 maintenance of the web portal for relevant online information and
- 4 services; and
- 5 e) Serve as the secretariat of the Council.

6 3. The DEPED and CHED shall:

- 7 a) Ensure the development and promotion of CSE standards and its
- 8 corresponding learning modules for teachers and students;
- 9 b) Ensure the comprehensive training of all teachers, guidance counselors,
- 10 and school administrators on CSE;
- 11 c) Lead the delivery and implementation of CSE in all public and private basic
- 12 education and tertiary educational institutions, as well as in non-formal
- 13 educational settings;
- 14 d) Ensure the incorporation of CSE in the module of future educators;
- 15 e) Guarantee quality assurance of educational institutions in terms of CSE
- 16 delivery compliance through the PASBE accreditation;
- 17 f) Ensure the proper implementation and delivery of CSE in all schools and
- 18 administer the PASBE review if or when deemed necessary; and
- 19 g) Strengthen existing programs and develop and implement flexible
- 20 learning options that will encourage the continuing education of
- 21 adolescent parents, especially mothers.

22 4. The DSWD and shall:

- 23 a) Take the lead in providing social protection for adolescent parents,
- 24 especially in cases of sexual violence, abuse, and exploitation;
- 25 b) Ensure the provision of social protection for adolescents in humanitarian
- 26 and/or emergency situations;
- 27 c) Equip their existing Distressed Centers for Disadvantaged Women with
- 28 increased capacity to accommodate more residents; and
- 29 d) Promote CSE for adolescents with special needs and in difficult
- 30 circumstances.

31 5. The NYC shall:

- 32 a) Ensure the integration of ASRH and CSE promotion in the SK or TFYD and
- 33 LYDC programs and projects;
- 34 b) Capacitate the SK or TFYD and LYDC in the implementation of this Act at
- 35 the local level;
- 36 c) Create and organize, together with DEPED, DILG, DOH, the League of
- 37 Cities and Municipalities, and concerned NGOs and CSOs, programs that
- 38 will promote peer education at the local level; and

1 d) Conduct workshops, classes, and seminars for first time parents, in
2 partnership with DOH, DSWD, and other concerned Council members and
3 relevant agencies.

4 6. The DILG shall:

- 5 a) Ensure the compliance of LGUs in the implementation of this Act by
6 including the implementation of ASRH programs as a qualifying
7 requirement of the Seal of Good Local Governance and
8 b) Assist the local ISDNs through their League of Provinces, League of Cities,
9 League of Municipalities and League of Barangays.

10
11 7. The TESDA shall:

- 12 a) Provide social protection to adolescent parents by providing skills training
13 and livelihood support and
14 b) Encourage enrollment in tech-vocational courses for adolescent parents
15 who are not fully equipped to return to in-school education.

16
17 8. The CWC shall:

- 18 a) Integrate in its development and strategic frameworks issues and
19 concerns from children-specific to teen pregnancy and ensure the
20 adoption of such frameworks by the LGUs and other stakeholders;
21 b) Vigorously advocate for the awareness and prevention of teen pregnancy;
22 and
23 c) Develop, adopt, and implement, in a manner consistent with adolescents'
24 evolving capacities, legislation, policies, and programs that will promote
25 children and adolescent health and development.

26 9. The League of Cities and League of Municipalities shall:

- 27 a) Help ensure the proper implementation of this Act in LGUs by monitoring
28 the LGUs in their jurisdiction;
29 b) Encourage Local Chief Executives in adopting and implementing this Act
30 in their LGUs; and
31 c) Provide additional support to the local ISDNs.

32
33 At the local level, the City or Municipal Health Office shall organize and lead
34 the coordination of local ISDNs and become its point person. With assistance from the
35 City or Municipal Population Office, the local SK/TFYD/LYDC, and the Council, they shall
36 adapt the NPPTP to their localities and be responsible for its implementation,
37 monitoring, and evaluation. The LGUs shall enlist the participation of children,
38 adolescents, and youth-oriented groups as well as CSOs and NGOs as much as possible.

1 Specific strategies shall be designed to reach marginalized and vulnerable adolescent
2 sub-sectors.

3
4 **SEC. 23. *Appropriation.*** – All concerned government agencies including the LGUs
5 shall include in their annual budget the necessary funds for strategies and activities
6 within their mandates that are contributory to the implementation of this Act. Agencies
7 and LGUs may also utilize their Gender and Development (GAD) budget in
8 implementing programs and activities to carry out this Act.

9
10 **SEC. 24. *Implementing Rules and Regulations.*** – Within 120 days upon the
11 effectivity of this Act, the Council shall be organized to formulate the Implementing
12 Rules and Regulations of this Act.

13
14 **SEC. 25. *Reporting Requirements.*** – Before the end of April each year, the
15 Council shall submit to the President of the Philippines and the Congress an annual
16 consolidated report, which shall provide a definitive and comprehensive assessment of
17 the implementation of its programs and those of other government agencies in relation
18 to the implementation of this Act and recommend priorities for executive and legislative
19 actions. The report shall be printed and distributed to all national agencies, the LGUs,
20 NGOs and private Sector organizations involved in said programs.

21
22 **SEC. 26. *Separability Clause.*** – If for any reason any part or provision of this Act
23 shall be deemed unconstitutional or invalid, the other sections or provisions hereof shall
24 not be affected and shall remain in force and effect.

25
26 **SEC. 27. *Repealing Clause.*** – All provisions of existing laws, orders and
27 regulations contrary to or inconsistent with this Act are hereby repealed or modified
28 accordingly.

29
30 **SEC. 28. *Effectivity.*** – This Act shall take effect fifteen (15) days after its
31 publication in the Official Gazette or in a newspaper of general circulation.

Approved,