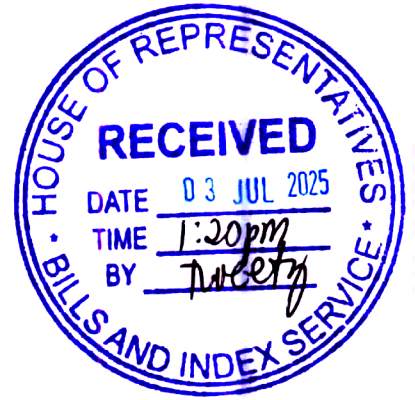




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City



20TH CONGRESS
First Regular Session

House Bill No. 1212

Introduced by **REP. FRANCISCO PAOLO P. ORTEGA V**

EXPLANATORY NOTE

Article II, Section 13 of 1987 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 well-being. It shall inculcate in the youth patriotism and nationalism, and encourage their involvement in public and civic affairs.”

The United Nations Convention on the Rights of the Child guarantees the right to education, health, and autonomy. Adolescent pregnancy undermines these rights. For some girls, early pregnancy results in death – an ultimate violation of her right. Upholding these rights help eliminate conditions that contribute to adolescent pregnancy and can help break the cycle of intergenerational poverty, allowing her to contribute meaningfully to her household and her community. However, the impact of adolescent pregnancy is not only on her health. Pregnancy can have immediate and lasting consequences on, for example, education and income-earning potential. Thus, adolescent pregnancy is intertwined with issues of human rights. The future of an adolescent pregnant girl changes radically, and rarely, for the better. She will be forced to drop out of school, thus denying her the right to an education. This will further limit her job prospects exposing her to vulnerabilities and further intergenerational poverty. Her rights are undermined in many aspects.

The data on adolescent pregnancy in the Philippines is alarming. The 2018 data from the Civil Registration and Vital Statistics (CRVS) recorded a total of 183,967 live births among adolescents aged 10-19 years old in 2018. This is equivalent to 504 live births per day in the aforementioned age group. Adolescent Birth Rate remains high at 47 per 1,000 births in the country. In 2017, the National Demographic and Health Survey showed that 9% of girls aged 15-19 years old have begun childbearing. Pregnancy and childbirth-related mortality and morbidity remain a key challenge to be addressed in the Philippines – especially as other research revealed that in the Asia Pacific, maternal mortality for a 15-year old girl remains high at 1 in 190 in 2017.

Maternal mortality and morbidity directly impair a woman’s right to life, to be equal in dignity, to education, to her role in nation-building, and to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health and rights. For adolescent pregnant mothers, these also impair their vital role in nation-building both as women and as young Filipinos.

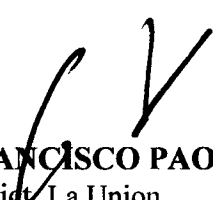
One of the health targets under the Sustainable Development Goals calls for the reduction in the global maternal mortality ratio to less than 70 per 100,000 live births. The Philippines already has particularly high maternal mortality ratios based on point prevalence estimates at 114 deaths per 1,000 live birth. Of important note is that adolescent pregnancies and births pose a high risk of pregnancy complications, higher neonatal mortality, and higher risks of postpartum depression. Thus, there is an urgency to implement corresponding interventions as the risk of maternal mortality is highest for adolescent girls.

Evidence remains clear that building the knowledge and skills of adolescents, as well as providing easy access to comprehensive services that address issues of sexual and reproductive health, allow teenagers to delay sex until they are ready and are able to prevent unplanned pregnancies. When adolescents are empowered with basic information about their own bodies and reproductive health, they are able to make responsible choices—showing a decrease in risky behaviors, a delay in sexual activity until they are ready, or the use of protection if they are sexually active.

The State, under the principles of intergenerational justice and *parens patriae*, has the obligation to address the high rate of adolescent pregnancies and the failure of the government to take immediate action in addressing such phenomenon can significantly affect the quality of the country's human capital and ultimately the capacity of the nation to attain and sustain socioeconomic growth.

As there are many structural barriers and complex drivers that force an adolescent to become pregnant, improvements in maternal health and the well-being of pregnant women including the overall physical, mental, and emotional health during and before pregnancy, are very important. The focus should be on transformative interventions anchored on the empowerment of adolescents and the pursuit of their rights to health and development, thus building and supporting a girl's agency; providing access to comprehensive reproductive health services and information; and removing the stigma on adolescent sex and pregnancy by providing psychosocial and community support, among others.

There is a need to establish a national policy that addresses adolescents' sexual and reproductive health needs and reducing the adolescent birth rate significantly through institutionalizing social protection programs for teenage parents. Hence, the passage of this bill is earnestly sought.



REP. FRANCISCO PAOLO P. ORTEGA V
First District, La Union



Republic of the Philippines
HOUSE OF REPRESENTATIVES
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20TH CONGRESS
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Introduced by **REP. FRANCISCO PAOLO P. ORTEGA V**

AN ACT
PROVIDING FOR A NATIONAL POLICY ON ADOLESCENT PREGNANCY
INCLUDING ITS PREVENTION AND PROVIDING FUNDS THEREOF

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

SECTION 1. *Short Title.* – This Act shall be known as “**Adolescent Pregnancy Prevention Act.**”

SEC. 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;
- (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 afford full protection to people's rights, especially of adolescent women and men and their families;
- (d) Promote and protect the human rights of all individuals including 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) Pursue an adolescent pregnancy reduction strategy that is anchored on the empowerment of adolescents and their rights to health and development; that is cognizant of the structural barriers, including, but not limited to, gender, poverty, age, ethnicity, and disability, that lead to adolescent pregnancy; and that is based on adolescents' needs and preferences;

- (f) Provide full and comprehensive information to adolescents to help them prevent early and unintended pregnancies and their lifelong consequences;
- (g) Provide safe, quality, and respectful maternal health care, including antenatal, delivery, and postnatal care, to adolescent women and enable their access to these services;
- (h) 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, counseling, and high-quality reproductive health services;
- (i) Guarantees universal access to medically-safe, legal, and affordable reproductive health care services, methods, devices and information that prioritizes the needs of the underprivileged, especially adolescent girls;
- (j) Encourage and enable 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; and,
- (k) Recognize and promote the rights, duties, and responsibilities of parents, teachers, health professionals, 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.

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

- (a) Adolescents – refers to the population between the ages of 10 and 19;
- (b) Adolescent Sexual and Reproductive Health (ASRH) Care – refers to the access to a full range of methods, techniques, and services that contribute to reproductive health and well-being of young people by preventing and solving reproductive health-related problems. Following the WHO's definition of sexual health, ASRH is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, in all matters relating to the sexual and reproductive system and to its functions and processes, in individuals aged 10 to 19.
- (c) Adolescent Reproductive Health Curriculum (ARHC) – is a package of teaching and imparting information on cognitive, emotional, physical and social aspects of gender, sexuality and adolescent reproductive health. It aims to equip children and young people with age-appropriate knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives. It is a rights-based, gender-focused approach to adolescent health education taught over several years with progressive appropriateness based on age-appropriate information consistent with the evolving capacities of young people and adolescents.
- (d) Adolescent Sexuality – adapted from the World Health Organization's definition of sexuality, adolescent sexuality is a central aspect of being human throughout life, which encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction of individuals aged 10 to 19. It is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships; and is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.

- (e) Evolving capacities of the adolescent – refers to the concept enshrined in Article 5 of the Convention of the Rights of the Child recognizing the developmental changes and corresponding progress in cognitive abilities and capacities for self-determination undergone by children as they grow up, thus requiring parents and others charged with the responsibility for the child to provide varying degrees of protection, and to allow their participation in opportunities for autonomous decision making in different contexts and across all areas of decision making.
- (f) Harm reduction principle – refers to interventions aimed at reducing negative effects of behaviors. The goal is to address risk behaviors that occur alongside the harms of pregnancy to adolescent bodies.
- (g) Information and Service Delivery Network for Adolescent Health 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.
- (h) 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 Pederasyon ng Sangguniang Kabataan in all levels.
- (i) Male involvement and participation – refers to the involvement, participation, commitment of and joint responsibility of men with women in all areas of sexual and reproductive health, as well as reproductive health concerns specific to men.
- (j) Mature Minor Doctrine – refers to the legal principle that recognizes the capacity of some minors to consent independently to medical procedures, if they have been assessed by qualified health care professionals to understand the nature of procedures and their consequence to make a decision on their own.
- (k) Normal Schools or Teachers College – refer to the learning institutions training or educating teachers.
- (l) 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.
- (m) Reproductive Health – refers to a 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.
- (n) Risky Behaviors – refer to ill-advised practices and actions that are potentially detrimental to a person's health or general wellbeing.
- (o) 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.
- (p) Teenage Pregnancy Prevention Council – hereafter referred to as the Council, is an inter-agency and inter-sectoral council that shall be formed through this Act and serve as its implementing body.

SEC. 4. *Development of National Program of Action and Investment Plan for the Prevention of Teenage Pregnancy (NPPTP).* – The Council, in collaboration with other relevant national agencies and civil society organizations, shall develop an evidence-based National Program of Action and Investment Plan. This plan 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.

The evidence-based 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.

SEC. 5. *Information and Service Delivery Network for Adolescent Health Development or 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 disseminating information and services to adolescents within their locality. In cases of provinces and cities with existing ISDNs, they shall now harmonize new and existing efforts and programs for AHD. The ISDN may be organized by municipal LGUs according to their capacity. An effective collaborative and referral system among the members of the ISDN for AHD shall be established and implemented within a catchment area.

The ISDN for AHD will provide health services that are sensitive to the particular needs and human rights of all adolescents to enable them to deal in a positive and responsible way with their reproductive health and sexuality. The ISDN shall perform the following tasks:

- (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 for AHD agency-members in collaboration with relevant regional government agencies to ensure quality information and services to adolescents;
- (d) Provide, in collaboration with concerned LCDs, needed information and services for adolescent development;
- (e) Generate or share resources in the implementation of the joint strategic plan of the ISDN for AHD; 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 Population Office and co-coordinated by the Provincial Health Office in collaboration with the Sangguniang Kabataan (SK) Federation or Task Force on Youth Development (TFYD) and/ or Local Youth Development Council (LYDC) in the concerned localities with technical assistance from the Council and other relevant national government agencies.

The local ISDN shall be coordinated by the Provincial Population Office and coordinated by the Provincial Health Office in collaboration with the Sangguniang Kabataan (SK) Federation or Task Force on Youth Development (TFYD) and/ or Local Youth Development Council (LYDC) in the concerned localities with technical assistance from the Council and other relevant national government agencies. The local ISDN must be established within three (3) years upon the effectivity of this Act with respect to this Act's implementing rules and regulations and appropriate local government capacity.

SEC. 6. *Culturally-Sensitive, Age and Development-Appropriate Adolescent Reproductive Health Curriculum (ARHC).* – Agencies from the education sector with support from the Council, and in collaboration with relevant national government agencies and civil society organizations, shall develop and promote educational standards, modules, and materials that promotes adolescent reproductive health in schools, communities and other youth institutions. The Council must ensure that the materials and modules produced are culturally-sensitive, age and development-appropriate.

The Adolescent Reproductive Health Curriculum shall be a compulsory part of education, integrated at all levels of learning with the end goal of normalizing the discussions of sex and gender, adolescent sexuality, reproductive health, and to remove stigma on the discussion of these topics. The materials and modules developed must be evidence-based, medically-accurate, rights-based, culturally-sensitive and non-discriminatory towards adolescents of different sexual orientation, gender identity, and gender expression.

The current curricula should be regularly reviewed, updated and broadened with a view to ensuring adequate coverage of concerns such as gender sensitivity, reproductive health choices and responsibilities, and sexually transmitted diseases, including HIV/AIDS.

This curriculum shall be designed to strengthen respect for human rights and fundamental freedoms, including those related to reproductive health, sexuality, population and development. The materials shall be complementary to the Responsible Parenthood and Reproductive Law, and should be based on the need for responsible human sexuality and must reflect the realities of current sexual behavior.

SEC. 7. *Training of Teachers, Guidance Counselors, School Supervisors and School Nurses on Adolescent Reproductive Health Curriculum.* – The DepEd, TESDA, and CHED, with support from the DOH, POPCOM, and NYC for technical assistance, shall ensure that all teachers, guidance counselors, instructors, and school nurses are properly trained on adolescent health and development to effectively educate or guide adolescents in dealing with their sexuality-related concerns. Agencies concerned must allot annual allocation for the program training to be included in their annual appropriations to be approved by Congress.

CHED shall ensure that ARHC standards are guided by principles of gender equality and women's human rights and must be 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.

The training must introduce and improve the delivery of the current service so as to promote greater responsibility and awareness on the interrelationships between adolescent health issues, including sexual and reproductive health and gender equity.

SEC. 8. *ASRH Training for Policy-makers and Implementers.* – The DOH and POPCOM shall be responsible for disseminating guidelines and providing training programs for policy-makers and implementers in both the executive and legislative branches of government to enable a better understanding of ASRH as well as policies and practices to promote it.

The guidelines shall be framed from a lens of gender equality and women's human rights and shall be made in consultation with academic institutions and civil society organizations focused on gender and women's human rights.

SEC. 9. *ARHC for Out-of-School Adolescents and those with Special Concerns.* – DSWD, DOH, POPCOM, and the local government units (LGUs) shall collaborate to intensify and institutionalize interactive learning methodologies for ARHC among out-of-school adolescents in the communities and workplaces as well as unsuitably housed youth. *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.

Delivery of ARHC in a non-formal education setting shall be ensured by DepEd through their Alternative Learning System. Community youth leaders, through the SK, TFYD, or LYDC shall invest in a concentrated effort in reaching these groups and encourage peer-to-peer counseling. Volunteer groups and interested civil society organizations (CSOs) and non-government organizations (NGOs) shall be recognized for supplemental support to the local ISDNs. DEPED, along with other relevant government agencies, shall be tasked to integrate a ARHC syllabus that is culturally sensitive into the existing Madrasah curriculum.

SEC. 10. *Promoting the ARHC using the Social Media and other Digital or Online Communication Platforms.* – The Council 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 NPPTP shall be developed and promoted by the council to harmonize and link various government websites and online services for ASRH including the networked operationalization of ISDN for AHD.

SEC. 11. *Mandatory Establishment of Functional Local Teen Centers for Adolescent Health and Development.* – A community-based center for adolescent health development shall be established and operationalized in all provinces and chartered cities in the country. These 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 this Act.

The Center shall serve as a counselling and treatment center 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 adolescent youth 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, PNP, and CSOs shall formulate the guidelines and standards in setting-up of Teen Centers in communities. National government agencies shall provide assistance to LGUs in setting-up the teen centers.

SEC. 12. *Public Information and Media in ASRH Promotion and Teenage Pregnancy Prevention.* – The Philippine Information Agency (PIA), as the official public information arm of the government, will take the lead in promoting ASRH and in advocating for teenage pregnancy prevention in the media. It will be tasked to provide regular reports on the trend and incidence rates of teenage pregnancies in the country and to provide the public with information on resources and healthy practices for ASRH, among others. Private broadcast networks with news channels or news programs will also be encouraged and given access to relevant information and material to do the same.

SEC. 13. *Private Sector Participation in ARHC Promotion.* – The government may enter into public-private partnership agreement in mobilizing private communication networks and companies in promoting ARHC 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 ARHC and adolescent youth 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 unsafe 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.

SEC. 14. *Access to Reproductive Health Services.* – Access and information to modern family planning methods with proper counselling shall be provided. The aforementioned counseling is carried out with the end in view of ensuring healthy practices through the promotion of optimal health outcomes and protecting minors, especially those in vulnerable circumstances, from possible predatory and sexually exploitative practices.

The information and services shall be made under the following circumstances:

- (a) Adolescents from 10 to 14 years of age must secure the consent of their parents or guardian prior to the provision of any medical treatment or service;
- (b) In keeping with the principles of harm reduction and the mature minor doctrine, as defined in Section 3 (h) of this act, adolescents from 15 to 18 years of age who has had a previous pregnancy as proven by documentation through ancillary examinations such as ultrasound, written documentation by a doctor, parent or guardian shall be allowed access to modern family planning methods with proper counselling by trained service providers;
- (c) In keeping with the principles of harm reduction and the evolving capacities of the adolescent, adolescents from 15 to 18 years of age engaged in sexual activities shall be allowed access to modern family planning methods with proper counselling provided that a physician provides consent to the same.

For this purpose, all health service providers in all health facilities shall be trained on providing adolescent-friendly and responsive information and services. It is the duty of health service providers to provide complete and medically-correct information on possible reproductive health services including the right to informed choice and access to legal, medically-safe and effective family planning methods.

Provided, that all health facilities shall be enhanced to become an adolescent-friendly facility by ensuring confidentiality, exclusive schedule for adolescents, availability of services, non-judgmental, stigma-free and gender responsive health service providers:

The Council shall ensure that ASRH training is integrated in the pre-service curriculum training of Barangay Health Workers (BHWs), front-line health care providers, and social workers. The said training shall include topics such as, but not limited to: consent, adolescent sexual and reproductive health, effective contraception use, disease prevention, HIV/AIDS and the more common STIs, hygiene, healthy lifestyles, and prevention of gender and sexual violence. Linkages and referral systems shall be established in educational institutions in order to bridge gaps in between information and access to ASRH services for in-school adolescents. For Out-of-School Youths (OSYs) and other groups, a community peer educator could be chosen to advocate accessing ASRH services and distribution of commodities.

In cases of pregnant adolescents, a wider spectrum of ASRH services shall be made available to them spanning the pre-natal, antenatal, and post-natal stages of pregnancy and its respective health care requirements. Provision of reproductive health services to adolescents shall be based on the principles of non-discrimination and confidentiality, the rights of adolescents, their evolving capacities, and as a life-saving intervention. Further, it shall be ensured that adolescents are not denied the information and services needed to prevent future unintended adolescent pregnancies and are able to access treatment and care services without fear of stigmatization, discrimination and violence.

SEC. 15. *Social Protection for Teenage Mothers or Parents.* – A comprehensive social protection service shall be provided to adolescents who are currently pregnant and their partners in order to prevent repeat pregnancies and to ensure their well-being while assuming the responsibilities of being young parents. Such services shall include the following:

- (a) Maternal health services including pre-natal, ante-natal, and post-natal check-ups and facility-based delivery;
- (b) Post-natal family planning counseling and services for either or both teenage parents;
- (c) Personal PhilHealth coverage, making mandatory enrollment and membership of indigent teenage mothers;
- (d) Training, skills development, and support to livelihood programs for the household of the teenage parents especially for the indigents;

- (e) Continuing ARHC for teenage parents;
- (f) Workshops on couples counseling, parenting, and positive discipline for the impending parents; and,
- (g) Psycho-social support and mental health services for teen mothers. Adolescent mothers and their partners shall be entitled to maternal and paternal leave, respectively, especially if both are employed. Suspension, forced resignation, and other discriminatory acts in the workplace against pregnant girls shall be prohibited. The LCDs through the Local Social Welfare and Development (LSWD) and/or the Population Office shall implement a continuing ARHC program for teenage mothers and fathers with technical assistance from the Council.

The services must safeguard the rights of the adolescents to privacy, confidentiality, respect, and informed consent, respecting cultural values and beliefs.

The national government shall provide additional and necessary funding and other necessary assistance for the effective implementation of this provision.

SEC. 16. *Social Protection in Cases of Sexual Violence.* – Strengthened social protection mechanisms against violence for adolescents, especially for girls, shall be provided. Expectant and current mothers whose pregnancies were the result of sexual violence shall be given access and support to legal, medical, and psycho-social services. Furthermore, the Council shall reinforce the capacities of health facilities in providing comprehensive care for adolescents in case of sexual violence.

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

SEC. 17. *Social Protection in Cases of Humanitarian, Armed Conflict and Emergency Situations.* – The local ISDN shall be bolstered in the events of humanitarian crises, armed conflict or emergency situations. The local ISDN shall ensure swift and efficient delivery of ASRH services to vulnerable adolescents and young pregnant girls. Increased vigilance shall be practiced in cases of gender violence, sexual assault, and exploitation in these situations. All incidences of the aforementioned situations shall be immediately addressed by the local ISDN through appropriate channels.

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

SEC. 18. *Care and Management for First Time Parents.* – All pregnant teens, especially the poor and hard-to-reach groups shall have access to skilled care throughout their pregnancy, delivery, and postnatal periods. ASRH providers shall strive to provide as many teenage mothers with their birth plans that detail their intended place of childbirth delivery, availability of transport to these health care institutions, and respective costs. Special attention shall be given to younger pregnant mothers during obstetric care.

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

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

The national government shall provide additional and necessary funding and other necessary assistance for the effective implementation of this provision.

SEC. 19. *Encouraging Male Involvement.* – The Council shall develop programs that will promote male involvement in the prevention of early and unintended pregnancies. These programs shall include topics such as, but not limited to: responsible fatherhood, couples counseling, avoiding gender violence, life-skills, and co-parenting strategies. These programs shall emphasize the roles and responsibilities of being a father and promote their active involvement. These programs shall also serve as an avenue to encourage the uptake of ASRH services and information of boys and young men.

SEC. 20. *Integration of Local Program for the Prevention of Teenage Pregnancy in SK Programs.* – Strategies and programs which aim to prevent the incidence of teenage pregnancies shall be integrated into the SK programs at the local and community level using the ten percent (10%) SK funds. In the absence of the SK, the Task Force on Youth Development (TFYD) shall undertake the responsibility of integrating teenage pregnancy prevention programs in the barangay youth council's activities. The Council shall issue guidelines to ensure the implementation of this provision.

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

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

SEC. 21. *Residential Care Facilities for Disadvantaged Women.* – The existing residential care facilities for disadvantaged women of the Department of Social Welfare and Development (DSWD) shall be capacitated to accommodate the needs of pregnant girls. The management of the said facilities shall coordinate with their respective locality's ISDN to provide SRH information and services to their residents. In order to effectively serve their pregnant teen residents, these centers shall employ the following personnel: a caseworker, an on-call obstetrician-gynecologist, a full-time midwife or nurse, and a psychologist.

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

SEC. 22. *Creation of a National System on the Prevention of Teenage Pregnancy.* – The Council shall endeavor to create a system that will comprehensively assess and effectively monitor and evaluate the status, success, and efficacy of the NPPTP, as referred to in Sec. 4 of this Act.

The existing Young Adult Fertility and Sexuality Study shall be renamed Adolescent Health and Development Survey and be carried out every four (4) years to conduct surveys and collect age- and gender-disaggregated data. Its topics shall cover a wider range of topics and indicators extending beyond adolescent sexuality and reproductive health. Its coverage shall include topics such as, but not limited to: education, adolescent health, and labor. Existing surveys such as the National Demographic and Health Survey, Family Health Survey, Family Planning Survey, and Maternal and Child Health Survey shall begin the collection of data-disaggregated at age 10-14 and include never married women in data collection in order to have a more accurate picture. Research and data collected from the assessment and evaluation shall be stored in a public database.

LGUs are required to conduct safety audits every three (3) years to assess the efficiency and effectiveness of the implementation of this Act within their jurisdiction. Such audits shall be multisectoral and participatory, with consultations undertaken with population officers, social workers, health workers, schools, and civil society organizations.

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

- (a) The Department of Health (DOH) Secretary as the Chairperson;
- (b) The POPCOM Board of Commissioners Chair as Co-Chairperson;
- (c) Senior officials (at least Undersecretary level) of the National Youth Commission (NYC), DEPED, DSWD, Department of Interior and Local Government (DILG), CHED, and Technical Education and Skills Development Authority (TESDA) as ex-officio members;
- (d) Five members appointed by the Chairperson who are persons with knowledge, expertise, accomplishments, and with no less than five-year experience in the fields of public health, adolescent rights and social protection, education, psychology, and social welfare, provided that one qualified member is appointed in each field; Provided further, That majority of these appointed members are female; and,
- (e) Two representatives of children and youth appointed by the 2 Council Chairperson from various nationally represented youth organizations, provided that one is male and one is female.

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

The Council shall have the powers and duties as follows:

- (a) To propose legislative and administrative policies on the prevention of adolescent pregnancy based on adolescents' needs and preferences; in consideration of structural barriers, including, but not limited to, poverty, gender, age, ethnicity, and disability, that lead to adolescent pregnancy; and with the overarching goal of pursuing adolescents' empowerment and rights to health and development;
- (b) To integrate mechanisms and policies in the social development agenda that creates enabling environments for adolescents to make informed choices on their sexual and reproductive health;
- (c) To develop operational guidelines for government agencies and private organizations in the development and implementation of comprehensive strategies and programs for prevention of adolescent pregnancy, including sexual violence;
- (d) To monitor implementation of the provision of the law;
- (e) To conduct research and generate evidence on the drivers of teenage pregnancy to inform programs and policies;
- (f) To provide relevant agencies and private organizations with recommendations and solutions to challenges and gaps in the course of implementing the program; and,
- (g) To engage the private sector and the citizenry to ensure active partnership in looking for solutions to address the problem of adolescent pregnancy.

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

The Commission on Population shall:

- (a) Develop and coordinate with the relevant agencies the NPPTP as part of the national population program;

- (b) Implement a program for the training of parents and guardians in effectively guiding adolescents on ASRH issues;
- (c) Set-up the National Information System on the Prevention of Teenage Pregnancy that shall be used for planning, programming, monitoring and evaluation of indicators in all levels;
- (d) Create an enabling environment for adolescents to make an informed choice on their sexual and reproductive health best suited to their needs;
- (e) Spearhead efforts to harmonize information within the network. The POPCOM may invest on a platform or information portal that would allow linking the data between members of the network;
- (f) Serve as overall coordinator for the nationwide and community-based campaign for the prevention of teenage pregnancy, including the development and maintenance of the web portal for relevant online information and services; and,
- (g) Serve as the secretariat of the Council.

The DEPED and CHED shall:

- (a) Ensure the development and promotion of ARHC standards and its corresponding learning modules for teachers and students;
- (b) Ensure the comprehensive training of all teachers, guidance counselors, and school administrators on ARHC;
- (c) Lead the delivery and implementation of ARHC in all public and private basic education and tertiary educational institutions, as well as in non-formal educational settings;
- (d) Ensure the incorporation of ARHC in the module of future educators; and,
- (e) Guarantee quality assurance of educational institutions in terms of ARHC delivery compliance through the PASBE accreditation.

The DOH shall:

- (a) Ensure the availability and provision of ASRH information, services, and commodities in all public and private health facilities;
- (b) Ensure the training of health service providers in providing adolescent-friendly and responsive health services;
- (c) Establish Teen Mom Clinics in all hospitals to provide adolescent mothers with access to post-natal services and counseling, as well as reproductive health commodities to avoid successive pregnancies;
- (d) Coordinate with the POPCOM on the establishment of an M&E system to ensure the responsiveness, coverage and delivery of this Act; and,
- (e) Support and provide technical assistance in the capacity building of existing ISDNs and establishment of new ISDNs at the local level.

The DSWD shall:

- (a) Take the lead in providing social protection for adolescent parents, especially in cases of sexual violence, abuse, and exploitation;
- (b) Ensure the provision of social protection for adolescents in humanitarian and/or emergency situations;
- (c) Equip their existing Distressed Centers for Disadvantaged Women with increased capacity to accommodate more residents;
- (d) Incorporate ASRH and teenage pregnancy modules for both parents and teens in existing Family Development Sessions and Youth Development Sessions under the Pantawid Pamilyang Pilipino Program, with modules for teens emphasizing peer-to-peer discussions; and,
- (e) Promote ARHC for adolescents with special needs and in difficult circumstances.

The NYC shall:

- (a) Ensure the integration of ASRH and ARHC promotion in the SK or TFYD and LYDC programs and projects;
- (b) Capacitate the SK or TFYD and LYDC in the implementation of this Act at the local level; and,
- (c) Conduct workshops, classes, and seminars for first-time parents, in partnership with DOH, DSWD, and other concerned Council members and relevant agencies.

The DILG shall:

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

The TESDA shall:

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

The CWC shall:

- (a) Integrate in its development and strategic frameworks issues and concerns from children-specific to teen pregnancy and ensure the adoption of such frameworks by the LGUs and other stakeholders;
- (b) Vigorously advocate for the awareness and prevention of teen pregnancy; and,
- (c) Develop, adopt, and implement, in a manner consistent with adolescents' evolving capacities, legislation, policies, and programs that will promote children and adolescent health and development. At the local level, the Provincial Population Office and the Provincial Health Office shall organize and lead the coordination of local ISDNs. The two offices shall headline the implementation of the NPPTP at the local level. The LGU's City or Municipal Population and Health Officers shall become the local ISDN's point person. With assistance from the provincial coordinators, the local SK/TFYD/LYDC, and the Council, they shall adopt the NPPTP to their localities and be responsible for its implementation, monitoring, and evaluation. The LCDs shall enlist the participation of children, adolescents, and youth-oriented groups as well as CSOs and NGOs as much as possible. Specific strategies shall be designed to reach marginalized and vulnerable adolescent sub-sectors.

SEC. 24. 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 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 Council, 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.

SEC. 25. 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 contribute to the implementation of this Act. Agencies and LGUs may also utilize their Gender and Development (GAD) budget in implementing programs and activities to carry out this Act.

SEC. 26. *Joint Congressional Oversight Committee.* – There is hereby created a Joint Congressional Oversight Committee to monitor the implementation of this Act and to review the implementing rules and regulations promulgated. The Committee shall be composed of five (5) Senators and five (5) Representatives to be appointed by the Senate President and the Speaker of the House of Representatives, respectively. The Oversight Committee shall be co-chaired by the Chairpersons of the Senate Committee on Women, Children, Family Relations and Gender Equality and the House Committee on Population and Family Relations.

SEC. 27. *Timeline for Adoption, Monitoring and Evaluation of this Act.* – Networks and services included in this Act shall be established within three (3) years upon the effectivity of this Act. Periodic monitoring and evaluation of coverage and delivery of reproductive health services for pregnant adolescents shall also be conducted every three (3) years.

SEC. 28. *Implementing Rules and Regulations.* – Within one hundred twenty (120) days upon the effectivity of this Act, the Council, composed, as aforementioned, of the DOH Secretary as Chairperson; the POPCOM Board of Commissioners Chair as Co-Chairperson; senior officials of the NYC, DepEd, DSWD, DILG, CHED, and TESDA as ex-officio members; five appointees of the Chair; and two representatives of children and youth sectors, shall be organized to formulate the Implementing Rules and Regulations of this Act, along with at least three civil society organizations.

SEC. 29. *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.

SEC. 30. *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.

SEC. 31. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved,