

**Republic of the Philippines
House of Representatives
Nineteenth Congress**

House Bill No. **2062**

Introduced by:

**Rep. Fidel Nograles
Fourth District
Province of Rizal**



Explanatory Note

Teenage pregnancy affects 5.99 percent of Filipino girls, the second highest rate in Southeast Asia based on Save the Children's Global Childhood Report (2019). An estimated 538 babies are born to Filipino teenage mothers every single day, according to Philippine Statistical Authority (2017).

It is disheartening to note that in the Philippines the incidence of teenage pregnancies is increasing. In 2014, data from the Philippine Statistics Authority (PSA) revealed that every hour, 24 babies are delivered by teenage mothers. In fact, based on the Certificate of Live Births submitted by the Local Civil Registry Offices from 2011 to 2014, about one in every ten women of child-bearing age was a teenager. According to the 2014 Young Adult Fertility and Sexuality (YAFS) study, around 14 percent of Filipino girls aged 15 to 19 are either pregnant for the first time or are already mothers more than twice the rate recorded in 2002. Among six major economies in the Association of Southeast Asian Nations, the Philippines has the highest rate of teenage pregnancies, and is the only country where the rate is increasing, per the United Nations Population Fund.

Early pregnancy has its deleterious effects to young girls and the society as a whole. Early pregnancy forces girls to take on an adult role while their bodies are often not ready. Early pregnancy can also trap girls in an escapable cycle of poverty, stigmatized by society for being teenage mothers or forced into early marriage. It also creates a greater risk in terms of maternal complications that affect the mother and the child they bear resulting in low survival rates.

The prevalence of teenage pregnancy affects all levels: individual/family (micro), community/sub-national (meso) and national (macro). At the macro level, this means delayed or incomplete human capital formation. Human capital formation is the process of enhancing the productive power of human labor by investing in health, nutrition, education and training with the expectation of future benefits such as income and growth. Being pregnant means dropping out of school, and shifting from girlhood to motherhood. The lack of familial and/or community support to assist the teenage mother in fulfilling the requirements of this new role means uncertainty in going back to school. This denotes foregone investments and delay in achieving full human potential, and therefore delay in the formation of human capital. For those who are already poor, going back to school is no longer an option and accelerating to employment becomes a more viable alternative. Without the education and skills, this means low-paying and short-term jobs for the adolescent parent and therefore low investments for health, nutrition and later education for the child. As this persists, the adolescent parent and child are mired in the vicious cycle of intergenerational poverty.

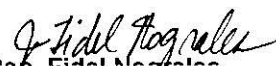
An additional child means an "artificial bulge" to the population pyramid with teenagers who are dependent population themselves producing additional dependent population. This puts pressures (a "shock") to the already meager funds from the macro (national level) to the sub-national and family levels. At the national level, this means revisiting the funds to accommodate new expenses (i.e. maternal and child health care for adolescents, skill training,

back-to-school programs/alternative learning system, among others) at the cost of reducing funds from other budget items. This situation becomes more evident at the subnational level (local government unit) more so at the family level. The additional expenses that comes with the newly born child in the household now competes with the existing household expenses and in extreme cases lead to school drop-outs among other siblings.

A more urgent concern is the direct health risk of pregnancy to the adolescent mom i.e. placental tears, obstruction at the time of delivery, obstetric fistulae and even death (UNFPA, 2015). As these adolescents mostly have poor nutrition and general health and poor knowledge about pregnancy, prenatal care is poorly observed particularly at the first trimester and thus the likelihood of foetal, perinatal and maternal death and disability are intensified (Black et al., 2008 in UNFPA, 2015). Health-seeking behavior among adolescent moms is also low because of the stigma in their situation; all of which poses a challenge in achieving health-related Sustainable Development Goals (SDG). In order to provide for the needs of these adolescent moms, there is a need to allocate additional resources for maternal and child health customized for adolescents. This requires additional training for health service providers who were not fully trained to deliver care for adolescents. There is also a need to establish a network of service providers particularly involving referrals to hospital as pregnancy among teens is high risk.

Article II Section 13 of our 1987 Philippine Constitution provides that: The State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social wellbeing. It shall include in the youth patriotism and nationalism and encourage their involvement in public and civic affairs.

In light of the said provision, it is the mandate of the state to protect our young and promote their well-being. Given the magnitude of damaging effects of teenage pregnancy, not to mention violation of rights of children (among those below 18 years old), there is a need for a policy to prevent teenage pregnancy among those who are not yet in the situation, and for those who have undergone such experience. In this context, approval of the bill is earnestly sought. After all, this will benefit not only the individuals and their families, but also the community, the local government units and the country as a whole. It is time to save our youth from the damaging effects of teenage pregnancy and to institutionalize social protection for teenage parents.


Rep. Fidel Nogales
4th District of Rizal Province

Republic of the Philippines
House of Representatives
Metro Manila
Nineteenth Congress

Introduced by:

Fidel Nograles
Fourth District
Province of Rizal

2062

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

Be it enacted by the House of Representative of the Philippines in Congress assembled:

Section 1. *Short Title.* This Act shall be known and cited as the “**Prevention of Adolescent Pregnancy Act of 2019.**”

Section 2. *Declaration of Policy.* It shall be the policy of the State to:

- (a) Recognize, promote, and strengthen the role of adolescents and young people in the overall human and socio-economic development of the country not only in the future but also in the present;
- (b) Recognize and promote the responsibility of the State to create and sustain an enabling environment for adolescents to enable them to achieve their development aspirations and potentials as well as mobilize them to positively contribute to the development of the nation;
- (c) Pursue sustainable and genuine human development that values the dignity of the total human person and affords full protection to human rights, especially of adolescent women and men and their families;
- (d) Promote and protect the human rights of all individuals including the adolescents particularly in their exercise of their rights to sexual and reproductive health, equality and equity before the law, the right to development, the right to education, freedom of expression, the right to participate in decision-making, and the right to choose and make responsible decisions for themselves;
- (e) Provide full and comprehensive information to adolescents that can help them prevent early and unintended pregnancies and their life-long consequences;
- (f) Ensure corresponding interventions that could respond to the socioeconomic, health and emotional needs of adolescents and youth, especially young women, with due regard for their own creative capabilities, for social, family and community support, employment opportunities, participation in the political process, and access to education, health, counselling and high-quality reproductive health services;
- (g) Encourage adolescent mothers and fathers to continue and finish their education in order to equip them for a better life, to increase their human potential, to help

prevent early marriages, high-risk child-bearing and repeated pregnancy and to reduce associated mortality and morbidity through comprehensive social protection interventions;

- (h) Recognize and promote the rights, duties and responsibilities of parents, teachers, and other persons legally responsible for the growth of adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, appropriate direction and guidance in sexual and reproductive matters;

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

- (a) *Adolescents* – refers to the population aged 10 to 19 years.
- (b) *Adolescent Sexual and Reproductive Health (ASRH) Care* – refers to the access to a full range of methods, techniques and services that contribute to the reproductive health and well-being of young people by preventing and solving reproductive health – related problems.
- (c) *Adolescent Sexuality* – refers to the reproductive system, gender identity, values or beliefs, emotions, relationships and sexual behavior of young people as social beings.
- (d) *Comprehensive Sexuality Education* – refers to the process of acquiring complete, accurate, relevant and age-appropriate information and skills on all matters relating to the reproductive system, its functions and processes and human sexuality and forming attitudes and beliefs about sex, sexual identity, interpersonal relationship, affection, intimacy and gender roles. It has the purpose of developing the skills young people for them to make informed decisions such as the capacity to distinguish between facts and myths on sex and sexuality, and critically evaluate and discuss the moral, religious, social and cultural dimensions of related sensitive issues such as contraception and abortion, and decide to prevent risky behaviors that can undermine the realization of their aspirations and potentials.
- (e) *Information and Service Delivery Network for Adolescent Health and Development (ISDN)* – refers to the network of facilities, institutions, and providers within the province, district, municipality/city-wide health and social system offering information, training, and core packages of health and social care services in an integrated and coordinated manner.
- (f) *Local Youth Development Council (LYDC)* – refers to the local body to be created based on RA 10742 (SK Reform Law) which is composed of representatives of youth and youth-serving organizations in the provincial, city, and municipal level with the primary function of assisting in the planning and execution of projects and programs of the Sangguniang Kabataan, and the Pederasyons in all levels.
- (g) *Normal Schools or College Teachers* – refers to learning institutions training or educating teachers.
- (h) *Partial and Permanent Emancipation* – refers to a written consent by any or both parents allowing a minor child to access modern family planning method, amending for this purpose, Executive Order No. 209, or the “Family Code of the Philippines,” as amended by Republic Act No. 6809.
- (i) *Public-Private Partnership (PPP)* - is a cooperative arrangement between one or more public and private sectors, typically of a long-term nature, for various development programs or projects.

- (j) *Reproductive Health* – refers to state of complete physical mental and social well-being, and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes.
- (k) *Risky Behaviors* – refers to ill-advised practices and actions that are potentially detrimental to a person's health or general well-being.
- (l) *Social Protection* - consists of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks, such as unemployment, exclusion, sickness, disability and old age.

Section 4. *Development of National Program of Action and Investment Plan for the Prevention of Teenage Pregnancy.* The National Youth Commission (NYC), Department of Education (DepEd), Department of Health (DOH), Department of Social Welfare and Development (DSWD), and the Commission on Population (POPCOM) in collaboration with other relevant national agencies and the civil society organization shall develop an evidence-based medium-term *National Program of Action for the Prevention of Teenage Pregnancies*. The program of action shall serve as the national framework for inter-agency and inter-sectoral collaboration at all levels to address the various health, cultural, socio-economic and institutional determinants of teenage pregnancy.

Based on the Program of Action, a *National Program on the Prevention of Teenage Pregnancy* (NPPTP) which shall form a priority program of the Philippine Population Management Program being spearheaded and coordinated by POPCOM shall be developed and funded at all levels. The NPPTP shall be based on the inter-agency program of action involving all relevant government agencies and shall be considered as a program that is eligible for multiyear funding and inter-agency obligational authority to ensure the allocation for the key strategies in all concerned government agencies.

Section 5. *Organization and Mobilization of Regional and Local Information and Service Delivery Network for Adolescent Health and Development (ISDN for AHD).* All provinces and chartered cities shall organize and operationalize an ISDN for AHD consisting of different government and non-government organizations, institutions, and facilities catering information and services to adolescents within their locality. The ISDN may be organized by the district in each province or by the municipality/city. An effective collaborative and referral system among the members of the ISDN shall be established and implemented within a catchment area.

The ISDN shall perform the following tasks and functions:

- (a) Map and analyze the various factors contributing to pregnancies among adolescents at the regional and local levels;
- (b) Identify, harmonize, coordinate, and implement inter-agency interventions to address the various issues related to teenage pregnancies in the region and at the local level;
- (c) Capacitate ISDN agency-members in collaboration with relevant regional government agencies to ensure quality information and services to adolescents;
- (d) Provide, in collaboration with concerned LGUs, needed information and services for adolescent development;
- (e) Generate or share resources in the implementation of the joint strategic plan of the ISDN; and

- (f) Monitor and evaluate effectiveness of coordinative and referral systems and other interagency interventions jointly implemented by the ISDN.

The local ISDN shall be coordinated by the Provincial/City Population Office or, in its absence, the Provincial/City Health Office in collaboration with the Sanggunian Kabataan (SK) Federation or Local Youth Development Council (LYDC) in the concerned localities with technical assistance from POPCOM and other relevant national government agencies.

Section 6. Age and Development-Appropriate Comprehensive Sexuality Education. All agencies under the education sector in collaboration with other relevant agencies shall develop and promote educational standards, modules, and materials to promote comprehensive responsible sexuality education in schools, communities, and other youth institutions. The comprehensive sexuality education shall start from Grade 5 and shall include age-appropriate topics such as, but not limited to, human sexuality, adolescent reproductive health, health and nutrition, gender-sensitivity, gender equality and equity, and life-skills the purpose of which is to enable adolescents to be responsible in nurturing their sexuality, prevent of sexual abuse, and avoid unintended pregnancy.

Section 7. Training of Teachers, Guidance Counselors, and School Supervisors on CSE. The DepEd, Technological Education and Skills Development Authority (TESDA) and Commission on Higher Education (CHED) shall ensure that all teachers, guidance counselors, instructors, and other school officials entrusted with the duty to educate adolescents on CSE shall be properly trained on adolescent health and development to effectively educate or guide adolescents in dealing with their sexuality-related concerns. The training shall be in collaboration with DOH, POPCOM, and NYC for technical assistance. Funding for the training shall be allotted in the concerned government agencies' annual allocation to be approved by Congress.

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

Section 8. CSE for Out-of-School Adolescents and those with Special Concerns. The DSWD, DOH, POPCOM, and the local government units (LGUs) shall collaborate to intensify and institutionalize interactive learning methodologies for CSE among out-of-school adolescents in the communities and workplaces. Provided, that the needs of indigenous, working, persons-with-disabilities, and adolescents in social institutions are considered in the design and promotion of sexuality education among adolescents.

Section 9. Promoting the CSE using the Social Media and other Digital or Online Communication Platforms. All concerned government agencies shall optimize the social media and other online platforms to reach adolescent netizens with accurate information and messages on adolescent sexual and reproductive health (ASRH) concerns. A web portal for the NPPAP shall be developed and promoted by POPCOM to harmonize and link various government websites and online services for ASRH including the networked operationalization of ISDN for AHD.

Section 10. Mandatory Establishment of Functional Local Teen Centers for Adolescent Health and Development. A school- or community-based Teen Center for AHD shall be established and operationalized in all municipalities and cities in the country. Such Teen Centers shall serve as facilities where adolescents and youth can access appropriate information and services on ASRH and other concerns relevant to their holistic development.

The Teen Centers shall be the convergence facilities or hubs for the services of the ISDN for AHD members as provided in Section 5 of this Act.

The Center shall also serve as peer helping, counseling, and treatment center especially for adolescents in crisis or victims of abuse and violence.

The Center shall be mainly managed and operated by the LGUs through SK members, youth volunteers and workers and other organized AY groups recognized by the LGU with the assistance of various adult service providers and youth-serving professionals including the civil society organizations (CSOs). The establishment and operationalization of the Teen Centers shall be funded using the 10% SK fund and other relevant local budget sources.

The POPCOM in collaboration with DepEd, CHED, DOH, DILG, and CSOs shall formulate the guidelines and standards in setting-up of Teen Centers in schools and communities. National government agencies shall provide assistance to LGUs and schools in setting-up the Teen Centers.

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

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

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

Section 12. *Regulating Access of Minors to Pornographic Materials and Obscene Shows.* Existing laws penalizing pornography and obscenity in the country shall be strengthened by the following regulatory provisions:

- (a) All business establishments providing computer and internet services shall strictly restrict or prohibit minors from accessing pornographic websites by setting-up filters or parental control programs to block or filter-out pornographic internet contents in all their computer units and by posting a signage prohibiting minors from access pornographic materials. Non-compliance to this provision shall cause the cancellation of the business permit of the said establishment.
- (b) Selling and distribution of pornographic printed materials and videos in any format to minors shall be prohibited and penalized under existing laws and this Act.
- (c) Persons within the age of majority who shall encourage or exert influence to minors to access pornographic products and contents shall be penalized under this Act.

- (d) Any business establishment that causes the participation and access of minors in obscene shows shall be penalized and shall be ground for the cancellation of the business permit of such establishment.

The SK at the barangay and municipal/city level shall organize and mobilize group of youth volunteers in collaboration with barangay officials and peace officers to monitor compliance of computer shops and business establishments selling and distributing videos and printed materials in restricting minors from accessing pornographic products.

Section 13. *Access to Reproductive Health Services.* Sexually active adolescents, or those who have already engaged in sexual activities, who have been granted partial and permanent emancipation shall be allowed to access modern family planning methods without the consent of their parent or guardian. *Provided*, that access to such modern family planning method shall not be given without the written prescription from a duly licensed and trained health service provider in public and private facilities including in the Teen Centers. *Provided*, further, that all health service providers in health facilities including school clinics shall be trained on providing adolescent-friendly and responsive information and services. *Provided*, finally, that all health facilities shall be enhanced to become an adolescent-friendly facility by ensuring confidentiality, exclusive schedule for adolescents, availability of services for adolescents, and non-judgmental health service providers.

Section 14. *Social Protection for Teenage Mothers or Parents.* A comprehensive social protection service shall be provided to teenage mothers or adolescents who are currently pregnant and their partners to prevent repeat pregnancies and to ensure the wellbeing of adolescents while assuming the responsibilities of being young parents. Such services shall include the following:

- (a) Maternal health services including antenatal check-ups and facility-based delivery;
- (b) Post-partum family planning counseling and services for either or both teenage parents;
- (c) Home-based education for teenage mothers;
- (d) Personal PhilHealth coverage, making mandatory enrollment and membership of indigent and indigenous teenage mothers;
- (e) Training and support to livelihood programs for the household of the teenage parents especially for the indigents; and
- (f) Continuing CSE for teenage parents.

The LGUs through the Local Social Welfare and Development (LSWD) and/or the Population Office shall implement a continuing CSE program for teenage mothers and fathers with technical assistance from POPCOM and DOH.

Section 15. *CSE for Parents and Guardians with Adolescent Children.* A CSE program for parents and guardians with the main objective of capacitating them to effectively guide, counsel and provide consent to their adolescent children in concerns related to their sexual health shall be developed and implemented by POPCOM in collaboration with relevant national government agencies, LGUs, and CSOs. The POPCOM shall endeavor to reach to parent organizations in schools and communities to promote such program.

Section 16. *Designating February of Every Year as the Month for Raising Public Awareness on Preventing Teenage Pregnancy and Conduct of Nationwide Communication Campaign.* To raise public consciousness on the issues on teenage pregnancy and generate support

from various stakeholders, the entire month of February shall be designated as *Month for Public Awareness on Preventing Teenage Pregnancy* which shall be observed nationwide. Schools and other stakeholders shall hold activities with the objective of raising awareness and generate critical actions to address the issues of increasing teenage pregnancy.

Further, the POPCOM in collaboration with relevant agencies including the CSOs and private sector shall develop, launch, and sustain a nationwide campaign for the prevention of teenage pregnancy.

Section 16. *Integration of Local Program for the Prevention of Teenage Pregnancy in GAD and SK Programs.* Strategies and programs which aim to prevent incidence of teenage pregnancies shall be integrated in the Gender Awareness and Development (DAP) programs, projects and activities of local government units and shall be part of the 5% minimum cost of implementation. Likewise, these strategies and program shall be incorporated in the SK programs at the local and community level using the 10% SK funds. The NYC shall issue guidelines to ensure the implementation of this provision.

The SK shall likewise implement programs and activities that aim to develop the potentials and skills of adolescents to make them more productive members of the society. SK shall encourage youth participation in these activities as means of diverting the focus and potentials of adolescents into more meaningful and productive endeavors.

Section 17. *Preventing Adolescents' Involvement in other Risky Behaviors that are Facilitative of Engagement in Sexual Activities.* All barangays shall implement legal measures to prevent adolescents from engaging in risky behaviors particularly drinking alcoholic beverages, illegal drug use, hanging-out in very late at night doing risky behaviors and other behaviors that can lead them to sexual activities or engaging in sexual assault or violence. The barangays shall also strictly prohibit the access of minors to videoke bars, beer houses/pubs, clubs, and other similar facilities that can encourage adolescents to engage in sexual activities or sex-related violence and crimes.

Section 17. *Duties and Functions.* In accordance to their existing mandates, the following national and local government agencies shall perform the following duties and functions in relation to the implementation of this Act:

(a) The DepEd, CHED, and TESDA shall:

- (i) Ensure the development and promotion of CSE standards and its corresponding learning modules for teachers and students;
- (ii) Ensure the comprehensive training of all teachers on CSE;
- (iii) Support the development of school-based Teen Centers; and
- (iv) Conduct other extra-curricular activities for ASRH.

(b) The Department of Health:

- (i) Ensure the availability and provision of ASRH services for adolescents in all public health facilities;
- (ii) Ensure the training of health service providers in providing adolescent-friendly and responsive health services using the enhanced Adolescent Job Aid; and
- (iii) Support and provide technical assistance in the establishment of ISDN at the local level.

- (c) The Department of Social Welfare and Development (DSWD):
 - (ii) Take the lead in providing social protection for teenage parents;
 - (iii) Ensure the integration of social protection services in teen centers; and
 - (iv) Promote CSE for adolescents with special needs and in difficult circumstances.
- (d) The National Youth Commission (NYC):
 - (i) Ensure the integration of ASRH and CSE promotion in the SK programs and projects; and
 - (ii) Capacitate the SK in the implementation of this Act at the local level;
- (e) The Commission on Population (POPCOM):
 - (i) Develop and coordinate with relevant agencies the National Program for the Prevention of Teenage Pregnancy as part of the national population management program;
 - (ii) Implement a program for the training of parents and guardians in effectively guiding adolescents on ASRH issues;
 - (iii) Set-up national database for adolescent pregnancy that shall be used for plan and program development and M&E of indicators at all levels; and
 - (iv) Take the lead in the nationwide and community-based campaign for the prevention of teenage pregnancy including the development and maintenance of web portal for relevant online information and services.
- (f) The Commission on Welfare of Children (CWC) shall develop and implement CSE strategies for adolescents aged 10-14.
- (g) The MTRCB to review its guidelines to discourage television networks and movie producers to portray sexual activities involving adolescents as a normative behavior.
- (h) The LGUs:
 - (i) Ensure the development of local strategies for the prevention of teenage pregnancy in their localities;
 - (ii) Ensure the promotion of CSE in schools and communities;
 - (iii) Mobilize the SK for key strategies in the prevention of teenage pregnancy in the locality;
 - (iv) Facilitate the organization and mobilization of ISDN for AHD;
 - (v) Ensure the availability and provision of appropriate health and social services for adolescents;
 - (vi) Set-up database on teenage pregnancy for programming and planning;
 - (vii) Implement a program for the training of parents and guardians in effectively guiding adolescents on ASRH issues; and
 - (viii) Allocate funds necessary for the strategies in preventing teenage pregnancy.
- (i) The Civil Society Organization (CSOs) shall serve as partners of the national and local government units in the implementation of the provisions of this Act.

Section 19. *Punishable Acts.* The following acts are prohibited and punishable:

- (a) Owners, managers, and staff of computer shops or establishments providing access to internet services who shall allow minors to access pornographic materials from their facility.
- (b) Any person who shall sell and distribute pomographic materials to minors.
- (c) Any person of legal age who shall seduce a minor which shall be accorded with higher penalty than those provided by the Revised Penal Code of the Philippines.
- (d) Owners, managers, and staff of motels who shall allow wash-up rates or short-time or abbreviated stay in motels involving minors with clear or at least indicative intention to conduct sexual activities.
- (e) Any person who shall be in violation of the provisions of this Act.

Section 19. *Annual Allocations.* All concerned government agencies including the LGUs shall include in their annual budget the necessary funds for strategies and activities within their mandates that are contributory to the implementation of this Act.

Section 20. *Implementing Rules and Regulations.* Within 120 days upon the effectivity of this Act, an inter-agency Technical Working Group (TWG) consisting of NYC, DSWD, DOH, CWC, DepEd, TESDA, CHED, DILG, POPCOM as Secretariat, and 4 representatives from CSOs shall be organized to formulate the Implementing Rules and Regulations of this Act.

Section 21. *Reporting Requirements.* Before the end of April each year, the POPCOM shall submit to the President of the Philippines and Congress an annual consolidated report, which shall provide a definitive and comprehensive assessment of the implementation of its programs and those of other government agencies in relation to the implementation of this Act and recommend priorities for executive and legislative actions. The report shall be printed and distributed to all national agencies, the LGUs, NGOs and private sector organizations involved in said programs.

Section 22. *Separability Clause.* If any part, section, or provisions of this Act is held invalid or unconstitutional, other provisions not affected thereby shall remain in full force and effect.

Section 23. *Repealing Clause.* All other statutes, executive orders, and administrative issuances or rules and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

Section 24. *Effectivity Clause.* This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved,