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SENATE

S. No. 1334

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(In substitution of Senate Bill Nos. 161, 414 and 649, taking into
Consideration Proposed Senate Resolution Nos. 169 and 205)

Prepared jointly by the Committees on Women, Children, Family Relations and Gender Equality; Social Justice, Welfare and Rural Development; Finance; and Health and Demography, with Senators Hontiveros, Marcos, Revilla Jr., De Lima and Angara, as authors thereof.

AN ACT
PROVIDING FOR A NATIONAL POLICY IN PREVENTING ADOLESCENT PREGNANCIES, INSTITUTIONALIZING SOCIAL PROTECTION FOR ADOLESCENT PARENTS, AND PROVIDING FUNDS THEREFOR

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

- 1 Section 1. *Short Title.* – This Act shall be known as the "*Prevention of Adolescent*
2 *Pregnancy Act of 2020.*"
- 3 Sec. 2. *Declaration of Policy.* – It shall be the policy of the State to:
- 4 a) Recognize, promote, and strengthen the role of adolescents and young
5 people in the overall human and socio-economic development of the
6 country not only in the future but also in the present;
- 7 b) Recognize and promote the responsibility of the State to create and
8 sustain an enabling environment for adolescents to enable them to
9 achieve their development aspirations and potentials as well as mobilize
10 them to positively contribute to the development of the nation;
- 11 c) Pursue sustainable and genuine human development that values the
12 dignity of the total human person and affords full protection to people's
13 rights, especially of adolescent girls and boys and their families;

- 1 d) Promote and protect the human rights of all individuals including
2 adolescents, particularly in their exercise of their rights to sexual and
3 reproductive health, equality and equity before the law, the right to
4 development, the right to education, freedom of expression, the right to
5 participate in decision-making, and the right to choose and make
6 responsible decisions for themselves;
- 7 e) Provide full and comprehensive information to adolescents that can help
8 them prevent early and unintended pregnancies and their life-long
9 consequences;
- 10 f) Ensure corresponding interventions that could respond to the
11 socioeconomic, health, and emotional needs of adolescents and youth,
12 especially young women, with due regard for their own creative
13 capabilities, for social, family, and community support, employment
14 opportunities, participation in the political process, and access to
15 education, health, counselling and high-quality reproductive health
16 services;
- 17 g) Encourage adolescent mothers and fathers to continue and finish their
18 education in order to equip them for a better life, to increase their human
19 potential, to help prevent early marriages, high-risk child-bearing, and
20 repeated pregnancy and to reduce associated mortality and morbidity
21 through comprehensive social protection interventions;
- 22 h) Recognize and promote the rights, duties, and responsibilities of parents,
23 teachers, and other persons legally responsible for the growth of
24 adolescents to provide in a manner consistent with the evolving capacities
25 of the adolescent, appropriate direction and guidance in sexual and
26 reproductive matters.

27 *Sec. 3. Definition of Terms.* - For purposes of this Act, the following terms shall be
28 defined as follows:

- 29 a) *Adolescents* - refers to the population aged 10 to 21 years.
30 b) *Adolescent Sexual and Reproductive Health (ASRH) Care* – refers to the
31 access to a full range of methods, techniques, and services that contribute

1 to the reproductive health and well-being of young people by preventing
2 and solving reproductive health-related problems.

3 c) *Adolescent Sexuality* - refers to the reproductive system, gender identity,
4 values or beliefs, emotions, relationships, and sexual behavior of young
5 people as social beings.

6 d) *Comprehensive Sexuality Education (CSE)* - refers to the process of
7 acquiring complete, accurate, relevant, and age-appropriate information
8 and skills on all matters relating to the reproductive system, its functions
9 and processes, and human sexuality and forming attitudes and beliefs
10 about sex, sexual identity, interpersonal relationship, affection, intimacy,
11 and gender roles. It has the purpose of developing the skills of young
12 people for them to make informed decisions such as the capacity to
13 distinguish between facts and myths on sex and sexuality, and critically
14 evaluate and discuss the moral, religious, social, and cultural dimensions
15 of related sensitive issues such as contraception and abortion, and decide
16 to prevent risky behaviors that can undermine the realization of their
17 aspirations and potentials.

18 e) *Information and Service Delivery Network for Adolescent Health
19 Development (ISDN)* – refers to the network of facilities, institutions, and
20 providers within the province, district, municipality, city-wide health and
21 social system offering information, training, and core packages of health
22 and social care services in an integrated and coordinated manner.

23 f) *Local Youth Development Council (LYDC)* - refers to the local body to be
24 created based on RA 10742 (SK Reform Law) which is composed of
25 representatives of youth and youth-serving organizations in the provincial,
26 city, and municipal level with the primary function of assisting in the
27 planning and execution of projects and programs of the Sangguniang
28 Kabataan, and the Pederasyons in all levels.

29 g) *Task Force on Youth Development (TFYD)* – refers to the local body to be
30 created based on Implementing Rules and Regulations of RA 10632 (Act
31 to Postpone the October 2013 SK Elections) whose members will remain in
32 office until such time that SK officials have been duly elected and

1 qualified. They are mandated to formulate a Youth Development Plan and
2 ensure that the plan's programs and projects are implemented in the
3 barangay and that the SK funds are used solely for youth development.

4 h) *Normal Schools or College Teachers* – refer to the learning institutions
5 training or educating teachers.

6 i) *Public-Private Partnership (PPP)* - is a cooperative arrangement between
7 one or more public and private sectors, typically of a long-term nature, for
8 various development programs or projects.

9 j) *Reproductive Health* - refers to state of complete physical, mental and
10 social well-being, and not merely the absence of disease or infirmity in all
11 matters relating to the reproductive system and to its functions and
12 processes.

13 k) *Risky Behaviors* - refer to ill-advised practices and actions that are
14 potentially detrimental to a person's health or general well-being.

15 l) *Social Protection* – constitutes policies and programs that seek to reduce
16 poverty and vulnerability to risks and enhance the social status and rights
17 of the marginalized by promoting and protecting livelihood and
18 employment, protecting against hazards and sudden loss of income, and
19 improving people's capacity to manage risks.

20 m) *Adolescent Pregnancy Prevention Council* – hereafter referred to as the
21 Council, is an inter-agency and inter-sectoral council that shall be formed
22 through this Act and serve as its implementing body

23 n) *Philippine Accreditation System for Basic Education (PASBE)* – refers to the
24 accreditation process that looks into the operations of the public and
25 private elementary and secondary schools if they meet the quality
26 standards as established by stakeholders of basic education.

27 *Sec. 4. Development of National Program of Action and Investment Plan for the*
28 *Prevention of Adolescent Pregnancy.* – The Council, in collaboration with other
29 relevant national agencies, non-government organizations, and civil society
30 organizations, shall develop an evidence-based *National Medium-Term Plan for the*
31 *Prevention of Adolescent Pregnancy.* The program of action shall serve as the
32 national framework for inter-agency and inter-sectoral collaboration at all levels to

1 address the various health, cultural, socio-economic, and institutional determinants
2 of adolescent pregnancy.

3 Based on the *Medium-Term National Plan*, a *National Program on the*
4 *Prevention of Adolescent Pregnancy* (NPPTP) shall be developed and funded at all
5 levels and shall become a priority program of the Philippine Population Management
6 Program of the Population Commission (POPCOM), spearheaded and coordinated by
7 the Adolescent Pregnancy Prevention Council, created under Sec. 22 of this Act.

8 The NPPTP shall be based on the inter-agency program of action involving all
9 relevant government agencies and shall be considered as a program that is eligible
10 for multiyear funding and inter-agency obligational authority to ensure the allocation
11 for the key strategies in all concerned government agencies. The NPPTP shall be
12 formulated with clear and prescriptive guidance for better implementation at the
13 local level.

14 In order to ensure the full participation of the stakeholders, consultations with
15 children, adolescents, and youth-oriented groups shall be held with the Council's
16 youth representatives. The results of the stakeholders' consultation that will be
17 presented by the youth representatives shall be integrated into the formulation,
18 implementation, operation, measurement, and evaluation of the NPPTP. If
19 necessary, additional consultations with the stakeholders shall be conducted at
20 various levels of the program to guarantee that the NPPTP remain youth focused
21 and oriented.

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

26 *Sec. 5. Organization and Mobilization of Regional and Local Information and Service*
27 *Delivery Network for Adolescent Health and Development (ISDN for AHD).* – All
28 chartered cities and municipalities shall organize and operationalize an ISDN for AHD
29 consisting of different government and non-government organizations, institutions,
30 and facilities catering information and services to adolescents within their locality. In
31 cases of cities and municipalities with existing ISDNs, they shall now harmonize new
32 and existing efforts and programs for AHD. The ISDN may be organized by district in

1 each municipality or city. An effective collaborative and referral system among the
2 members of the ISDN shall be established and implemented within a catchment
3 area.

4 The ISDN for AHD will provide health services that are sensitive to the particular
5 needs and human rights of all adolescents, paying attention to the following
6 characteristics:

- 7 a) Availability – Primary health care should include services sensitive to the
8 needs of adolescents, with special attention given to sexual and
9 reproductive health and mental health;
- 10 b) Accessibility – Health facilities, goods, and services should be known and
11 easily accessible (economically, physically, and socially) to all adolescents,
12 without discrimination. Confidentiality should be guaranteed and
13 maintained at all times;
- 14 c) Acceptability – While fully respecting the provisions and principles of the
15 Convention, all health facilities, goods, and services should respect cultural
16 values, be gender sensitive, be respectful of medical ethics, and be
17 acceptable to both adolescents and the communities in which they live;
- 18 d) Quality – Health services and goods should be scientifically and medically
19 appropriate, which requires personnel trained to care for adolescents,
20 adequate facilities, and scientifically accepted methods.

21 The ISDN shall perform the following tasks and functions:

- 22 a) Map and analyze the various factors contributing to pregnancies among
23 adolescents at the regional and local levels;
- 24 b) Identify and implement inter-agency interventions to address the various
25 issues related to adolescent pregnancies in the region and at the local
26 level;
- 27 c) Harmonize all existing efforts addressing adolescent pregnancy and
28 coordinate with all the necessary agencies, organizations, and
29 stakeholders to ensure non-duplication of efforts at the local level;
- 30 d) Capacitate ISDN agency-members in collaboration with relevant regional
31 government agencies to ensure quality information and services to
32 adolescents;

- 1 e) Provide, in collaboration with LGUs, needed information and services for
2 adolescent development;
- 3 f) Generate or share resources in the implementation of the joint strategic
4 plan of the ISDN; and
- 5 g) Monitor and evaluate effectiveness of coordination and referral systems
6 and other interagency interventions jointly implemented by the ISDN.

7 The City or Municipal Health Officer shall be the head and point person of the
8 local ISDN in collaboration with the Sangguniang Kabataan (SK) Federation or Task
9 Force on Youth Development (TFYD) and/ or Local Youth Development Council
10 (LYDC) in the concerned localities with technical assistance from the Council and
11 other relevant national government agencies. The City or Municipal Population
12 Officer shall co-lead the local ISDN.

13 *Sec. 6. Age and Development-Appropriate Comprehensive Sexuality Education. –*

14 The Department of Education, with assistance from the Council and in collaboration
15 with other relevant agencies, shall develop and promote educational standards,
16 modules, and materials to promote comprehensive responsible sexuality education in
17 schools, communities, and other youth institutions. The comprehensive sexuality
18 education (CSE) shall be a compulsory part of education, integrated at all levels with
19 the end goal of normalizing discussions about adolescent sexuality and reproductive
20 health and to remove stigma from all levels. The Council shall ensure that the CSE is
21 medically accurate, rights based, and inclusive and non-discriminatory towards LGBT
22 adolescents.

23 The CSE shall include age and development-appropriate topics such as, but
24 not limited to: human sexuality, consent, adolescent reproductive health, effective
25 contraceptive use, disease prevention, HIV/AIDS and the more common STIs,
26 hygiene, health and nutrition, healthy lifestyles, gender-sensitivity, gender equality
27 and equity, teen dating, prevention of gender and sexual violence, peer pressure,
28 women's and children's rights, digital citizenship and issues like pornography, and
29 life-skills, among others. The purpose of which is to equip them with the knowledge,
30 skills, and values to make informed and responsible choices about their sexual and
31 social relationships.

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

9 The Council shall undertake annual reviews to determine the effectiveness of
10 the curriculum and to make revisions as necessary to enhance implementation of the
11 program. In addition, the Council shall formulate a guide for CSE delivery for
12 schools.

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

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

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

28 DEPED, along with other relevant government agencies shall be tasked to
29 integrate a CSE syllabus that is culturally sensitive into the existing Madrasah
30 curriculum.

31 *Sec. 8. CSE for Parents and Guardians with Adolescent Children.* – A community-
32 based program for education and awareness of parents and guardians about teen

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

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

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

18 *Sec. 9. Training of Teachers, Guidance Counselors, and School Supervisors on CSE.*

19 – 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
25 of 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
27 be allotted in the concerned government agencies' annual allocation to be approved
28 by 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.

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

4 *Sec.10. Promoting the CSE using the Social Media and other Digital or Online*
5 *Communication Platforms.* – The Council shall optimize social media and other online
6 platforms to reach adolescent netizens with accurate information and messages on
7 adolescent sexual and reproductive health (ASRH) concerns. A web portal for the
8 NPPTP shall be developed and promoted by the council to harmonize and link
9 various government websites and online services for ASRH including the networked
10 operationalization of ISDN for AHD.

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

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

26 Other private companies may be engaged to partner with the government
27 agencies in designing and implementing innovative programs to prevent adolescent
28 pregnancy.

29 *Sec. 12. Access to Reproductive Health Services.* - Adolescents who are presently or
30 currently engaged in sexual activities shall be allowed to access modern family
31 planning methods with proper counseling by trained service providers in public and
32 private facilities. The aforementioned counseling is carried out with the end in view

1 of ensuring healthy practices through the promotion of optimal health outcomes and
2 protecting minors, especially those in vulnerable circumstances, from possible
3 predatory and sexually exploitative practices.

4 For this purpose, all health service providers in health facilities including
5 school clinics and school-linked health centers shall be trained on providing
6 adolescent-friendly and responsive information and services. Provided, that all health
7 facilities shall be enhanced to become an adolescent-friendly facility by ensuring
8 confidentiality, exclusive schedule for adolescents, availability of services for
9 adolescents, non-judgmental and gender responsive health service providers.
10 Provided, furthermore, that adolescents shall not be denied access to clinical
11 services and modern methods of contraceptives if and when they seek to avail of the
12 aforementioned healthcare services.

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

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

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

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

31 *Sec. 13. Social Protection for Adolescent Mothers or Parents.* – A comprehensive
32 social protection service shall be provided to adolescents who are currently pregnant

1 and their partners in order to prevent repeat pregnancies and to ensure their well-
2 being while assuming the responsibilities of being young parents. Such services shall
3 include the following:

- 4 a) Maternal health services including pre-natal, ante-natal, and post-natal
5 check-ups and facility-based delivery;
- 6 b) Post-natal family planning counseling and services for either or both
7 adolescent parents;
- 8 c) Home-based, in-school, or tech-vocational education for adolescent
9 mothers and parents;
- 10 d) Personal PhilHealth coverage, making mandatory enrollment and
11 membership of indigent adolescent mothers;
- 12 e) Enrolment to social insurance like the Social Security Services;
- 13 f) Training, skills development, and support to livelihood programs for the
14 household of the adolescent parents especially for the indigents;
- 15 g) Continuing CSE for adolescent parents;
- 16 h) Workshops on couples counseling, parenting, and positive discipline for
17 the impending parents; and
- 18 i) psycho-social support and mental health services for adolescent parents.

19 Discriminatory and exclusionary practices that harm and discourage the
20 education of adolescent parents shall be prohibited. All efforts shall be taken by
21 school administrations to ensure and encourage the continuation of education of all
22 adolescent parents; as such, support mechanisms and school retention programs
23 and policies shall be put in place.

24 Adolescent mothers and their partners shall be entitled to maternal and
25 paternal leave, respectively, especially if both are employed. Suspension, forced
26 resignation and other discriminatory acts in the workplace against pregnant girls
27 shall be prohibited.

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

31 *Sec.14. Social Protection in Cases of Sexual Violence.* – Strengthened comprehensive
32 social protection mechanisms for adolescents, especially for girls, shall be provided.

1 Expectant and current mothers whose pregnancies were the result of sexual violence
2 shall be given access and support to legal, medical, and psycho-social services.
3 Furthermore, the Council shall reinforce the capacities of health facilities in providing
4 comprehensive post-trauma care for adolescents in cases of sexual violence, sexual
5 exploitation, or sexual harassment. Provided further, that post-trauma care includes
6 but is not limited to services such as purposive family planning and counselling.

7 Health service providers, particularly the Barangay Health Workers (BHWs),
8 other primary health care providers, and local population officers shall be given
9 confidentiality and safeguarding guidelines and tools for spotting sexual exploitation
10 and abuse of adolescents. A referral pathway shall be created by the Council to
11 ensure that identified sexual abuse and exploitation survivors are assisted and
12 properly handled.

13 *Sec. 15. Social Protection in Cases of Emergency Situations.* – The local ISDN shall
14 be bolstered in the events of humanitarian and conflict crises or climate-related
15 emergency situations. The local ISDN shall ensure swift and efficient delivery of SRH
16 services to vulnerable adolescents and young pregnant girls. Increased vigilance
17 shall be practiced in cases of gender violence, sexual assault, and exploitation in
18 these situations. All incidence of the aforementioned situations shall be immediately
19 addressed by the local ISDN through appropriate channels.

20 Special attention shall be given to young mothers who are at the late stages
21 of pregnancy in case of (premature) labor. In order to ensure delivery of SRH of
22 adolescents and adolescent expectant parents, LGUs shall incorporate adolescent
23 SRH specific content and safeguards in their local Disaster Risk Reduction and
24 Management Plans.

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

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

6 Educational institutions shall be encouraged to develop and establish support
7 mechanisms that will encourage the return of teen mothers and parents, for
8 instance: in-school day-care and breastfeeding stations.

9 *Sec. 17. Encouraging male involvement.* – The Council shall develop programs that
10 will promote male involvement in the prevention of early and unintended
11 pregnancies. These programs shall include topics such as, but not limited to:
12 responsible fatherhood, couples counseling, avoiding gender violence, life-skills, and
13 co-parenting strategies. These programs shall emphasize the roles and
14 responsibilities of being a father and promote their active involvement.

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

17 *Sec. 18. Designating February of Every Year as the Month for Raising Public*
18 *Awareness on Preventing Adolescent Pregnancy and Conduct of Nationwide*
19 *Communication Campaign.* - To raise public consciousness on the issues on
20 adolescent pregnancy and generate support from various stakeholders, the entire
21 month of February shall be designated as *Month for Public Awareness or Preventing*
22 *Adolescent Pregnancy which shall be observed nationwide.* Schools and other
23 stakeholders shall hold activities with the objective of raising awareness and
24 generate critical actions to address the issues of increasing adolescent pregnancy.

25 Further, the Council, in collaboration with relevant agencies, LGUs, CSOs, and
26 the private sector shall develop, launch, and sustain a nationwide campaign for the
27 prevention of adolescent pregnancy.

28 *Sec. 19. Foster Care or Adoption.* – The DSWD shall provide assistance to adolescent
29 mothers who may decide to put their child to foster care or adoption. The consent of
30 the mother and one (1) parent or guardian of the mother shall be needed for the
31 validity of the foster care or adoption.

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

4 *Sec. 20. Residential Care Facilities for Disadvantaged Women.* – The existing
5 residential care facilities for disadvantaged women of the Department of Social
6 Welfare and Development shall be capacitated to accommodate the needs of
7 pregnant girls. The management of the said facilities shall coordinate with their
8 respective locality's ISDN to provide SRH information and services to their residents.

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

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

15 *Sec. 21. Integration of Local Program for the Prevention of Adolescent Pregnancy in*
16 *SK Programs.* - Strategies and programs which aim to prevent incidence of
17 adolescent pregnancies shall be integrated in the SK programs at the local and
18 community level using the 10% SK funds. In the absence of the SK, the Task Force
19 on Youth Development (TFYD) shall undertake the responsibility of integrating
20 adolescent pregnancy prevention programs in the barangay youth council's activities.
21 The Council shall issue guidelines to ensure the implementation of this provision.

22 The SK/TFYD shall likewise implement programs and activities that aim to
23 develop the potentials and skills of adolescents to make them more productive
24 members of the society. The topics of the said programs and activities is inclusive of
25 but are not limited to: leadership trainings and life skills seminars that can be done
26 together by the teens and their families together. The SK/TFYD shall encourage
27 youth participation in these activities as means of diverting the focus and potentials
28 of adolescents into more meaningful and productive endeavors.

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

1 *Sec. 22. Creation of a National Information System on the Prevention of Adolescent*
2 *Pregnancy.* – The Council shall endeavor to create a system that will
3 comprehensively assess and effectively monitor and evaluate the status, success,
4 and efficacy of the National Program of Action for the Prevention of Adolescent
5 Pregnancy and the NPPTP.

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

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

16 Research and data collected from the assessment and evaluation shall be stored in a
17 public database.

18 *Sec. 23. Implementation Structure.* – An ‘Adolescent Pregnancy Prevention Council’
19 to be integrated as a sub-committee of the National Implementation Team of the
20 Responsible Parenthood and Reproductive Health (RPRH) Law shall be established to
21 be composed of the following:

- 22 a) The DOH Secretary as the Chairperson;
- 23 b) The POPCOM Board of Commissioners Chair as Co-Chairperson;
- 24 c) Senior officials (at least Undersecretary level) of the NYC, DEPED, DSWD,
25 DILG, CHED, and TESDA as ex-officio members;
- 26 d) Five members appointed by the Chairperson who are persons with
27 knowledge, expertise, accomplishment, and with no less than five-year
28 experience in the fields of public health, adolescent rights and social
29 protection, education, psychology, and social welfare, provided that one
30 qualified member is appointed in each field; Provided further that majority
31 of these appointed members are female;

1 e) Two representatives of children and youth appointed by the Council
2 Chairperson from various nationally represented youth organizations,
3 provided that one is male and one is female; and

4 f) The Chairpersons of the League of Cities and League of Municipalities.

5 The POPCOM shall serve as the secretariat of the Council.

6 The appointment of members shall be in accordance with the rules and
7 procedures as prescribed by the POPCOM, taking into account the approximate
8 proportion between men and women.

9 The Council shall have the powers and duties as follows:

10 a) To propose legislative and administrative policies on the prevention of
11 adolescent pregnancy;

12 b) To develop operational guidelines for government agencies and private
13 organizations in the development and implementation of comprehensive
14 strategies and programs for prevention of adolescent pregnancy, including
15 sexual violence;

16 c) To monitor implementation of the provision of the law;

17 d) To coordinate with various government councils and technical working
18 groups with the end in view of converging and harmonizing various efforts
19 and programs aimed to prevent adolescent pregnancies;

20 e) To conduct research and generate evidence on the drivers of adolescent
21 pregnancy to inform programs and policies; and

22 f) To provide relevant agencies and private organizations with
23 recommendations and solutions to challenges and gaps in the course of
24 implementing the program.

25 At the National level, the Council agency members shall have the following
26 duties and functions in accordance to their mandates and in relation to the
27 implementation of this Act:

28 a) The DOH shall:

29 a. Ensure the availability and provision of ASRH information, services,
30 and commodities in all public and private health facilities;

31 b. Ensure the training of health service providers in providing
32 adolescent-friendly and responsive health services; and

- 1 c. Support and provide technical assistance in the capacity building of
2 existing ISDNs and establishment of new ISDNs at the local level.
- 3 b) The Commission on Population shall:
- 4 a. Develop, in coordination with the relevant agencies, the NPPTP as
5 part of the national population program;
- 6 b. Implement a program for the training of parents and guardians in
7 effectively guiding adolescents on ASRH issues;
- 8 c. Set-up the National Information System on the Prevention of
9 Adolescent Pregnancy that shall be used for plan and program
10 development and M & E of indicators at all levels;
- 11 d. Take the lead in the nationwide and community-based campaign
12 for the prevention of adolescent pregnancy, including the
13 development and maintenance of the web portal for relevant online
14 information and services; and
- 15 e. Serve as the secretariat of the Council.
- 16 c) The DEPED and CHED shall:
- 17 a. Ensure the development and promotion of CSE standards and its
18 corresponding learning modules for teachers and students;
- 19 b. Ensure the comprehensive training of all teachers, guidance
20 counselors, and school administrators on CSE;
- 21 c. Lead the delivery and implementation of CSE in all public and
22 private basic education and tertiary educational institutions, as well
23 as in non-formal educational settings;
- 24 d. Ensure the incorporation of CSE in the module of future educators;
- 25 e. Guarantee quality assurance of educational institutions in terms of
26 CSE delivery compliance through the PASBE accreditation;
- 27 f. Ensure the proper implementation and delivery of CSE in all schools
28 and administer the PASBE review if or when deemed necessary;
29 and
- 30 g. Strengthen existing programs and develop and implement flexible
31 learning options that will encourage the continuing education of
32 adolescent parents, especially mothers.

1 d) The DSWD and shall:

- 2 a. Take the lead in providing social protection for adolescent parents,
3 especially in cases of sexual violence, abuse, and exploitation;
- 4 b. Ensure the provision of social protection for adolescents in
5 humanitarian and/or emergency situations;
- 6 c. Equip their existing Distressed Centers for Disadvantaged Women
7 with increased capacity to accommodate more residents; and
- 8 d. Promote CSE for adolescents with special needs and in difficult
9 circumstances.

10 e) The NYC shall:

- 11 a. Ensure the integration of ASRH and CSE promotion in the SK or
12 TFYD and LYDC programs and projects;
- 13 b. Capacitate the SK or TFYD and LYDC in the implementation of this
14 Act at the local level;
- 15 c. Create and organize, together with DEPED, DILG, DOH, the League
16 of Cities and Municipalities, and concerned NGOs and CSOs,
17 programs that will promote peer education at the local level; and
- 18 d. Conduct workshops, classes, and seminars for first time parents, in
19 partnership with DOH, DSWD, and other concerned Council
20 members and relevant agencies.

21 f) The DILG shall:

- 22 a. Ensure the compliance of LGUs in the implementation of this Act by
23 including the implementation of ASRH programs as a qualifying
24 requirement of the Seal of Good Local Governance and
- 25 b. Assist the local ISDNs through their League of Provinces, League of
26 Cities, League of Municipalities and League of Barangays.

27 g) The TESDA shall:

- 28 a. Provide social protection to adolescent parents by providing skills
29 training and livelihood support and
- 30 b. Encourage enrollment in tech-vocational courses for adolescent
31 parents who are not fully equipped to return to in-school education.

32 h) The CWC shall:

- 1 a. Integrate in its development and strategic frameworks issues and
- 2 concerns from children-specific to teen pregnancy and ensure the
- 3 adoption of such frameworks by the LGUs and other stakeholders;
- 4 b. Vigorously advocate for the awareness and prevention of teen
- 5 pregnancy; and
- 6 c. Develop, adopt, and implement, in a manner consistent with
- 7 adolescents' evolving capacities, legislation, policies, and programs
- 8 that will promote children and adolescent health and development.
- 9 i) The League of Cities and League of Municipalities shall:
 - 10 a. Help ensure the proper implementation of this Act in LGUs by
 - 11 monitoring the LGUs in their jurisdiction;
 - 12 b. Encourage Local Chief Executives in adopting and implementing this
 - 13 Act in their LGUs; and
 - 14 c. Provide additional support to the local ISDNs.

15 At the local level, the City or Municipal Health Office shall organize and lead
16 the coordination of local ISDNs and become its point person. With assistance from
17 the City or Municipal Population Office, the local SK/TFYD/LYDC, and the Council,
18 they shall adapt the NPPTP to their localities and be responsible for its
19 implementation, monitoring, and evaluation. The LGUs shall enlist the participation
20 of children, adolescents, and youth-oriented groups as well as CSOs and NGOs as
21 much as possible. Specific strategies shall be designed to reach marginalized and
22 vulnerable adolescent sub-sectors.

23 *Sec. 24. Annual Allocations.* - All concerned government agencies including the
24 LGUs shall include in their annual budget the necessary funds for strategies and
25 activities within their mandates that are contributory to the implementation of this
26 Act. Agencies and LGUs may also utilize their Gender and Development (GAD)
27 budget in implementing programs and activities to carry out this Act.

28 *Sec. 25. Implementing Rules and Regulations.* - Within 120 days upon the effectivity
29 of this Act, the Council shall be organized to formulate the Implementing Rules and
30 Regulations of this Act.

31 *Sec. 26. Reporting Requirements.* - Before the end of April each year, the Council
32 shall submit to the President of the Philippines and the Congress an annual

1 consolidated report, which shall provide a definitive and comprehensive assessment
2 of the implementation of its programs and those of other government agencies in
3 relation to the implementation of this Act and recommend priorities for executive
4 and legislative actions. The report shall be printed and distributed to all national
5 agencies, the LGUs, NGOs and private Sector organizations involved in said
6 programs.

7 *Sec. 27. Separability Clause.* - If any part, section, or provisions of this Act is held
8 invalid or unconstitutional, other provisions not affected thereby shall remain in full
9 force and effect.

10 *Sec. 28. Repealing Clause.* - All other statutes, executive orders, and administrative
11 issuances or rules and regulations contrary to or inconsistent with the provisions of
12 this Act are hereby repealed, amended or modified accordingly.

13 *Sec. 29. Effectivity Clause.* - This Act shall take effect fifteen (15) days after its
14 publication in at least two (2) newspapers of general circulation.

Approved,