



Republic of the Philippines
House of Representatives
Quezon City

TWENTIETH CONGRESS

First Regular Session

House Bill No. 5410



Introduced by Representative Jernie Jett V. Nisay

EXPLANATORY NOTE

Adolescent pregnancy remains a significant public health and social concern in the Philippines, with profound and long-term consequences on the health, education, and economic opportunities of young Filipinos.¹ According to the United Nations Population Fund (UNFPA), the Philippines has one of the highest adolescent birth rates in Southeast Asia, with thousands of girls aged 10–19 giving birth each year.² Early pregnancy often interrupts education, limits employment prospects, and perpetuates cycles of poverty and dependence, thereby hindering national development goals and the country's commitments under the Sustainable Development Goals (SDGs).³

Despite existing interventions, challenges persist due to gaps in coordination, inconsistent implementation of programs, and limited access to age-appropriate sexual and reproductive health education and services.⁴ Socio-cultural barriers, misinformation, and stigma continue to prevent adolescents—especially young women—from obtaining accurate information and support related to reproductive health.⁵ These factors underscore the urgent need for a coherent, multi-sectoral approach that not only addresses the health dimension but also the social, cultural, and economic determinants of adolescent pregnancy.

This bill seeks to institutionalize a comprehensive national policy on the prevention of adolescent pregnancy through the establishment of the National Program on the Prevention of Adolescent Pregnancy (NPPAP). The program shall be jointly implemented by the Commission on Population and Development (POPCOM), the Council for the Welfare of Children (CWC), the Department of Health (DOH), and other relevant agencies, in partnership with local government units (LGUs), academic institutions, and civil society organizations.

The proposed measure aims to strengthen institutional coordination, promote evidence-based policymaking, and ensure that adolescent health and development are integrated into national and local development robust monitoring and evaluation plans. It further mandates the

¹ United Nations Population Fund (UNFPA). (2023). *Adolescent Pregnancy in the Philippines: Status Report*. UNFPA Philippines.

² Philippine Statistics Authority (PSA). (2022). *Civil Registration and Vital Statistics Report 2021*.

³ United Nations Development Programme (UNDP). (2023). *Sustainable Development Goals Progress Report: Philippines*.

⁴ Department of Health (DOH). (2023). *National Adolescent Health and Development Program Annual Report*.

⁵ Commission on Population and Development (POPCOM). (2023). *Adolescent Health and Development Program: Policy Brief*.

⁶ World Health Organization (WHO). (2023). *Accelerating Progress Toward Adolescent Health and Development in the Philippines*.

1 delivery of comprehensive sexuality education (CSE), the expansion of adolescent-friendly
2 health services, and the creation of safe and inclusive spaces for youth participation.

3 Through this policy, the government reaffirms its commitment to safeguarding the rights
4 and well-being of adolescents and to reducing the incidence of adolescent pregnancy through
5 sustained, evidence-driven, and community-based interventions.⁶ By investing in adolescent
6 health and empowerment, this measure seeks to promote responsible parenthood, gender
7 equality, and inclusive growth for all Filipinos.

8 In view of the foregoing, the immediate passage of this measure is earnestly sought.

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REP. JERNIE JETT V. NISAY
Pusong Pinoy Partylist



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

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

CHAPTER I
GENERAL PROVISIONS

SECTION 1. Short Title. – This Act shall be known as the *Act shall be known as the “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 socio-economic development of the country;
- (b) Create and sustain an enabling environment for adolescents to achieve their aspirations and potentials as well as to positively contribute to nation-building;
- (c) Pursue sustainable and genuine human development that values the dignity of the human person and affords full protection to peoples’ rights, especially the adolescents and their families;
- (d) Promote and protect the basic human rights of adolescents, particularly their rights to sexual and reproductive health, equality and equity before

1 the law, freedom of expression, development, education, and participation
2 in choosing and making responsible decisions for themselves;

3 (e) Pursue an adolescent pregnancy reduction strategy that is anchored on
4 the empowerment of adolescents, their rights to health and development,
5 their needs and preferences, that is cognizant of the structural barriers,
6 including but not limited to sex, gender, poverty, age, ethnicity, and
7 disability that lead to adolescent pregnancy;

8 (f) Provide full and comprehensive information to adolescents to help them
9 prevent early and unintended pregnancies and their life-long
10 consequences;

11 (g) Provide access to safe, quality, and respectful maternal health care
12 services, including antenatal, delivery, and postnatal care to adolescent
13 girls;

14 (h) Ensure corresponding interventions that could respond to the
15 socioeconomic, health, and emotional needs of adolescents and youth,
16 especially young girls, with due regard to their capabilities for social,
17 family, and community support, employment opportunities, participation
18 in the political process, and access to education, health, counseling, and
19 high-quality reproductive health services;

20 (i) Guarantee universal access to medically safe, legal, and affordable
21 reproductive health care services, methods and devices, and information
22 that prioritizes the needs of the underprivileged, especially adolescents
23 and those who are already parents;

24 (j) Encourage adolescent parents to continue and finish their education or
25 acquire functional and technical skills in order to equip them for a better
26 life, improve their income, increase their human potential to help prevent
27 child marriages, high-risk child-bearing and repeated pregnancies, and
28 reduce associated mortality and morbidity through comprehensive social
29 protection interventions;

30 (k) Create enabling mechanisms and opportunities for adolescent parents,
31 especially those who are minors, to achieve their aspirations and
32 potentials through comprehensive and integrated social protection
33 measures; and

- 1 (l) Recognize and promote the rights, duties, and responsibilities of parents,
2 teachers, and other persons responsible for the growth of adolescents to
3 provide them, in a manner consistent with their evolving capacities,
4 appropriate direction, and guidance on sexual and reproductive matters.
5

6 **SEC. 3. *Definition of Terms*** – As used in this Act:

- 7 (a) *Adolescent* refers to an individual in the 10 to 19 years' age group, as
8 defined by the World Health Organization;
- 9 (b) *Adolescent male involvement and participation* refers to the active
10 movement, participation, and commitment of adolescent males and their
11 joint responsibility with adolescent females in all areas of adolescent
12 sexual and reproductive health, as well as reproductive health concerns
13 specific to males;
- 14 (c) *Adolescent sexual and reproductive health (ASRH) care* refers to the
15 access to a full range of methods, techniques, and services that
16 contribute to the reproductive health and well-being of young people
17 by preventing and solving reproductive health-related problems;
- 18 (d) *Adolescent sexuality* refers to the central aspect of being human which
19 encompasses sex, gender identities and roles, sexual orientation,
20 pleasure, intimacy, and reproduction by individuals aged 10 to 19. It is
21 experienced and expressed in thoughts, fantasies, desires, beliefs,
22 attitudes, values, behaviors, practices, roles, and relationships; and is
23 influenced by the interaction of biological, psychological, social,
24 economic, political, cultural, legal, historical, religious, and spiritual
25 factors;
- 26 (e) *Comprehensive adolescent sexuality education (CASE)* refers to the
27 process of acquiring complete, accurate, relevant, and age-appropriate
28 information and skills on all matters relating to the reproductive system,
29 its functions and processes, and human sexuality and forming attitudes
30 and beliefs about sex, sexual identity, interpersonal relationship, affection,
31 intimacy, and gender roles of adolescents. It shall develop the skills of
32 adolescents for them to make informed decisions such as the capacity to
33 distinguish between facts and myths on sex and sexuality, critically
34 evaluate and discuss the moral, religious, social, and cultural dimensions

1 of related sensitive issues such as contraception and abortion, and the
2 prevention of risky behaviors that may undermine the realization of their
3 aspirations and potentials. It is a rights-based, gender-responsive,
4 approach to adolescent health education taught over several years with
5 progressive appropriateness based on age-appropriate information
6 consistent with the evolving capacities of young people and adolescents.
7 CASE shall be implemented in schools, alternative learning systems,
8 communities, and other venues which the government may identify and
9 utilize, taking into consideration its appropriateness and the protection of
10 its beneficiaries' privacy;

11 (f) *Evolving capacities of the child* refers to the concept enshrined in Article
12 5 of the Convention on the Rights of the Child recognizing the
13 developmental changes and the corresponding progress in cognitive
14 abilities and capacity for self-determination undergone by children as they
15 grow up, thus requiring parents and others charged with the responsibility
16 for the child to provide varying degrees of protection, and to allow their
17 participation in opportunities for autonomous decision-making;

18 (g) *Information and service delivery network (ISDN) for adolescent health and*
19 *development (AHD)* refers to the network of facilities, institutions, and
20 providers within the province, district, municipality or 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 (h) *Informed choice* refers to a situation wherein a person is provided with
24 options to choose from several commodities, diagnostic treatments, tests,
25 or procedures, based on full information and details about their benefits,
26 risks, and expected outcomes;

27 (i) *Mature minor doctrine* refers to the legal principle that recognizes the
28 capacity of some minors to consent independently to medical procedures
29 and services if they have been assessed by qualified health professionals
30 to understand the nature of such procedures and services and their
31 consequences to make decisions on their own;

32 (j) *Normal schools or colleges for teachers* refer to learning institutions
33 training or educating teachers in primary, secondary, college,
34 postgraduate, technical, or 30 vocational education;

1 (k) *Reproductive health* refers to a state of complete physical, mental, and
2 social well-being, and not merely the absence of disease or infirmity, in all
3 matters relating to the reproductive system and its functions and
4 processes;

5 (l) *Risky behavior* refers to an ill-advised practice and action both sexual
6 and non-sexual that are potentially detrimental to a person's health or
7 general well-being; and

8 (m) *Social protection* refers to policies and programs that seek to reduce
9 poverty and vulnerability to risks and enhance the social status and rights
10 of the marginalized by promoting livelihood and employment, protecting
11 against hazards and sudden loss of income, and improving people's
12 capacity to manage risks.

13
14 **SEC. 4. Adolescent Pregnancy Prevention Inter-Agency Council.** – The
15 Adolescent Pregnancy Prevention Inter-Agency Council, hereinafter referred to as the
16 Council, is hereby established. The Council shall serve as the policy-making body
17 responsible for the formulation and implementation of policies and programs that shall
18 provide family-oriented, adolescent-friendly sexual and reproductive health programs,
19 centered on the prevention, counseling, and post-delivery care of adolescent
20 pregnancy, through the development of coherent, rational, unified, effective and
21 efficient structures, systems, and mechanisms for social protection program to the
22 adolescents with health and development concerns primarily on sexual and
23 reproductive health.

24
25 **SEC. 5. Development and Implementation of National Program of Action
26 and Investment Plan for the Prevention of Adolescent Pregnancy.** – The Council
27 shall, in collaboration with other relevant national agencies, non-government
28 organizations (NGOs), and civil society organizations (CSOs), develop an evidence-
29 based National Medium-Term Plan for the Prevention of Adolescent Pregnancy.

30
31 This program of action shall serve as the national framework for inter-agency and inter
32 sectoral collaboration and resource allocation at all levels, to address the various health,
33 cultural, socio-economic, and institutional determinants of adolescent pregnancy.

34

1 Based on the Program of Action, a National Program on the Prevention of Adolescent
2 Pregnancy (NPPAP) shall be developed and funded at all levels and shall become a
3 priority program of the Philippine Population Management Program of the Commission
4 on Population and Development (POPCOM), spearheaded and coordinated by the
5 Council created under Section 4 of this Act.

6
7 The NPPAP shall be based on the inter-agency program of action involving all relevant
8 government agencies and shall be considered a program that is eligible for multi-year
9 funding and inter-agency obligational authority to ensure the allocation of adequate
10 funding for all concerned government agencies.

11
12 **SEC. 6. Information and Service Delivery Network for Adolescent Health**
13 **and Development.** – All provinces and chartered cities shall organize and
14 operationalize an ISDN for AHD consisting of different government agencies and
15 NGOs, institutions, and facilities disseminating information and services to adolescents
16 within their locality.

17
18 In cases of provinces and cities with existing ISDNs for AHD, they shall harmonize new
19 and existing efforts and programs for AHD, particularly the services responding to the
20 socioeconomic dimensions of adolescent pregnancy. The ISDN shall be organized by
21 each province or by municipality or city according to local government capacity. An
22 effective collaborative and referral system among the members of the ISDN shall be
23 established and implemented within a catchment area.

24
25 The ISDN for AHD shall provide health services that are sensitive to the particular needs
26 and human rights of all adolescents to enable them to deal positively and responsibly
27 with their reproductive health and sexuality.

28
29 The organization and mobilization of ISDN for AHD shall support the program through
30 the following activities, among others:

- 31 (a) Map and analyze the various factors contributing to pregnancies among
32 adolescents at the regional and local levels;

- 1 (b) Identify, harmonize, coordinate, and implement inter-agency interventions to
2 address the various issues related to adolescent pregnancies at the regional and
3 local levels;
- 4 (c) Capacitate ISDN for AHD agency members in collaboration with relevant
5 regional government agencies to ensure the dissemination of quality information
6 and services to adolescents;
- 7 (d) Provide, in collaboration with concerned local government units (LGUs), needed
8 information and services for adolescent development;
- 9 (e) Generate or share resources among involved institutions and facilities in the
10 implementation of the joint strategic plan of the ISDN for AHD; and
- 11 (f) Monitor and evaluate the effectiveness of coordination and referral systems and
12 other interagency interventions jointly implemented by the ISDN.

13

14 The local ISDN for AHD shall be organized by the Office of the Provincial, City, or
15 Municipal Population Officer, and coordinated with the Provincial, City or Municipal
16 Health Office, in coordination with the Sangguniang Kabataan (SK) Federation or Local
17 Youth Development Council (LYDC) in the concerned localities, with technical
18 assistance from the Council and other relevant national government agencies. The local
19 ISDN for AHD must be established within one (1) year after the promulgation of the
20 Implementing Rules and Regulations of this Act.

21

22 **SEC. 7. Mandatory Establishment of Functional Local Centers for**
23 **Adolescent Health and Development.** – School-or community-based centers for AHD
24 shall be established and operationalized in all municipalities and cities in the country.
25 These youth-led centers shall serve as facilities where adolescents particularly girls and
26 young women are able to access appropriate information and services on ASRH and
27 other concerns relevant to their holistic development. These Centers shall be the
28 convergence or catchment facilities or hubs for the services under the ISDN for AHD.
29 The Center may also serve as a peer-helping, counseling, and treatment center for
30 adolescents in crisis or victims of abuse and violence as well as a venue for the
31 implementation of programs and strategies under the Social Protection Program for
32 Adolescent Parents and their Children (SPPAPC).

1 The Center shall be mainly managed, operated, and maintained by the LGUs through
2 the SK, in collaboration with the local office designated to organize and coordinate the
3 ISDN for AHD; youth volunteers and workers; and other organized adolescents and
4 youth groups recognized by the LGU with the assistance of various adult service
5 providers and youth-serving professionals including the CSOs. The establishment and
6 operationalization of the centers shall be funded using 10% of the SK fund and other
7 relevant local budget sources.

8
9 The Council shall formulate the guidelines and standards for setting-up Centers in
10 schools and communities. National government agencies shall provide assistance to
11 LGUs and schools in setting up the centers.

12
13 **SEC. 8. Adolescent and Youth-Friendly Health Facilities.** – The Department
14 of Health (DOH)-approved standards for adolescent and youth-friendly health facilities
15 and hospitals shall be institutionalized and made a requirement for the licensing and
16 relevant accreditation of public and private health facilities. The DOH shall likewise
17 identify specific AHD-related health services that should be made available in public
18 health facilities and hospitals under the operational framework and mechanisms for the
19 Universal Health Care Act. Adolescent and Youth-Friendly Health Facilities. – The
20 Department of Health (DOH)-approved standards for adolescent and youth-friendly
21 health facilities and hospitals shall be institutionalized and made a requirement for the
22 licensing and relevant accreditation of public and private health facilities. The DOH shall
23 likewise identify specific AHD-related health services that should be made available in
24 public health facilities and hospitals under the operational framework and mechanisms
25 for the Universal Health Care Act.

26
27 The Council shall likewise facilitate the development and adoption of standards for
28 establishing and maintaining adolescent and youth-friendly public facilities providing
29 information and services for adolescents.

30
31
32 **SEC. 9. Community-Based and Culturally-Sensitive, Age and**
33 **Developmentally-Appropriate Comprehensive Adolescent Sexuality Education.** –
34 To complement and support age-and developmentally-appropriate reproductive health

1 education pursuant to Republic Act No. 10354 or “The Responsible Parenthood and
2 Reproductive Health Act of 2012”, and to ensure the inclusive promotion of CASE,
3 culturally-sensitive and appropriate modules shall also be developed and adopted
4 through community-based information, education and communication programs for all
5 adolescents, including indigenous peoples, persons with disabilities, out-of-school
6 youth (OSY), children in conflict with the law, beneficiaries of residential social welfare
7 services, and other marginalized groups: Provided, That cultural norms and practices
8 that may violate human rights, or reinforce discrimination against women and girls shall
9 be prohibited.

10
11 The Department of Education (DepEd) shall, with assistance from the Council, and in
12 collaboration with other relevant government agencies, develop and promote
13 educational standards, modules, and materials to promote CASE in schools.

14
15 Reinforcing the relevant provisions of Republic Act 10354, public and private
16 educational and technical skills development institutions and facilities shall, in
17 coordination with the Council and in collaboration with relevant NGOs and CSOs, adopt
18 a government-approved, age-and developmentally-appropriate CASE modules in all
19 educational and technical skills development curricula and training programs, including
20 in higher education curricula and vocational institutions, to ensure adequate coverage
21 of concerns such as gender sensitivity, reproductive health choices and responsibilities,
22 and sexually transmitted infections (STIs), including human immunodeficiency virus
23 (HIV) and acquired immunodeficiency syndrome (AIDS).

24
25 Delivery of CASE in a non-formal education setting shall be ensured by DepEd through
26 their Alternative Learning System. Community youth leaders shall, through SK, the
27 LYDC, and the Local Council for the Protection of Children (LCPC), invest in a
28 concerted effort in reaching these groups and encourage peer-to-peer counseling.
29 Volunteer groups and interested CSOs and NGOs shall be recognized for supplemental
30 support to the local ISDNs for AHD.

31 The CASE shall be a compulsory part of education, integrated at all levels of learning
32 with the end goal of normalizing discussion of sex and gender, adolescent sexuality,
33 reproductive health, and removing the stigma on the discussion of these topics. The
34 materials and modules developed must be evidence-based, medically accurate, rights

1 based, culturally sensitive, and non-discriminatory towards adolescents of different
2 sexual orientations, gender identities, and gender expressions.

3
4 The Council shall undertake annual reviews to determine the effectiveness of the
5 curriculum and to make revisions as necessary to enhance the implementation of the
6 program. In addition, the Council shall be tasked to integrate the CASE syllabus that is
7 culturally sensitive into the existing Madrasah curriculum.

8
9 This curriculum shall be designed to strengthen respect for human rights and
10 fundamental freedoms, including those related to reproductive health, sexuality,
11 population, and development. The materials shall be complementary to the
12 Responsible Parenthood and Reproductive Health Law and shall be based on the need
13 for responsible human sexuality and, reflect the realities of current sexual behavior.

14
15 **SEC. 10. Comprehensive Adolescent Sexuality Education for Out-of-**
16 **School Adolescents and those with Special Concerns.** – The Council, the local
17 ISDN, and the LGUs shall collaborate to intensify and institutionalize interactive learning
18 methodologies for CASE among out-of-school adolescents in the communities and
19 workplaces: *Provided*, That the needs of adolescents who belong to indigenous
20 communities, those who are working, have disabilities, and are in social institutions are
21 considered in the design and promotion of sexuality education among adolescents.

22
23 **SEC. 11. Training of Teachers, Guidance Counselors, School Supervisors,**
24 **and 4 School Nurses on Comprehensive Adolescent Sexuality Education.** – The
25 Council shall ensure that all teachers, guidance counselors, school supervisors, and
26 school nurses entrusted with the duty to educate adolescents on CASE are properly
27 trained on adolescent health and development, and gender sensitivity to guide
28 adolescents in dealing with their sexuality-related concerns. The training shall introduce
29 and improve the delivery of the current services to promote greater responsibility and
30 awareness of the interrelationships between adolescent health issues, including sexual
31 and reproductive health, and gender equality: *Provided*, That the training shall also
32 include legal and human rights instruments applicable to the sexual and reproductive
33 health of adolescents, especially in cases of unintended pregnancies as a result of
34 sexual violence.

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The training shall be in collaboration with the Council for technical assistance. Funding for the training shall be allotted in the concerned government agencies' annual allocation to be approved by Congress. As a result of the training, schools shall institute policies to support adolescent mothers in ensuring that they stay in school and complete their education.

The Commission on Higher Education (CHED) shall ensure that CASE standards are guided by principles of gender equality and women's human rights and must be integrated into 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.

SEC. 12. Comprehensive Adolescent Sexuality Education for Parents and 26 Guardians as well as those with Special Concerns. – The Council shall intensify and institutionalize interactive learning methodologies for CASE among parents and guardians to effectively guide adolescents in their growth and development. The Parent Effectiveness Program as provided for under Republic Act No. 11908, otherwise known as “The Parent Effectiveness Service Program Act” shall be adopted by the Council to enhance the parenting skills of parents, guardians, relatives, and other significant adults who care for or have influence over adolescents.

SEC. 13. Adolescent Sexual and Reproductive Health Training for Policymakers and Implementers. – The Council shall be responsible for disseminating guidelines and providing training programs for policymakers and implementers in both the executive and legislative branches of government at all levels to enable a better understanding of ASRH as well as policies and practices to promote it. The guidelines crafted for the purpose of this Section shall be framed from a lens of gender equality and women's human rights and shall be done in consultation with the Philippine Commission on Women (PCW), academic institutions and CSOs focused on gender and women's human rights.

SEC. 14. Sustained National Campaign on the Prevention of Adolescent Pregnancy using Various Types of Media. – The Council shall develop and

1 implement a nationwide communication campaign through various types of media,
2 including online platforms, to maximize dissemination to adolescents. The POPCOM
3 shall, in collaboration with the Council members and other agencies, develop, maintain
4 and regularly update a web portal for all AHD communication information, referral, and
5 materials. Relevant services shall be developed and promoted by the Council to
6 harmonize and link various government websites and online services for ASRH
7 including the networked operationalization of ISDN for AHD.

8
9 Private broadcast networks with news channels or news programs shall also be
10 encouraged and mobilized for the national campaign as part of their corporate social
11 responsibility initiatives. The Philippine Information Agency (PIA) as the official public
12 information arm of the government shall take the lead in promoting ASRH and in
13 advocating for adolescent pregnancy prevention in media.

14
15 **SEC. 15. *Participation of the Private Sector in the Promotion of***
16 ***Comprehensive Adolescent Sexuality Education.*** – The government may enter into
17 a public-private partnership agreement in mobilizing private communication networks
18 and companies in promoting CASE through text or short message service or media
19 messages. An incentive mechanism for telecommunication companies, including social
20 media platforms, shall be developed and implemented by concerned agencies to
21 recognize private participation in promoting CASE and adolescent health-seeking
22 behavior, positive attitude towards sex, sexual relations, and sexuality, among others.

23
24 Other private companies may be engaged to partner with government agencies in
25 designing and implementing innovative programs to prevent adolescent pregnancy.

26
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28 **SEC. 16. *Access to Reproductive Health Information and Services.*** – Access
29 and information to modern family planning methods with proper counseling by trained
30 service providers shall be provided to adolescents. For this purpose, all health service
31 providers in all health facilities shall be trained in providing adolescent-friendly and
32 responsive information and services. It is the duty of health service providers to provide
33 complete and medically-correct information on reproductive health and clinical services,
34 including the right to informed choice, and access to modern and other legal, medically

1 safe, and effective family planning methods: *Provided*, That the provision of
2 reproductive health services to adolescents shall be based on the principles of non-
3 discrimination and confidentiality, the rights of adolescents, their evolving capacities,
4 and the principle of the mature minor doctrine: *Provided, further*, it shall be ensured that
5 adolescents are not denied the information and services needed to prevent future
6 unintended pregnancies and can access treatment and care services without fear of
7 stigmatization, discrimination, and violence: *Provided, finally*, That access to
8 reproductive health services shall be made available under any of the following
9 circumstances:

10
11 (a) In keeping with the principle of the evolving capacities of the child, if the person
12 is fifteen (15) to below eighteen (18) years of age, access to reproductive health
13 services shall be made available to adolescents without the need of consent from
14 a parent or guardian;

15 (b) In keeping with the mature minor doctrine, adolescents below fifteen (15) years
16 old who have already begun childbearing, who are pregnant, or who have
17 experienced sexual abuse, miscarriage, sexually active or engaged in high-risk
18 behavior shall have full access to reproductive health services without the need
19 of consent from a parent or guardian; and

20 (c) In all other cases not covered by letter (b) of this section, consent to access to
21 reproductive health services shall be obtained from the adolescent's parents or
22 guardian if the person is below fifteen (15) years of age or is mentally
23 incapacitated. In cases when the adolescent's parents or guardian cannot be
24 located despite reasonable efforts, or if the adolescent's parents or guardian
25 refuse to give consent, it shall be obtained from a duly licensed and trained
26 health service provider.

27
28 The Council shall ensure that ASRH training is integrated into the pre-service curriculum
29 training of Barangay Health Workers (BHWs), front-line health care providers, and
30 social workers. The said training shall include topics such as: consent, adolescent
31 sexual and reproductive health, effective contraception use, disease prevention, HIV
32 and AIDS and the more common STIs, hygiene, healthy lifestyles, and prevention of
33 gender-based and sexual violence. Linkages and referral systems shall be established
34 in educational institutions to bridge gaps between adolescent reproductive health

1 curriculum and access to sexual and reproductive health (SRH) services for in-school
2 adolescents. For OSYs and other groups, a trained community peer educator could be
3 chosen to advocate accessing SRH services and distribution of commodities.

4
5 **SEC. 17. Social Protection Program for Adolescent Parents and their**
6 **Children.** – A comprehensive social protection program shall be provided to
7 adolescents who are already parents or currently pregnant, and their partners to prevent
8 repeat pregnancies and to ensure their well-being while assuming the responsibilities
9 of being young parents. The social protection program shall include information and
10 services that address the risks, vulnerabilities, and needs attendant to being a young
11 parent, such as:

- 12
- 13 (a) Maternal health services including pre-natal, ante-natal, and post-natal check-
14 ups and facility-based delivery;
 - 15 (b) Post-natal family planning counseling and services for either or both adolescent
16 parents;
 - 17 (c) Home-based, in-school, or tech-vocational education for adolescent mothers
18 and parents;
 - 19 (d) Personal Philippine Health Insurance coverage, making mandatory enrollment
20 and membership of indigent adolescent mothers;
 - 21 (e) Training, skills development, and support to livelihood programs for the
22 household of the adolescent parents especially for the indigents;
 - 23 (f) Continuing CASE for adolescent parents;
 - 24 (g) Workshops on couples counseling, parenting, and positive discipline for the
25 prospective parents;
 - 26 (h) Protective and support services for adolescents who are victims of or are
27 exposed to gender-based violence, abuse, and exploitation;
 - 28 (i) Safety net measures for adolescent parents during emergency and crisis
29 situations;
 - 30 (j) Support mechanisms that will encourage the return of adolescent parents to
31 schools such as in-school day-care, breastfeeding stations, among others; and
 - 32 (k) Psycho-social support and mental health services for adolescent mothers.
- 33

1 Beneficiaries of the program who are 18 years old and above shall be entitled to
2 maternal and paternal leave, especially if both are employed. Suspension, forced
3 resignation, and other discriminatory acts in the workplace and in school against
4 pregnant girls shall be prohibited. The local councils shall, through the Local Social
5 Welfare and Development and the Population Office, implement a continuing CASE
6 program for adolescent mothers and fathers with technical assistance from the Council.
7

8 The services shall safeguard the rights of the adolescents to privacy, confidentiality,
9 respect, and informed consent while ensuring respect for cultural values and beliefs.
10

11 **SEC. 18. Adolescent Male Involvement and Shared Responsibility in the**
12 **Prevention of Early and Unintended Pregnancies.** – The Council shall develop
13 programs to be implemented by LGUs that shall promote adolescent males' active
14 involvement in the prevention of early and unintended pregnancies. These programs
15 shall include the topics such as responsible fatherhood, couples counseling, laws
16 against abuse, violence against women, and gender-based life skills, and co-parenting
17 strategies. These programs shall emphasize the roles and responsibilities of adolescent
18 fathers and ensure their active involvement. These programs shall also serve as an
19 avenue to encourage the uptake of SRH services and information for boys and young
20 men.
21

22 **SEC. 19. Foster Care or Adoption.** – The Department of Social Welfare and
23 Development (DSWD) shall provide assistance to adolescent parents who may decide
24 to put their child up to foster care or adoption. The consent of both adolescent parents,
25 or at least one of them, if the whereabouts of the other, despite diligent efforts is
26 unknown, shall be needed for the validity of the foster care or adoption.
27

28 Social workers and guidance counselors shall provide support and guidance to
29 adolescent parents as well as the parents or guardians of the latter to enable them to
30 make an informed choice on the possible legal and non-legal consequences of their
31 actions.
32

33 **SEC. 20. Social Protection in Cases of Sexual Violence.** – The Council shall
34 provide social protection mechanisms against violence for adolescents, especially for

1 girls. Expectant and current mothers whose pregnancies were the result of sexual
2 violence shall be given access and support to legal, medical, and psycho-social
3 services. Furthermore, the Council shall reinforce the capacities of health facilities in
4 providing comprehensive care for adolescents in case of sexual violence.

5
6 Social protection services shall include the following:

- 7 (a) Psychosocial care, counseling, and administration of psychological or psychiatric
8 tests;
- 9 (b) Referral to medico-legal examination;
- 10 (c) Professional health services;
- 11 (d) Legal services; and
- 12 (e) Referral or transfer to any DSWD, LGU, or any registered and licensed care
13 facility for temporary shelter or protective custody.

14
15 The scope of sexual violence shall include offenses committed through online means
16 and physical contact. Incidents of sexual violence against adolescents shall be reported
17 to the Council either personally or online. The Council shall conduct regular informative
18 seminars across schools and LGUs nationwide to educate adolescents on laws
19 protecting their rights, the identification of sexual violence, utilization of the related
20 reporting system, and other protective services available.

21
22 Health service providers, particularly the BHWs, other primary health care providers,
23 and local population officers shall be given confidentiality and safeguarding guidelines
24 and tools for spotting sexual exploitation and abuse of adolescents. A referral pathway
25 shall be created by the Council to ensure that identified sexual abuse and exploitation
26 survivors are assisted and properly handled.

27
28 **SEC. 21. Social Protection in Cases of Humanitarian, Armed Conflict, and**
29 **Emergency Situations.** – The local ISDN shall be strengthened in the event of
30 humanitarian crises, armed conflict, and climate-related or emergency situations. The
31 local ISDN shall ensure swift and efficient delivery of SRH services to vulnerable
32 adolescents and young pregnant girls. Increased vigilance shall be practiced in cases
33 of gender violence, sexual assault, and exploitation. All incidences of the

1 aforementioned situations shall be immediately addressed by the local ISDN through
2 appropriate channels.

3
4 Special attention shall be given to young mothers who are in the late stages of
5 pregnancy in case of labor. In order to ensure the delivery of SRH to adolescents and
6 adolescent expectant parents, LGUs shall incorporate ASRH-specific content and
7 safeguards in their local Disaster Risk Reduction and Management Plans.

8
9 **SEC. 22. Harmonization and Integration of Local Programs for the**
10 **Prevention of Adolescent Pregnancy in the Local Council in the Protection of**
11 **Children, Local Youth Development Council, and Sangguniang Kabataan**
12 **Programs.** – Strategies and programs which aim to prevent the incidence of adolescent
13 pregnancies shall be integrated into the LCPC, LYDC, and SK programs at the local
14 and community level: *Provided*, That SK shall use ten percent (10%) of SK funds to
15 integrate these programs.

16
17 The LCPC, LYDC, and SK shall likewise implement programs and activities that aim to
18 develop the potential and skills of adolescents to make them more productive members
19 of the society.

20
21 The topics of the said programs and activities shall include: (1) Health literacy, hygiene,
22 and fertility awareness, (2) Sexuality and gender equality, (3) Comprehensive sexuality
23 education, contraceptive information, counselling, and services, (4) Antenatal,
24 intrapartum and postnatal care, (5) STIs and HIV prevention and care, (6) Violence
25 against women and girls: prevention, support and care, (7) Harmful traditional practices
26 such as child marriage, (8) Laws protecting children and adolescents, (9) Disaster
27 preparedness and risk reduction, and (10) Building community support for ASRH and
28 dealing with resistance.

29
30 The LCPC, LYDC, and SK shall encourage adolescent participation in these activities
31 as means of focusing their potential into more meaningful and productive endeavors.

32

1 The LCPC, LYDC, and SK shall enlist the support of the local barangay council and
2 barangay health center to be able to provide a more complete array of services,
3 activities, and programs.

4
5 **SEC. 23. Residential Care Facilities for Marginalized and Disadvantaged**
6 **Women.** – The existing residential care facilities for marginalized and disadvantaged
7 women of the DSWD shall be capacitated to accommodate the needs of pregnant girls.
8 The management of the said facilities shall coordinate with their respective locality's
9 ISDN to provide SRH information and services to their residents. In order to effectively
10 serve their pregnant adolescent residents, these facilities shall mobilize the following
11 personnel from the existing ISDN: a healthcare worker, an on-call obstetrician
12 gynecologist, a full-time midwife or nurse, and a psychologist.

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

17
18 **SEC. 24. Creation of a National Monitoring and Evaluation System on**
19 **Prevention of Adolescent Pregnancy.** – The Council shall create a monitoring and
20 evaluation system that shall comprehensively assess and effectively monitor and
21 evaluate the status, success, and efficacy of the NPPAP.

22
23 An Adolescent Health and Development Survey shall be carried out every four (4) years
24 to conduct surveys and collect age- and gender-disaggregated data. The survey shall
25 cover a wide range of topics and indicators extending beyond adolescent sexuality and
26 reproductive health including, but not limited to, topics such as education, adolescent
27 health, and labor. Existing surveys such as the National Demographic and Health
28 Survey, Family Health Survey, Family Planning Survey, and Maternal and Child Health
29 Survey shall cover the collection of data disaggregated at ages 10-19 and include never
30 married women in the data collection in order to have a more accurate picture.
31 Research and data from the assessment and evaluation shall be stored in a public
32 database.

33

1 LGUs are required to conduct safety audits every three (3) years to assess the efficacy
2 and effectiveness of the implementation of this Act within their jurisdiction. Such audits
3 shall be multi-sectoral and participatory, in consultation with population officers, social
4 workers, health workers, schools, and CSOs.

5
6 **SEC. 25. Preventing Adolescents' Involvement in Other Risky Behaviors. –**

7 All barangays shall adopt and implement legal measures to prevent adolescents from
8 engaging in risky behaviors including those that may lead to adolescent pregnancy,
9 sexual assault or violence.

10
11 **SEC. 26. Implementation Structure. –** The Council created under Section 4 of
12 this 13 Act shall be composed of the following:

13 (a) The POPCOM Executive Director as the Chairperson;

14 (b) The Council for the Welfare of Children (CWC) Executive Director as Co-
15 Chairperson;

16 (c) Senior officials (at least Undersecretary level) of the DOH, PCW, National
17 Youth Commission (NYC), DepEd, DSWD, Department of the Interior and
18 Local Government (DILG), CHED, and Technical Education and Skills
19 Development Authority (TESDA) as ex-officio members: Provided, That
20 ex-officio members of the Council shall have the right to vote;

21 (d) Two members from Women's Rights group or CSOs, selected by the
22 Council, who are persons with knowledge, expertise, accomplishment,
23 and with no less than five years of experience in the fields of public health,
24 adolescent rights, and social protection, and education, psychology, and
25 social welfare: Provided, that at least one is female;

26 (e) One (1) adolescent and one (1) youth representative selected by the
27 Council from various nationally-represented organizations composed of
28 youth and adolescents, provided that at least one appointed member is
29 female; and

30 (f) The Chairpersons of the League of Provinces, Cities and Municipalities.

31
32 The POPCOM and CWC shall serve as the secretariat of the Council.

33

1 **SEC. 27. Powers and Duties of the Council.** – The Council shall perform tasks
2 and functions that include:

- 3 (a) Facilitate the development, implementation, and assessment of the
4 comprehensive and integrated National Plan of Action and Investment
5 Plan for the Prevention of Adolescent Pregnancy;
- 6 (b) Propose legislative and administrative policies on the prevention of
7 adolescent pregnancy based on emerging contexts, needs, and
8 preferences of adolescents;
- 9 (c) Develop operational guidelines and standards for government agencies
10 and private organizations in the development and implementation of
11 comprehensive strategies and programs for the prevention of adolescent
12 pregnancy;
- 13 (d) Facilitate the conduct of research and generation of evidence and
14 knowledge on the drivers of adolescent pregnancy to enhance the
15 development of programs and policies;
- 16 (e) Address and resolve emerging institutional barriers in the implementation
17 of this law;
- 18 (f) Provide relevant agencies and private organizations with
19 recommendations and solutions to challenges and gaps in the course of
20 implementing the program; and
- 21 (g) Engage the private sector and the citizenry to ensure active partnership
22 in looking for solutions to address the problems of adolescent pregnancy.

23
24 The Council shall create Regional, Provincial, City, and Municipal counterparts to
25 ensure localization and proper implementation of its programs. Specific strategies shall
26 be designed to reach marginalized and vulnerable adolescent sub-sectors.

27
28 **SEC. 28. Roles and Responsibilities of Concerned Agencies.** – At the
29 national level, the following agencies shall have the following duties and functions:

30
31 (a) The POPCOM shall:

- 32 (1) Develop, and coordinate with relevant agencies, the NPPAP as part of the
33 National Population Management Program;

- 1 (2) Take the lead in the nationwide and community-based campaign for the
2 prevention of adolescent pregnancy, including the development and
3 maintenance of the web portal for relevant online information and
4 services;
- 5 (3) Provide the public with evidence-based strategies to reduce or eliminate
6 adolescent pregnancy, and improve adolescent reproductive health;
- 7 (4) Implement a program for the training of parents and guardians in
8 effectively guiding adolescents on ASRH issues;
- 9 (5) Set up a National Information System on the prevention of adolescent
10 pregnancy that shall be used for planning and programming, monitoring
11 and evaluation of indicators at all levels;
- 12 (6) Create an enabling environment for adolescents to make informed
13 choices on their sexual and reproductive health best suited to their
14 personal needs;
- 15 (7) Spearhead efforts to harmonize information within the network. The
16 POPCOM may invest in the platform or information portal that would allow
17 linking the data between members of the network;
- 18 (8) Serve as an overall coordinator for the nationwide and community-based
19 campaign for the prevention of adolescent pregnancy, including the
20 development and maintenance of a web portal for relevant online
21 information and services;
- 22 (9)) Establish and promote a helpline for adolescent health and
23 development; and
- 24 (10) Serve as the secretariat of the Council.

25
26 (b) The DOH shall:

- 27 (1) Ensure the availability and provision of ASRH information, services, and
28 commodities in all public and private health facilities;
- 29 (2) Ensure the training of health service providers in providing adolescent-
30 friendly and responsive health services;
- 31 (3) Support and provide technical assistance in the capacity building of
32 existing ISDNs and establishment of new ISDNs at the local level;

- 1 (4) Establish Adolescent Mom Clinics in all hospitals to provide adolescent
2 mothers with access to post-natal services and counseling as well as
3 reproductive commodities to avoid successive pregnancies; and
- 4 (5) Coordinate with the POPCOM on the establishment of a Monitoring and
5 Evaluation System to ensure the responsiveness, accurate coverage, and
6 full implementation of this Act.

7
8 (c) The CWC shall:

- 9 (1) Integrate into its development and strategic frameworks issues and
10 concerns from children-specific to adolescent pregnancy and ensure the
11 adoption of such frameworks by the LGUs and other stakeholders;
- 12 (2) Vigorously advocate for the awareness and prevention of adolescent
13 pregnancy;
- 14 (3) Develop, adopt, and implement in a manner consistent with adolescents'
15 evolving capacities, proposed legislation, policies, and programs that will
16 promote child and adolescent health and development; and
- 17 (4) Serve as the secretariat of the Council.

18
19 (d) The PCW shall:

- 20 (1) Implement all programs, plans, and strategies in addressing adolescent
21 pregnancy, promote adolescent girls' and mothers' rights and welfare,
22 gender equity and equality;
- 23 (2) Assist the Council in ensuring that adolescent girls' and mothers' rights
24 and welfare are prioritized as provided for under this Act; and
- 25 (3) Strongly encourage the integration of education programs to prevent
26 adolescent pregnancy in the mainstreaming work of the gender and
27 development focal points in government agencies.

28
29
30
31 (e) The DepEd and CHED shall:

- 32 (1) Ensure the development and promotion of CASE standards and its 21
33 corresponding learning modules for teachers and students;
- 34 (2) Ensure the comprehensive training of all teachers in CASE;

- 1 (3) Lead the delivery and implementation of CASE in all public and private
2 primary, secondary, and tertiary educational institutions as well as in non-
3 formal educational settings;
- 4 (4) Ensure the incorporation of CASE in the modules of future educators;
- 5 (5) Guarantee quality assurance of educational institutions in terms of CASE
6 delivery compliance through the Philippine Accreditation System for Basic
7 Education (PASBE);
- 8 (6) Ensure the proper implementation and delivery of CASE in all schools and
9 administer the PASBE review; and
- 10 (7) Promote the establishment of school-based adolescent centers.

11
12 (f) The TESDA shall:

- 13 (1) Provide skills and training and livelihood support to adolescent parents;
14 and
- 15 (2) Encourage enrollment in tech-vocational courses for adolescent parents
16 who are not fully equipped to return to in-school education.

17
18 (g) The DSWD shall:

- 19 (1) Take the lead in providing social protection for adolescent parents,
20 especially in cases of sexual violence, abuse, and exploitation;
 - 21 (2) Ensure the provision of social protection for adolescents in humanitarian
22 and/or emergency situations;
 - 23 (3) Equip the existing Distressed Centers for Disadvantaged Women with
24 increased capacity to accommodate more residents, particularly
25 adolescent girls;
 - 26 (4) Incorporate ASRH and adolescent pregnancy prevention modules for
27 both parents and adolescents in existing family development sessions
28 and youth development sessions under the Pantawid Pamilyang Pilipino
29 program with modules for adolescents emphasizing peer-to-peer
30 discussions;
 - 31 (5) Promote CASE for adolescents with special needs and in difficult
32 circumstances;
 - 33 (6) Ensure the integration of social protection services in adolescent centers.
- 34

1 (h) The NYC shall:

- 2 (1) Ensure the integration of ASRH and CASE promotion in the SK or Task
- 3 Force on Youth Development (TFYD) and LYDC programs and projects;
- 4 (2) Capacitate the SK or TFYD and LYDC in the implementation of this Act
- 5 at the local level; and
- 6 (3) Conduct workshops, classes, and seminars for first-time parents in
- 7 partnership with POPCOM, DOH, DSWD, CWC, and other concerned
- 8 Council members and relevant agencies.

9
10 (i) The DILG shall:

- 11 (1) Ensure the compliance of concerned local councils in the implementation
- 12 of this Act by including the implementation of ASRH programs as a
- 13 qualifying requirement of the Seal of Good Local Governance; and
- 14 (2) Assist the local ISDNs through their League of Provinces, League of
- 15 Cities, League of Municipalities, and League of Barangays.

16
17 (j) The LGUs shall:

- 18 (1) Ensure the development of local strategies for the prevention of
 - 19 adolescent pregnancy in their localities;
 - 20 (2) Ensure the promotion of CASE in schools and communities;
 - 21 (3) Mobilize the SK for key strategies in the prevention of adolescent
 - 22 pregnancy in 8 their localities;
 - 23 (4) Facilitate the organization and mobilization of ISDN for AHD;
 - 24 (5) Ensure the availability and provision of appropriate health and social
 - 25 services for adolescents;
 - 26 (6) Set up a database on adolescent pregnancy for programming and
 - 27 planning;
 - 28 (7) Implement a program for the training of parents and guardians in
 - 29 effectively guiding adolescents on ASRH issues;
 - 30 (8) Enlist the participation of children, adolescents, and youth-oriented
 - 31 groups as well as CSOs and NGOs as much as possible; and
 - 32 (9) Allocate funds necessary for strategies in preventing adolescent
 - 33 pregnancy.
- 34

1 (k) The SK and LYDC shall:

2 (1) Mobilize the Katipunan ng mga Kabataan in every barangay for key
3 strategies in the prevention of adolescent pregnancy and their
4 involvement in risky behaviors that are facilitative of engagement in sexual
5 activities;

6 (2) Facilitate the organization and mobilization of ISDN for AHD in their
7 localities;

8 (3) Integrate the ASRH, CASE and local programs to prevent incidence of
9 adolescent pregnancies in the SK and LYDC programs, projects and
10 activities;

11 (4) Promote the CASE using social media and other digital or online
12 communication platforms in their localities;

13 (5) Enlist the support of the local barangay council and barangay health
14 center to be able to provide a more complete array of services, activities
15 and programs for the youth;

16 (6) Develop, launch, and sustain a campaign for the prevention of adolescent
17 pregnancy in their localities;

18 (7) Set-up a database on adolescent pregnancy in their localities for
19 programming and planning;

20 (8) Organize and mobilize youth volunteers, in collaboration with barangay
21 officials and peace officers, to monitor compliance of computer shops and
22 business establishments selling and distributing videos and printed
23 materials and in restricting minors from accessing pornographic materials
24 and obscene shows;

25 (9) Conduct workshops, classes and seminars for adolescents and first-time
26 parents on ASRH issues, in partnership with POPCOM, DOH, DSWD,
27 CWC, and other concerned Council members and relevant agencies;

28 (10) Assist the LGUs in the management, operation and maintenance
29 of the local adolescent centers;

30 (11) Promote adolescent male involvement in the prevention of early
31 and unintended pregnancies; and

32 (12) Allocate funds necessary for strategies in preventing adolescent
33 pregnancy
34

1 (l) The Movie and Television Review and Classification Board shall:

2 (1) Review existing guidelines to ensure that no movie and television
3 programs portray, depict, promote, and encourage unsafe sexual
4 activities among adolescents as a normative behavior in society; and

5 (2) Develop an incentive scheme for adolescent-friendly television programs
6 shall likewise be developed and implemented to encourage movie and
7 television networks to produce materials and programs that promote
8 responsible sexuality among adolescents.

9
10 (m) The PIA shall:

11 (1) Take the lead in promoting ASRH and in advocating for adolescent
12 pregnancy prevention in media;

13 (2) Provide regular reports on the trend and incidence rates of adolescent
14 pregnancies in the country and provide the public with information on
15 resources and health practices for ASRH, among others, in collaboration
16 with relevant Council member agencies; and

17 (3) Encourage and mobilize private broadcast networks with news channels
18 or news programs for the national campaign as part of their corporate
19 social responsibility initiatives.

20
21 (n) The CSOs shall partner with the national and local government units in the
22 implementation of the provisions of this Act.

23
24 **SEC. 29. Designating February of Every Year as the Month for Raising**
25 **Public Awareness on Preventing Adolescent Pregnancy and Conduct of**
26 **Nationwide Communication Campaign.** – To raise public consciousness on the
27 issues of adolescent pregnancy and generate support from various stakeholders, the
28 entire month of February shall be designated as the Month for Public Awareness on
29 Adolescent Pregnancy Prevention which shall be observed nationwide. Schools and
30 other stakeholders shall hold activities with the objective of raising awareness and
31 generating critical actions to address the issues on increasing adolescent pregnancy.

32

1 Further, the Council shall, in collaboration with relevant agencies including the CSOs
2 and private sector, develop, launch, and sustain a nationwide campaign for the
3 prevention of adolescent pregnancy.
4

5 **SEC. 30. *Joint Congressional Oversight Committee.*** – There is hereby
6 created a Joint Congressional Oversight Committee to monitor the implementation of
7 this Act and to review the Implementing Rules and Regulations promulgated. The
8 Committee shall be composed of five (5) Senators and five (5) Representatives, with at
9 least 1 member from each house to come from the minority, to be appointed by the
10 Senate President and Speaker of the House of Representatives, respectively. The
11 Oversight Committee shall be co-chaired by the Chairpersons of the Senate Committee
12 on Women, Children, Family Relations, and Gender Equality, the Senate Committee on
13 Youth, the House Committee on Youth and Sports Development, and the House
14 Committee on Population and Family Relations.
15

16 **SEC. 31. *Timeline for Adoption, Monitoring, and Evaluation of this Act.*** –
17 The networks and services included in this Act shall be established within one (1) year
18 upon effectivity of this Act. Periodic monitoring and evaluation of coverage and delivery
19 of reproductive health services for pregnant adolescents shall also be conducted every
20 three (3) years.
21

22 **SEC. 32. *Reportorial Requirements.*** – Before the end of April each year, the
23 POPCOM shall submit to the President of the Philippines and Congress an annual
24 consolidated accomplishment report, which shall provide a definitive and
25 comprehensive assessment of the implementation of its programs and those of other
26 government agencies in relation to the implementation of this Act and recommend
27 priorities for executive and legislative action. The report shall be printed and distributed
28 to all national agencies, LGUs, NGOs, and private sector organizations involved in said
29 programs.
30

31 **SEC. 33. *Implementing Rules and Regulations.*** – Within sixty (60) days upon
32 the effectivity of this Act, the Council members shall convene to appoint the
33 representatives as identified in Section 26 (d), and (e), such appointments shall require
the concurrence of a simple majority of the government agencies represented in the

1 same Council. Subsequent appointments to the Council shall require a simple majority
2 of all members.

3

4 Immediately upon the appointment of the representatives in Section 26 (d) and (e),
5 regardless of whether the seats in the Council have been filled, the members of the
6 Council shall be organized to formulate the rules and regulations for the effective
7 implementation of the provision of this Act, along with at least three (3) CSOs.

8

9 **SEC. 34. Separability Clause.** – If any part or provision of this Act is held invalid
10 or unconstitutional, the other provisions not affected thereby shall remain in full force
11 and effect.

12

13 **SEC. 35. Repealing Clause.** – All laws, executive orders, issuances, decrees,
14 rules, and regulations inconsistent with or contrary to the provisions of this Act are
15 deemed amended, modified, or repealed accordingly.

16

17 **SEC. 36. Effectivity.** – This Act shall take effect fifteen (15) days after its
18 publication in the Official Gazette or in a newspaper of general circulation.

19

20 Approved,