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S. B. No. 1888

(In Substitution of Senate Bill Nos. 1154 and 1482)

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Prepared and submitted jointly by the Committees on Women, Children, Family Relations, and Gender Equality; Social Justice, Welfare, and Rural Development; Health and Demography; and Finance with Senators Binay and Hontiveros as authors thereof

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

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

1 **SECTION 1. Short Title.** - This Act shall be known as the "*Prevention of*
2 *Adolescent Pregnancy Act of 2018.*"

3 **SEC. 2. Declaration of Policy.** - It shall be the policy of the State to:

4 (a) Recognize, promote, and strengthen the role of adolescents and young
5 people in the overall human and socio-economic development of the
6 country;

7 (b) Recognize and promote the responsibility of the State to create and
8 sustain an enabling environment for adolescents to enable them to
9 achieve their development aspirations and potentials as well as mobilize
10 them to positively contribute to the development of the nation;

11 (c) Pursue sustainable and genuine human development that values the
12 dignity of the total human person and afford full protection to people's
13 rights, especially of adolescent women and men and their families;

14 (d) Promote and protect the human rights of all individuals including the
15 adolescents particularly in their exercise of their rights to sexual and
16 reproductive health, equality and equity before the law, the right to
17 development, the right to education, freedom of expression, the right to
18 participate in decision-making, and the right to choose and make
19 responsible decisions for themselves;

1 (e) Provide full and comprehensive information to adolescents to help
2 them prevent early and unintended pregnancies and their life-long
3 consequences;

4 (f) Ensure corresponding interventions that could respond to the
5 socioeconomic, health and emotional needs of adolescents and youth,
6 especially young women, with due regard for their own creative
7 capabilities, for social, family and community support, employment
8 opportunities, participation in the political process, and access to
9 education, health, counselling and high-quality reproductive health
10 services;

11 (g) Encourage adolescent mothers and fathers to continue and finish their
12 education in order to equip them for a better life, to increase their human
13 potential, to help prevent early marriages, high-risk child-bearing and
14 repealed pregnancy, and to reduce associated mortality and morbidity
15 through comprehensive social protection interventions; and

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

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

23 (a) *Adolescents* - refers to the population aged 10 to 21 years.

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

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

31 (d) *Comprehensive Sexuality Education (CSE)* - refers to the process of
32 acquiring complete, accurate, relevant and age-appropriate information
33 and skills on all matters relating to the reproductive system, its functions
34 and processes and human sexuality and forming attitudes and beliefs
35 about sex, sexual identity, interpersonal relationship, affection, intimacy
36 and gender roles. It has the purpose of developing the skills of young
37 people for them to make informed decisions such as the capacity to
38 distinguish between facts and myths on sex and sexuality, and critically

1 evaluate and discuss the moral, religious, social and cultural dimensions
2 of related sensitive issues, such as contraception and abortion, and
3 decide to prevent risky behaviors that can undermine the realization of
4 their aspirations and potentials.

5 (e) *Information and Service Delivery Network for Adolescent Health*
6 *Development (ISDN for AHD)* – refers to the network of facilities,
7 institutions, and providers within the province, district, municipality, city-
8 wide health and social system offering information, training, and core
9 packages of health and social care services in an integrated and
10 coordinated manner.

11 (f) *Local Youth Development Council (LYDC)* - refers to the local body
12 created by Republic Act No. 10742, composed of representatives of youth
13 and youth-serving organizations in the provincial, city, and municipal
14 levels, with the primary function of assisting in the planning and execution
15 of projects and programs of the Sangguniang Kabataan, and the
16 *Pederasyon ng Sangguniang Kabataan* in all levels.

17 (g) *Task Force on Youth Development (TFYD)* – refers to the local body to
18 be created based on Implementing Rules and Regulations of RA 10632
19 (Act to Postpone the October 2013 SK Elections) whose members will
20 remain in office until such time that SK officials have been duly elected
21 and qualified. They are mandated to formulate a Youth Development Plan
22 and ensure that the plan's programs and projects are implemented in the
23 barangay and that the SK funds are used solely for youth development.

24 (h) *Normal Schools or Teachers College* – refer to the learning institutions
25 training or educating teachers.

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

29 (j) *Reproductive Health* - refers to state of complete physical, mental and
30 social well-being, and not merely the absence of disease or infirmity in all
31 matters relating to the reproductive system and to its functions and
32 processes.

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

35 (l) *Social Protection* - consists of policies and programs designed to
36 reduce poverty and vulnerability by promoting efficient labor markets,
37 diminishing people's exposure to risks, and enhancing their capacity to

1 manage economic and social risks, such as unemployment, exclusion,
2 sickness, disability and old age.

3 (m) *Teenage Pregnancy Prevention Council* – hereafter referred to as the
4 Council, is an inter-agency and inter-sectoral council that shall be formed
5 through this Act and serve as its implementing body;

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

10 **SEC. 4. Development of National Program of Action and Investment**
11 ***Plan for the Prevention of Teenage Pregnancy.*** – The Council, in collaboration
12 with other relevant national agencies and civil society organizations, shall
13 develop an evidence-based *National Medium-Term Plan for the Prevention of*
14 *Teenage Pregnancy*, which shall serve as the national framework for inter-
15 agency and inter-sectoral collaboration at all levels to address the various health,
16 cultural, socio-economic and institutional determinants of teenage pregnancy.

17 Based on the *Medium-Term National Plan*, a *National Program on the*
18 *Prevention of Teenage Pregnancy (NPPTP)*, shall be developed and funded at
19 all levels, and shall become a priority program of the Philippine Population
20 Management Program of the Population Commission (POPCOM), spearheaded
21 and coordinated by the Teenage Pregnancy Prevention Council, created under
22 Sec. 22 of this Act.

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

29 In order to ensure the full participation of the stakeholders, consultations
30 with children, adolescents, and youth-oriented groups shall be held with the
31 Council's youth representatives. The results of the stakeholders' consultation that
32 will be presented by the youth representatives shall be integrated into the
33 formulation, implementation, operation, measurement, and evaluation of the
34 NPPTP. If necessary, additional consultations with the stakeholders shall be
35 conducted at various levels of the program to guarantee that the NPPTP will
36 remain youth focused and oriented.

37 **SEC. 5. Organization and Mobilization of Regional and Local**
38 ***Information and Service Delivery Network for Adolescent Health and***

1 **Development (ISDN for AHD).** – All provinces and chartered cities shall
2 organize and operationalize an ISDN for AHD consisting of different government
3 and non-government organizations, institutions, and facilities disseminating
4 information and services to adolescents within their locality. In cases of provinces
5 and cities with existing ISDNs, they shall now harmonize new and existing efforts
6 and programs for AHD. The ISDN for AHD may be organized by district in each
7 province or by municipality/city. An effective collaborative and referral system
8 among the members of the ISDN for AHD shall be established and implemented
9 within a catchment area.

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

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

28 The ISDN for AHD shall perform the following tasks and functions:

- 29 (a) Map and analyze the various factors contributing to pregnancies
30 among adolescents at the regional and local levels;
- 31 (b) Identify, harmonize, coordinate, and implement inter-agency
32 interventions to address the various issues related to teenage pregnancies
33 in the region and at the local level;
- 34 (c) Capacitate ISDN for AHD agency-members in collaboration with
35 relevant regional government agencies to ensure quality information and
36 services to adolescents;
- 37 (d) Provide, in collaboration with concerned LGUs, needed information
38 and services for adolescent development;

1 (e) Generate or share resources in the implementation of the joint
2 strategic plan of the ISDN for AHD; and

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

5 The local ISDN for AHD shall be coordinated by the Provincial Population
6 Office and co-coordinated by the Provincial Health Office in collaboration with the
7 Sangguniang Kabataan (SK) Federation or Task Force on Youth Development
8 (TFYD) and/ or Local Youth Development Council (LYDC) in the concerned
9 localities with technical assistance from the Council and other relevant national
10 government agencies.

11 **SEC. 6. Age and Development-Appropriate Comprehensive Sexuality**
12 **Education.** – The Department of Education (DepEd), with assistance from the
13 Council and in collaboration with other relevant agencies, shall develop and
14 promote educational standards, modules, and materials to promote
15 comprehensive responsible sexuality education in schools, communities, and
16 other youth institutions. The Comprehensive Sexuality Education (CSE) shall be
17 a compulsory part of education, integrated at all levels with the end goal of
18 normalizing discussions about adolescent sexuality and reproductive health and
19 to remove stigma from all levels. The Council shall ensure that the CSE is
20 medically accurate, rights based, and inclusive and non-discriminatory towards
21 lesbians, gays, bisexuals, transgenders, intersex, or queers (LGBTIQs)
22 adolescents.

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

32 The CSE shall be standardized and implemented in all public and private
33 basic education institutions. CSE delivery shall not be dependent upon the
34 discretion of the school administration or on its teachers. It shall be integrated in
35 the school curriculum, guided by international standards. In order to ensure
36 proper compliance, the provision and delivery of CSE in public and private basic
37 education institutions shall be listed as one of the criteria and an accreditation
38 requirement of DepEd's Philippine Accreditation System for Basic Education

1 (PASBE). Schools refusing to implement CSE shall have their accreditation
2 reviewed by the PASBE board.

3 The Council shall undertake annual reviews to determine the effectiveness
4 of the curriculum and to make revisions as necessary to enhance implementation
5 of the program. In addition, the Council shall formulate a guide for CSE delivery
6 for schools.

7 **SEC. 7. Training of Teachers, Guidance Counselors, and School**
8 **Supervisors on CSE** – The Council, with the DepED and the Commission on
9 Higher Education (CHED), shall ensure that all teachers, guidance counselors,
10 instructors, and other school officials entrusted with the duty to educate
11 adolescents on CSE shall be properly trained on adolescent health and
12 development and gender sensitivity to effectively educate or guide adolescents in
13 dealing with their sexuality-related concerns. The training activities shall include
14 the legal and human rights instruments applicable to the sexual and reproductive
15 health of adolescents, especially in cases of unintended pregnancies as a result
16 of sexual violence. Funding for the training shall be allotted in the concerned
17 government agencies' annual allocation to be approved by Congress.

18 As a result of the training, schools shall institute policies to support
19 teenage mothers in ensuring that they stay in school and complete their
20 education.

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

25 **SEC. 8. CSE for Out-of-School Adolescents and those with Special**
26 **Concerns.** – The Council, the Local ISDN for AHD, and the Local Government
27 Units (LGUs) shall collaborate to intensify and institutionalize interactive learning
28 methodologies for CSE among out-of-school adolescents in the communities and
29 workplaces as well as unsuitably housed youth. Provided, that the needs of
30 indigenous, working persons-with-disabilities, and adolescents in social
31 institutions are considered in the design and promotion of sexuality education
32 among adolescents.

33 Delivery of CSE in a non-formal education setting shall be ensured by
34 DepEd through their Alternative Learning System. Community youth leaders,
35 through the SK, TFYD, or LYDC shall invest in a concentrated effort in reaching
36 these groups and encourage peer to peer counseling. Volunteer groups and
37 interested civil society organizations (CSOs) and non-government organizations
38 (NGOs) shall be recognized for supplemental support to the local ISDNs.

1 DepEd, along with other relevant government agencies, shall be tasked to
2 integrate a CSE syllabus that is culturally-sensitive into the existing Madrasah
3 curriculum.

4 **SEC. 9. CSE for Parents and Guardians with Adolescent Children.** – A
5 community-based program for education and awareness of parents and
6 guardians about teen sexuality shall be developed and implemented with the
7 main objective of capacitating them to effectively guide, counsel, and provide
8 support to their adolescent children in concerns and decisions related to their
9 sexual health. The CSE specifically designed for parents and guardians should
10 include discussions on how to address the familial and societal norms that
11 encourages risk behaviors and perpetuates ignorance of adolescent sexual and
12 reproductive health. Furthermore, this parent and guardian oriented CSE shall
13 capacitate and encourage them to continue their sexual education with their
14 children and wards in their households.

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

19 These classes shall be conducted by trained Municipal/City Social Welfare
20 and Development Officers. Several avenues that can be pursued are Family
21 Development Sessions (FDS) of the DSWD and PTA meetings. The M/CSWDOs
22 shall endeavor to reach out to parent organizations in schools and communities
23 to promote such program.

24 **SEC. 10. Promoting the CSE using the Social Media and other Digital**
25 **or Online Communication Platforms.** – The Council shall optimize the social
26 media and other online platforms to reach adolescent netizens with accurate
27 information and messages on adolescent sexual and reproductive health (ASRH)
28 concerns. A web portal for the NPPTP shall be developed and promoted by the
29 Council to harmonize and link various government websites and online services
30 for ASRH including the networked operationalization of ISDN for AHD.

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

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

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

11 **SEC. 12. Access to Reproductive Health Services.** - Adolescents who
12 are presently or currently engaged in sexual activities shall be allowed to access
13 modern family planning methods with proper counseling by trained service
14 providers in public and private facilities. The aforementioned counseling is
15 carried out with the end in view of ensuring healthy practices through the
16 promotion of optimal health outcomes and protecting minors, especially those in
17 vulnerable circumstances, from possible predatory and sexually exploitative
18 practices. For this purpose, all health service providers in health facilities
19 including school clinics and school-linked health centers shall be trained on
20 providing adolescent-friendly and responsive information and services: *Provided,*
21 That all health facilities shall be enhanced to become an adolescent-friendly
22 facility by ensuring confidentiality, exclusive schedule for adolescents, availability
23 of services for adolescents, non-judgmental and gender responsive health
24 service providers: *Provided, furthermore,* That adolescents shall not be denied
25 access to clinical services and modern methods of contraceptives if and when
26 they seek to avail of the aforementioned healthcare services.

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

33 Linkages and referral systems shall be established in educational
34 institutions in order to bridge gaps in between CSE and access to SRH services
35 for in-school adolescents. For Out-of-School Youths (OSYs) and other groups, a
36 community peer educator could be chosen to advocate accessing SRH services
37 and distribution of commodities.

1 In cases of pregnant adolescents, a wider spectrum of SRH services shall
2 be made available to them spanning the pre-natal, antenatal, and post-natal
3 stages of pregnancy and its respective health care requirements.

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

7 **SEC. 13. Social Protection for Teenage Mothers or Parents.** – A
8 comprehensive social protection service shall be provided to adolescents who
9 are currently pregnant and their partners in order to prevent repeat pregnancies
10 and to ensure their well-being while assuming the responsibilities of being young
11 parents. Such services shall include the following:

12 (a) Maternal health services including pre-natal, ante-natal, and post-natal
13 check-ups and facility-based delivery;

14 (b) Post-natal family planning counseling and services for either or both
15 teenage parents;

16 (c) Home-based, in-school, or tech-vocational education for teenage
17 mothers and parents;

18 (d) Personal PhilHealth coverage, making mandatory enrollment and
19 membership of indigent teenage mothers:

20 (e) Training, skills development, and support to livelihood programs for the
21 household of the teenage parents especially for the indigents;

22 (f) Continuing CSE for teenage parents;

23 (g) Workshops on couples counseling, parenting, and positive discipline
24 for the impending parents; and

25 (h) psycho-social support and mental health services for teen mothers.

26 No female student shall be expelled, dismissed, suspended, refused or
27 denied admission, or forced to take a leave of absence in any educational
28 institution solely on grounds of pregnancy outside of marriage during her school
29 term. When needed, students who are pregnant shall be accorded with a special
30 leave of absence from school upon advice of the attending physician, and be
31 given an opportunity to make up for missed classes and examinations.

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

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

1 **SEC. 14. Social Protection in Cases of Sexual Violence.** –

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

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

14 **SEC. 15. Social Protection in Cases of Humanitarian or Emergency**

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

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

27 **SEC. 16. Care and Management for First Time Parents.** – All pregnant

28 teens, especially the poor and hard-to-reach groups, shall have access to skilled
29 care throughout their pregnancy, delivery, and post-natal periods. SRH providers
30 shall strive to provide as many teenage mothers with their birth plans that details
31 their intended place of childbirth delivery, availability of transport to these health
32 care institutions, and respective costs. Special attention shall be given to younger
33 pregnant mothers during obstetric care.

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

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

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

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

12 **SEC. 18. *Designating February of Every Year as the Month for***
13 ***Raising Public Awareness on Preventing Teenage Pregnancy and Conduct***
14 ***of Nationwide Communication Campaign.*** - To raise public consciousness on
15 the issues on teenage pregnancy and generate support from various
16 stakeholders, the entire month of February shall be designated as *Month for*
17 *Preventing Teenage Pregnancy*, which shall be observed nationwide. Schools
18 and other stakeholders shall hold activities with the objective of raising
19 awareness and generate critical actions to address the issues of increasing
20 teenage pregnancy.

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

24 **SEC. 19. *Integration of Local Program for the Prevention of Teenage***
25 ***Pregnancy in SK Programs.*** - Strategies and programs which aim to prevent
26 incidence of teenage pregnancies shall be integrated in the SK programs at the
27 local and community level using the 10% SK funds. In the absence of the SK, the
28 Task Force on Youth Development (TFYD) shall undertake the responsibility of
29 integrating teenage pregnancy prevention programs in the barangay youth
30 council's activities. The Council shall issue guidelines to ensure the
31 implementation of this provision.

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

1 focus and potentials of adolescents into more meaningful and productive
2 endeavors.

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

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

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

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

18 **SEC. 21. Creation of a National Information System on the Prevention**
19 **of Teenage Pregnancy.** – The Council shall endeavor to create a system that
20 will comprehensively assess and effectively monitor and evaluate the status,
21 success, and efficacy of the National Program of Action for the Prevention of
22 Teenage Pregnancy and the NPPTP.

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

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

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

35 **SEC. 22. Implementation Structure.** – A 'Teenage Pregnancy
36 Prevention Council' to be integrated as a sub-committee of the National
37 Implementation Team of the Responsible Parenthood and Reproductive Health
38 (RPRH) Law shall be established to be composed of the following:

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

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

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

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

- 22 (a) To propose legislative and administrative policies on the prevention
23 of adolescent pregnancy;
24 (b) To develop operational guidelines for government agencies and
25 private organizations in the development and implementation of
26 comprehensive strategies and programs for prevention of
27 adolescent pregnancy, including sexual violence;
28 (c) To monitor implementation of the provision of the law;
29 (d) To conduct research and generate evidence on the drivers of
30 teenage pregnancy to inform programs and policies; and
31 (e) To provide relevant agencies and private organizations with
32 recommendations and solutions to challenges and gaps in the
33 course of implementing the program.

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

- 37 (a) The Commission on Population shall:

- 1 (1) Develop and coordinate with the relevant agencies the NPPTP as
- 2 part of the national population program;
- 3 (2) Implement a program for the training of parents and guardians in
- 4 effectively guiding adolescents on ASRH issues;
- 5 (3) Set-up the National Information System on the Prevention of
- 6 Teenage Pregnancy that shall be used for plan and program
- 7 development and M & E of indicators at all levels;
- 8 (4) Take the lead in the nationwide and community-based campaign
- 9 for the prevention of teenage pregnancy, including the development
- 10 and maintenance of the web portal for relevant online information
- 11 and services; and
- 12 (5) Serve as the secretariat of the Council.
- 13 (b) The DEPED and CHED shall:
- 14 (1) Ensure the development and promotion of CSE standards and its
- 15 corresponding learning modules for teachers and students;
- 16 (2) Ensure the comprehensive training of all teachers, guidance
- 17 counselors, and school administrators on CSE;
- 18 (3) Lead the delivery and implementation of CSE in all public and
- 19 private basic education and tertiary educational institutions, as well
- 20 as in non-formal educational settings;
- 21 (4) Ensure the incorporation of CSE in the module of future educators;
- 22 and
- 23 (5) Guarantee quality assurance of educational institutions in terms of
- 24 CSE delivery compliance through the PASBE accreditation.
- 25 (c) The DOH shall:
- 26 (1) Ensure the availability and provision of ASRH information, services,
- 27 and commodities in all public and private health facilities;
- 28 (2) Ensure the training of health service providers in providing
- 29 adolescent-friendly and responsive health services; and
- 30 (3) Support and provide technical assistance in the capacity building of
- 31 existing ISDNs and establishment of new ISDNs at the local level.
- 32 (d) The DSWD and shall:
- 33 (1) Take the lead in providing social protection for adolescent parents,
- 34 especially in cases of sexual violence, abuse, and exploitation;
- 35 (2) Ensure the provision of social protection for adolescents in
- 36 humanitarian and/or emergency situations;
- 37 (3) Equip their existing Distressed Centers for Disadvantaged Women
- 38 with increased capacity to accommodate more residents; and

1 (4) Promote CSE for adolescents with special needs and in difficult
2 circumstances.

3 (e) The NYC shall:

4 (1) Ensure the integration of ASRH and CSE promotion in the SK or
5 TFYD and LYDC programs and projects;

6 (2) Capacitate the SK or TFYD and LYDC in the implementation of this
7 Act at the local level;

8 (3) Conduct workshops, classes, and seminars for first time parents, in
9 partnership with DOH, DSWD, and other concerned Council
10 members and relevant agencies.

11 (f) The DILG shall:

12 (1) Ensure the compliance of LGUs in the implementation of this Act by
13 including the implementation of ASRH programs as a qualifying
14 requirement of the Seal of Good Local Governance and

15 (2) Assist the local ISDNs through their League of Provinces, League
16 of Cities, League of Municipalities and League of Barangays.

17 (g) The TESDA shall:

18 (1) Provide social protection to adolescent parents by providing skills
19 training and livelihood support and

20 (2) Encourage enrollment in tech-vocational courses for adolescent
21 parents who are not fully equipped to return to in-school education.

22 (h) The CWC shall:

23 (1) Integrate in its development and strategic frameworks issues and
24 concerns from children-specific to teen pregnancy and ensure the
25 adoption of such frameworks by the LGUs and other stakeholders;

26 (2) Vigorously advocate for the awareness and prevention of teen
27 pregnancy;

28 (3) Develop, adopt, and implement, in a manner consistent with
29 adolescents' evolving capacities, legislation, policies, and programs
30 that will promote children and adolescent health and development.

31 At the local level, the Provincial Population Office and the Provincial
32 Health Office shall organize and lead the coordination of local ISDNs. The two
33 offices shall headline the implementation of the NPPTP at the local level.

34 The LGU's City or Municipal Population and Health Officers shall become
35 the local ISDN's point person. With assistance from the Council and provincial
36 coordinators, the local SK/TFYD/LYDC, shall adapt the NPPTP to their localities
37 and be responsible for its implementation, monitoring, and evaluation. The LGUs
38 shall enlist the participation of children, adolescents, and youth-oriented groups

1 as well as CSOs and NGOs as much as possible. Specific strategies shall be
2 designed to reach marginalized and vulnerable adolescent sub-sectors.

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

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

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

20 **SEC. 26. Separability Clause.** If any part, section, or provisions of this
21 Act is held invalid or unconstitutional, other provisions not affected thereby shall
22 remain in full force and effect.

23 **SEC. 27. Repealing Clause.** All other statutes, executive orders, and
24 administrative issuances or rules and regulations contrary to or inconsistent with
25 the provisions of this Act are hereby repealed, amended or modified accordingly.

26 **SEC. 28. Effectivity Clause.** This Act shall take effect fifteen (15) days
27 after its publication in at least two (2) newspapers of general circulation.

28 **Approved,**