

SECTION 5. Development of Local Program of Action and Investment Plan for the Prevention of Adolescent Pregnancy. The Council, in collaboration with other relevant government agencies and local civil society organizations, shall develop an evidence based Local Program of Action and Investment Plan. This plan shall serve as the local framework for inter-agency and inter-sectorial collaboration at all levels to address various health, cultural, socioeconomic and institutional determinants of adolescent pregnancy. The Programs, Plans and Actions (PPAs) of the Municipality revised and revisited every year shall form part of this ordinance for a systematic implementation.

SECTION 6. Information and Service Delivery Network for Adolescent Health Development or ISDN for AHD. The Municipality shall organize and operationalize an ISDN for AHD consisting of different government and non-government originations, institutions, and facilities to disseminate information and services to adolescents within the locality. An effective collaborative and referral system among the members of the ISDN for AHD shall be established and implemented within a catchment area. The local ISDN shall be coordinated by the Municipal Population Development Office and co-coordinated by the Municipal Health Office in collaboration with the Sangguniang Kabataan (SK) Federation or Local Youth Development Council (LYDC) with technical assistance from the Council and other relevant local government agencies.

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

- a) Map and analyze the various factors contributing to pregnancies among adolescents at the local level.
- b) Identify, harmonize, coordinate and implement local level interventions to address various issues related to adolescent pregnancies in the Municipality including the Weekly Iron Folic Acid (WIFA) Supplementation for Female Adolescent Learners in Public High Schools (DepEd Order No. 59,S-2017) and the conduct of recommended vaccinations against Human Papillomavirus (HPV) among female aged 9-14 years old in accordance with guidelines in DOH Memorandum No. 2020-0351.
- c) Capacitate ISDN for AHD agency-members in collaboration with relevant government agencies to ensure quality information and services to adolescents.
- d) Provide, in collaboration with concerned LCDs, needed information and services for adolescent development.
- e) Generate or share resources in the implementation of the joint strategic plan of the ISDN for AHD,
- f) Monitor and evaluate the effectiveness of coordinative and referral systems and other interagency interventions jointly implemented by the ISDN.

The local ISDN must be established within six (6) months upon the effectivity of this Ordinance with respect to appropriate local government capacity.

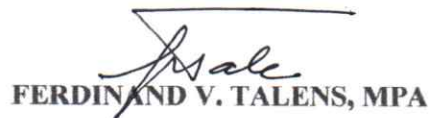
SECTION 7. Culturally-Sensitive, Age and Development-Appropriate Comprehensive Sexuality Education (CSE). Agencies from the education sector with support from the Council, the Local School Board and in collaboration with relevant government agencies and civil society organizations shall develop and promote localized messaging and educational information that promotes adolescent reproductive health in schools, communities and other youth institutions. The Council must ensure that the messaging produced are included in local materials and that they are culturally-sensitive, age- and development-appropriate and have included adolescent and youth groups in the consultation for the development of messaging and information.



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The messaging and information shall be made compulsorily carried in local education messaging and must be integrated in all levels of learning with the end goal of normalizing the discussions of sex and gender, adolescent sexuality and reproductive health, and to remove stigma on the discussion of these topics.

The materials and modules developed must be evidence-based, medically-accurate, rights-based, culturally sensitive and non-discriminatory towards adolescents of different sexual orientations, gender identities and gender expressions.

The current modules should be regularly reviewed, updated and broadened with a view to ensuring adequate coverage of concerns such as gender sensitivity, sexual consent, reproductive health choices and responsibilities, and sexually transmitted diseases including HIV/AIDS. This curriculum shall be designed to strengthen respect for human rights and fundamental freedoms including those related to reproductive health, sexuality, population and development. The materials shall be complementary to the Responsible Parenthood and Reproductive Law and should be based on the need for responsible human sexuality and must reflect the realities of current sexual behavior.

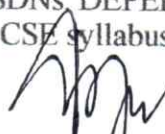
SECTION 8. ASRH Training for Policy-Makers and Implementers. The Local Health Center and Population Development Office shall be responsible for disseminating guidelines and providing training programs for policy-makers and implementers to enable a better understanding of ASRH as well as policies and practices to promote it. The guidelines shall be framed from a lens of gender equality and women's human rights and shall be made in consultation with academic institutions and civil society organizations focused on gender and women's human rights.

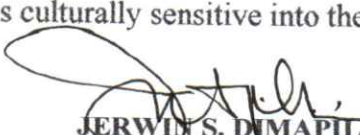
SECTION 9. Training of Teachers, Guidance Counselors, School Supervisors and School Nurses on Comprehensive Sexuality Education. The LGU, Local School Board and TESDA, with support from the DOH, Population Development Office and NYC for technical assistance, shall ensure that all teachers, guidance counselors, instructors and school nurses are properly trained on adolescent health and development to effectively educate or guide adolescents in dealing with their sexuality-related concerns. Advocacy as far as prevention is concerned shall be lodged in schools.

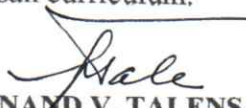
CHED shall ensure that CSE standards are guided by principles of gender equality and women's human rights and must be integrated in the curriculum and across specializations in the professional preparation and training for would-be teachers in normal schools or teacher education institutions in the country. The training must introduce and improve the delivery of the current service so as to promote greater responsibility and awareness on the interrelationships between and among adolescent health issues including sexual and reproductive health and gender equity.

SECTION 10. CSE for Out-of-School Adolescents and those with Special Concerns. The Municipal Social Welfare and Development Office, Health Center and Population Development Office shall collaborate to intensify and institutionalize interactive learning methodologies for CSE among out-of-school adolescents in the communities and workplaces as well as unsuitably housed youth. Provided, that the needs of indigenous, working persons with-disabilities and adolescents in social institutions are considered in the design and promotion of sexuality education among adolescents.

The Local School Board shall ensure similar delivery of CSE in a non-formal education setting through the DepEd with its Alternative Learning System by carrying localized messaging on adolescent health. Community youth leaders through the SK, TFYD or LYDC shall invest in a concentrated effort in reaching these groups and encourage peer-to-peer counseling. Volunteer groups and interested civil society organizations (CSOs) and non-government organizations (NGOs) shall be recognized for supplemental support to the local ISDNs, DEPED, along with other relevant government agencies, shall be tasked to integrate a CSE syllabus that is culturally sensitive into the existing Madrasah curriculum.


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SECTION 11. Promoting the CSE using the Social Media and other Digital or Online Communication Platforms. The Council shall optimize the social media and other online platforms to reach adolescent netizens with accurate information and messages on adolescent sexual and reproductive health (ASRH) concerns.

SECTION 12. Designated Day for Adolescent Health and Development. To encourage adolescents to access health services, a designated day per week is assigned to ensure confidentiality and stigma-free provision of services. Community-based centers and barangay health centers shall designate a day per week dedicated to adolescent health care. Designated days for Adolescent Health and Development is for provision of convergence services for the services of the ISDN for AHD members as provided in this Ordinance. This assigned day is when adolescents and the youth can access appropriate information and services on ASRH and other concerns relevant to their wholistic development. Services should include, but not limited to, issues on adolescent reproductive health, mental health, drugs and alcohol. This should include programs and information for adolescent health and development and shall include counselling and treatment for adolescents in crisis or victims of abuse and violence.

A health practitioner shall be designated to become the adolescent health and development focal person who will specialize in adolescent health concerns and take the lead in the management of the adolescent health and development programs.

Services shall be managed and operated by the LGU and Barangay Health Center through the support of SK members, youth volunteers and workers, and other organized adolescent youth groups recognized by the LGU with the assistance of various adult service providers and youth-serving professionals including civil society organizations (CSOs). The establishment and operationalization of designated Adolescent Health and Development Days shall be funded using the 10% SK fund and other relevant local budget sources.

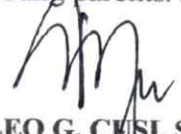
To cater to the needs of adolescent health and development at any given time, a Municipal Teen Center and Hotline shall also be created under the joint supervision of the Mayor's Office and the Municipal Social Welfare and Development Office. In this regard, the Municipal Focal Person on Population shall take charge of the management of the center and the hotline.

SECTION 13. Public Information and Media in ASRH Promotion and Adolescent Pregnancy Prevention. The Public Information Office which is the official arm of the Municipal Government in coordination with the Philippine Information Agency shall ensure that local issues on adolescent reproductive health are covered and widely disseminated. The Municipality shall advocate for the adolescent pregnancy prevention through provided regular reports on the trend and incidence rates of adolescent pregnancy in the Municipality.

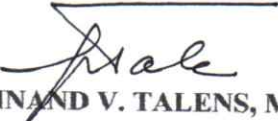
SECTION 14. Media Participation in CSE Promotion. The Municipality may enter into public-private partnership agreement in mobilizing local private media networks and companies in promoting CSE through media messaging. An incentive mechanism for local media companies shall be developed and implemented by concerned agencies to recognize private participation in promoting CSE and adolescent youth health-seeking behavior, positive attitude towards sex, sexual relations and sexuality, etc.

An incentive scheme for adolescent-friendly local radio programs shall likewise be developed and implemented to encourage local media to produce materials and programs that promote responsible sexuality among adolescents.

SECTION 15. Social Protection for Adolescent Mothers or Parents. In accordance with the Reproductive Health Law, a comprehensive social protection service shall be provided to adolescents who are currently pregnant and their partners in order to prevent repeat pregnancies and to ensure their wellbeing while assuming the responsibilities of being young parents. In this regard, the local chief executive shall come up with a comprehensive


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empowerment program for adolescent parents which shall include, but not limited to, the following:

- a) Maternal health services including pre-natal, ante-natal and post-natal check-ups and facility-based delivery;
- b) Post-natal family planning counseling and services for either or both adolescent parents;
- c) Pursuant to a national law, personal PhilHealth coverage making mandatory enrollment and membership of indigent adolescent mothers shall be followed;
- d) Continuing CSE for adolescent parents;
- e) Couples counseling on parenting and positive discipline for the impending parents; and
- f) Psycho-social support and mental health services for adolescent parents

Suspension, forced resignation and other discriminatory acts in the workplace and schools against pregnant girls shall be prohibited. The LCDs through the Municipal Social Welfare and Development Office (MSWDO) and/or the Population Development Office shall implement a continuing CSE program for adolescent mothers and fathers with technical assistance from the Council.

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

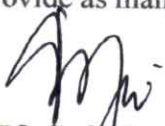
SECTION 16. Social Protection in Cases of Sexual Violence. Strengthened social protection mechanisms against violence for adolescents, especially for girls, shall be provided. Expectant and current mothers whose pregnancies were the result of sexual violence shall be given access and support to legal,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

Health service providers, particularly the BHWs, other primary health care providers and local population officers must ensure utmost confidentiality in handling cases of sexual exploitation and abuse. They shall be given confidentiality and safeguarding guidelines and tools for spotting sexual exploitation and abuse of adolescents. A local referral pathway shall be created by the Council to ensure that identified sexual abuse and exploitation survivors are assisted and properly handled in reference to the Gender-Based Protective Measures Against Sexual Harassment in the Streets and Public Places Ordinance of the Municipality.

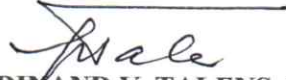
SECTION 17. Social Protection in Cases of Humanitarian, Armed Conflict and Emergency Situations. The local ISDN shall be bolstered in the events of humanitarian crises, armed conflict or emergency situations. It shall ensure swift and efficient delivery of ASRH services to vulnerable adolescents and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

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

SECTION 18. Young Moms and Parents Empowerment Program. All pregnant adolescents, especially the poor and hard-to-reach groups, shall have access to skilled care throughout their pregnancy, delivery and postnatal periods. ASRH providers shall strive to provide as many adolescent mothers with their birth plans that detail their intended place of


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child birth delivery, availability of transform to health care institutions and respective costs. Special attention shall be given to younger pregnant mothers during obstetric care.

Care and support shall also be given for the empowerment of young moms and adolescent parents as a whole. The following shall be provided:

- a) Workshops, classes and seminars for first-time parents shall be provided with ante and postnatal education. These classes shall include topics such as, but not limited to, infant feeding and care, positive discipline, responsible parenthood and safe sex practices. The classes shall be made available free of charge and at times most convenient for the adolescent parents.
- b) Educational institutions shall be encouraged to develop and establish support mechanisms that will encourage the return of adolescent mothers and parents, for instance, in-school day-care and breastfeeding stations.
- c) Training, skills development and support to livelihood programs for the household of the adolescent moms and parents especially for the indigents.
- d) Programs and seminars shall be conducted in order to establish and improve the mental health and psychological status of young moms especially in the aspect of self-worth and purpose.

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

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

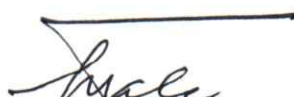
The SK/LYDC shall likewise implement programs and activities that aim to develop the potentials and skills of adolescents to make them more productive members of society. The topics of the said programs and activities are inclusive of, but are not limited to, leadership training and life skills seminars that can be done by the teens and their families together. It shall encourage youth participation in these activities as a means of diverting the focus and potentials of adolescents into more meaningful and productive endeavors. Further, the participation of the Supreme Student Government, Sangguniang Kabataan and Student Government in colleges shall also be tapped for this purpose, hence, active coordination with schools and women group or sector shall be done.

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

SECTION 21. Residential Care Facilities for Disadvantaged Women. The existing residential care facilities for disadvantaged women of the Municipal Social Welfare and Development Office (MSWDO) shall be capacitated to accommodate the needs of pregnant girls. The management of the said facilities shall coordinate with the ISDN to provide SRH information and services to the residents. In order to effectively serve their pregnant teen residents, these centers shall get support from the Barangay Health Center in relation to


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health personnel such as on-call barangay health workers, on-call midwives and on-call physicians.

Within a year after the enactment of this Ordinance, the Municipality must revisit the rate of teen pregnancy and identify if there is a demand and need for a residential care facility for disadvantaged pregnant adolescents.

SECTION 22. Designating February of Every Year as the Month of Raising Public Awareness on Preventing Teenage Pregnancy and Conduct of Municipal-Wide Communication Campaign. To raise public consciousness on the issues on teenage pregnancy and generate support from various stakeholders, the entire month of February shall be designated as *Month for Public Awareness on Preventing Teenage Pregnancy* which shall be observed in the 20 barangays. Schools and other stakeholders shall hold activities with the objective of raising awareness and generate critical actions to address the issues of increasing teenage pregnancy.

SECTION 23. Funding. The local government shall provide additional and necessary funding and other necessary assistance for the effective implementation of this Ordinance.

SECTION 24. Implementing Rules and Procedures. Within 120 days upon the effectivity of this Ordinance, the Municipal Social Welfare and Development in partnership with the Local Youth Development Council shall lead the creation of a Technical Working Group which is tasked to formulate the Implementing Rules and Procedures of this Ordinance.

SECTION 25. Separability Clause. If any part, section or provision of this Ordinance is held invalid or unconstitutional, other provisions not affected thereby shall remain in full force and effect.

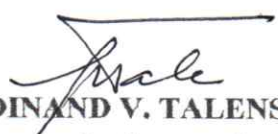
SECTION 26. Repealing Clause. All other statutes, executive orders and administrative issuances or rules and regulations contrary to or inconsistent with the provisions of this Ordinance are hereby repealed, amended or modified accordingly.

SECTION 27. Effectivity Clause. This Ordinance shall take effect fifteen (15) days after its publication in at least one (1) newspaper of general circulation.

On motion of Councilor Marietta R. Pajila duly seconded by Councilor King Philip B. Dimapilis, this Ordinance is hereby ENACTED.

Adopted: 25 March 2024

CERTIFIED CORRECT:


FERDINAND V. TALENS, MPA
Secretary to the Sangguniang Bayan

ATTESTED:


JERWIN S. DIMAPILIS
Presiding Office

APPROVED:


LEO G. CUSI, SR.
Municipal Mayor
Date: _____