



SENATE

S. No. 1888

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

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, HONTIVEROS,
GATCHALIAN AND DE LIMA 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 House of Representatives of
the Philippines in Congress assembled:*

1 SECTION 1. Short Title. – This Act shall be known as
2 the “Prevention of Adolescent Pregnancy Act of 2018”.

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

1 (a) Recognize, promote, and strengthen the role of
2 adolescents and young people in the overall human and
3 socioeconomic development of the country;

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

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

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

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

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

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16 repealed pregnancy, and to reduce associated mortality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

19 (h) Recognize and promote the rights, duties and
20 responsibilities of parents, teachers, and other persons

1 legally responsible for the growth of adolescents to provide
2 in a manner consistent with the evolving capacities of the
3 adolescent, appropriate direction and guidance in sexual
4 and reproductive matters.

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

7 (a) *Adolescents* refer to the population aged 10 to 21
8 years.

9 (b) *Adolescent Sexual and Reproductive Health*
10 *(ASRH) Care* refers to the access to a full range of
11 methods, techniques and services that contribute to the
12 reproductive health and well-being of young people by
13 preventing and solving reproductive health-related
14 problems.

15 (c) *Adolescent Sexuality* refers to the reproductive
16 system, gender identity, values or beliefs, emotions,
17 relationships and sexual behavior of young people as social
18 beings.

19 (d) *Comprehensive Sexuality Education (CSE)* refers
20 to the process of acquiring complete, accurate, relevant and

1 age-appropriate information and skills on all matters
2 relating to the reproductive system, its functions and
3 processes and human sexuality and forming attitudes and
4 beliefs about sex, sexual identity, interpersonal
5 relationship, affection, intimacy and gender roles. It has
6 the purpose of developing the skills of young people for
7 them to make informed decisions such as the capacity to
8 distinguish between facts and myths on sex and sexuality,
9 and critically evaluate and discuss the moral, religious,
10 social and cultural dimensions of related sensitive issues,
11 such as contraception and abortion, and decide to prevent
12 risky behaviors that can undermine the realization of their
13 aspirations and potentials.

14 (e) *Information and Service Delivery Network for*
15 *Adolescent Health Development (ISDN for AHD)* refers to
16 the network of facilities, institutions, and providers within
17 the province, district, municipality, city-wide health and
18 social system offering information, training, and core
19 packages of health and social care services in an integrated
20 and coordinated manner.

1 (f) *Local Youth Development Council (LYDC)* refers to
2 the local body created by Republic Act No. 10742, composed
3 of representatives of youth and youth-serving
4 organizations in the provincial, city, and municipal levels,
5 with the primary function of assisting in the planning and
6 execution of projects and programs of the Sangguniang
7 Kabataan, and the *Pederasyon ng Sangguniang Kabataan*
8 in all levels.

9 (g) *Task Force on Youth Development (TFYD)* refers to
10 the local body to be created based on Implementing Rules
11 and Regulations of Republic Act No. 10632 (Act to
12 Postpone the October 2013 SK Elections) whose members
13 will remain in office until such time that SK officials have
14 been duly elected and qualified. They are mandated to
15 formulate a Youth Development Plan and ensure that the
16 plan's programs and projects are implemented in the
17 barangay and that the SK funds are used solely for youth
18 development.

19 (h) *Normal Schools or Teachers College* refer to the
20 learning institutions training or educating teachers.

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

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

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

12 (l) *Social Protection* consists of policies and programs
13 designed to reduce poverty and vulnerability by promoting
14 efficient labor markets, diminishing people's exposure to
15 risks, and enhancing their capacity to manage economic
16 and social risks, such as unemployment, exclusion,
17 sickness, disability and old age.

18 (m) *Teenage Pregnancy Prevention Council* hereafter
19 referred to as the Council, is an inter-agency and inter-

1 sectoral council that shall be formed through this Act and
2 serve as its implementing body;

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

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

19 Based on the Medium-Term National Plan, a
20 National Program on the Prevention of Teenage Pregnancy

1 (NPPTP), shall be developed and funded at all levels, and
2 shall become a priority program of the Philippine
3 Population Management Program of the Population
4 Commission (POPCOM), spearheaded and coordinated by
5 the Teenage Pregnancy Prevention Council, created under
6 Sec. 22 of this Act.

7 The NPPTP shall be based on the inter-agency
8 program of action involving all relevant government
9 agencies and shall be considered as a program that is
10 eligible for multiyear funding and inter-agency obligational
11 authority to ensure the allocation for the key strategies in
12 all concerned government agencies. The NPPTP shall be
13 formulated with clear and prescriptive guidance for better
14 implementation at the local level.

15 In order to ensure the full participation of the
16 stakeholders, consultations with children, adolescents, and
17 youth-oriented groups shall be held with the Council's
18 youth representatives. The results of the stakeholders'
19 consultation that will be presented by the youth
20 representatives shall be integrated into the formulation,

1 implementation, operation, measurement, and evaluation
2 of the NPPTP. If necessary, additional consultations with
3 the stakeholders shall be conducted at various levels of the
4 program to guarantee that the NPPTP will remain youth
5 focused and oriented.

6 SEC. 5. *Organization and Mobilization of Regional*
7 *and Local Information and Service Delivery Network for*
8 *Adolescent Health and Development (ISDN for AHD).* – All
9 provinces and chartered cities shall organize and
10 operationalize an ISDN for AHD consisting of different
11 government and non-government organizations,
12 institutions, and facilities disseminating information and
13 services to adolescents within their locality. In cases of
14 provinces and cities with existing ISDNs, they shall now
15 harmonize new and existing efforts and programs for AHD.
16 The ISDN for AHD may be organized by district in each
17 province or by municipality/city. An effective collaborative
18 and referral system among the members of the ISDN for
19 AHD shall be established and implemented within a
20 catchment area.

1 The ISDN for AHD will provide health services that
2 are sensitive to the particular needs and human rights of
3 all adolescents, paying attention to the following
4 characteristics:

5 (a) Availability – Primary health care should include
6 services sensitive to the needs of adolescents, with special
7 attention given to sexual, reproductive health and mental
8 health;

9 (b) Accessibility – Health facilities, goods, and
10 services should be known and easily accessible
11 (economically, physically, and socially) to all adolescents,
12 without discrimination. Confidentiality must be
13 guaranteed and maintained at all times;

14 (c) Acceptability – Health facilities, goods, and
15 services should respect cultural values, be gender
16 sensitive, be respectful of medical ethics, and be acceptable
17 to both adolescents and the communities in which they
18 live;

19 (d) Quality – Health services and goods should be
20 scientifically and medically appropriate, which requires

1 personnel trained to care for adolescents, and provide
2 adequate facilities, and scientifically accepted methods.

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

5 (a) Map and analyze the various factors contributing
6 to pregnancies among adolescents at the regional and local
7 levels;

8 (b) Identify, harmonize, coordinate, and implement
9 inter-agency interventions to address the various issues
10 related to teenage pregnancies in the region and at the
11 local level;

12 (c) Capacitate ISDN for AHD agency-members in
13 collaboration with relevant regional government agencies
14 to ensure quality information and services to adolescents;

15 (d) Provide, in collaboration with concerned LGUs,
16 needed information and services for adolescent
17 development;

18 (e) Generate or share resources in the
19 implementation of the joint strategic plan of the ISDN for
20 AHD; and

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

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

12 SEC. 6. *Age and Development-Appropriate*
13 *Comprehensive Sexuality Education.* – The Department of
14 Education (DepEd), with assistance from the Council and
15 in collaboration with other relevant agencies, shall develop
16 and promote educational standards, modules, and
17 materials to promote comprehensive responsible sexuality
18 education in schools, communities, and other youth
19 institutions. The Comprehensive Sexuality Education
20 (CSE) shall be a compulsory part of education, integrated

1 at all levels with the end goal of normalizing discussions
2 about adolescent sexuality and reproductive health and to
3 remove stigma from all levels. The Council shall ensure
4 that the CSE is medically accurate, rights based, and
5 inclusive and non-discriminatory towards lesbians, gays,
6 bisexuals, transgenders, intersex, or queers (LGBTIQs)
7 adolescents.

8 The CSE shall include age and development-
9 appropriate topics such as, but not limited to: human
10 sexuality, consent, adolescent reproductive health, effective
11 contraceptive use, disease prevention, HIV/AIDS and the
12 more common Sexually Transmitted Infections (STIs),
13 hygiene, health and nutrition, healthy lifestyles, gender-
14 sensitivity, gender equality and equity, teen dating,
15 prevention of gender and sexual violence, digital
16 citizenship and issues like pornography, and life-skills. The
17 purpose is to equip them with the knowledge, skills, and
18 values to make informed and responsible choices about
19 their sexual and social relationships.

1 The CSE shall be standardized and implemented in
2 all public and private basic education institutions. CSE
3 delivery shall not be dependent upon the discretion of the
4 school administration or on its teachers. It shall be
5 integrated in the school curriculum, guided by
6 international standards. In order to ensure proper
7 compliance, the provision and delivery of CSE in public
8 and private basic education institutions shall be listed as
9 one of the criteria and an accreditation requirement of
10 DepEd's Philippine Accreditation System for Basic
11 Education (PASBE). Schools refusing to implement CSE
12 shall have their accreditation reviewed by the PASBE
13 board.

14 The Council shall undertake annual reviews to
15 determine the effectiveness of the curriculum and to make
16 revisions as necessary to enhance implementation of the
17 program. In addition, the Council shall formulate a guide
18 for CSE delivery for schools.

19 *SEC. 7. Training of Teachers, Guidance Counselors,*
20 *and School Supervisors on CSE.* – The Council, with the

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

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

17 The CHED shall ensure that CSE standards are
18 integrated in the curriculum and across specializations in
19 the professional preparation and training for would-be

1 teachers in normal schools or teacher education
2 institutions in the country.

3 SEC. 8. *CSE for Out-of-School Adolescents and those*
4 *with Special Concerns.* – The Council, the Local ISDN for
5 AHD, and the Local Government Units (LGUs) shall
6 collaborate to intensify and institutionalize interactive
7 learning methodologies for CSE among out-of-school
8 adolescents in the communities and workplaces as well as
9 unsuitably housed youth. Provided, that the needs of
10 indigenous, working persons-with-disabilities, and
11 adolescents in social institutions are considered in the
12 design and promotion of sexuality education among
13 adolescents.

14 Delivery of CSE in a non-formal education setting
15 shall be ensured by DepEd through their Alternative
16 Learning System. Community youth leaders, through the
17 SK, TFYD, or LYDC shall invest in a concentrated effort in
18 reaching these groups and encourage peer to peer
19 counseling. Volunteer groups and interested civil society
20 organizations (CSOs) and non-government organizations

1 (NGOs) shall be recognized for supplemental support to the
2 local ISDNs.

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

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

1 them to continue their sexual education with their children
2 and wards in their households.

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

9 These classes shall be conducted by trained
10 Municipal/City Social Welfare and Development Officers.
11 Several avenues that can be pursued are Family
12 Development Sessions (FDS) of the DSWD and PTA
13 meetings. The M/CSWDOs shall endeavor to reach out to
14 parent organizations in schools and communities to
15 promote such program.

16 *SEC. 10. Promoting the CSE using the Social Media*
17 *and other Digital or Online Communication Platforms. –*
18 The Council shall optimize the social media and other
19 online platforms to reach adolescent netizens with accurate
20 information and messages on adolescent sexual and

1 reproductive health (ASRH) concerns. A web portal for the
2 NPPTP shall be developed and promoted by the Council to
3 harmonize and link various government websites and
4 online services for ASRH including the networked
5 operationalization of ISDN for AHD.

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

17 The Movie and Television Review and Classification
18 Board (MTRCB) shall review their existing guidelines to
19 ensure that no movie and television programs portray,
20 depict, promote, and encourage unsafe sexual activities

1 among adolescents as a normative behavior in the society.
2 An incentive scheme for adolescent-friendly television
3 programs shall likewise be developed and implemented to
4 encourage movie and television networks to produce
5 materials and programs that promote responsible sexuality
6 among adolescents.

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

11 SEC. 12. *Access to Reproductive Health Services.* –
12 Adolescents who are presently or currently engaged in
13 sexual activities shall be allowed to access modern family
14 planning methods with proper counseling by trained
15 service providers in public and private facilities. The
16 aforementioned counseling is carried out with the end in
17 view of ensuring healthy practices through the promotion
18 of optimal health outcomes and protecting minors,
19 especially those in vulnerable circumstances, from possible
20 predatory and sexually exploitative practices. For this

1 purpose, all health service providers in health facilities
2 including school clinics and school-linked health centers
3 shall be trained on providing adolescent-friendly and
4 responsive information and services: *Provided*, That all
5 health facilities shall be enhanced to become an
6 adolescent-friendly facility by ensuring confidentiality,
7 exclusive schedule for adolescents, availability of services
8 for adolescents, non-judgmental and gender responsive
9 health service providers: *Provided*, *furthermore*, That
10 adolescents shall not be denied access to clinical services
11 and modern methods of contraceptives if and when they
12 seek to avail of the aforementioned healthcare services.

13 The Council shall ensure that ASRH training are
14 integrated in the pre-service curriculum training of
15 Barangay Health Workers (BHWs), front-line health care
16 providers, and social workers. The said training shall
17 include topics such as, but not limited to: consent,
18 adolescent sexual and reproductive health, effective
19 contraception use, disease prevention, HIV/AIDS and the

1 more common STIs, hygiene, healthy lifestyles, and
2 prevention of gender and sexual violence.

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

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

13 Provision of reproductive health services to
14 adolescents shall be based on the principles of non-
15 discrimination and confidentiality, the rights of
16 adolescents, their evolving capacities, and as a life-saving
17 intervention.

18 SEC. 13. *Social Protection for Teenage Mothers or*
19 *Parents.* – A comprehensive social protection service shall
20 be provided to adolescents who are currently pregnant and

1 their partners in order to prevent repeat pregnancies and
2 to ensure their well-being while assuming the
3 responsibilities of being young parents. Such services shall
4 include the following:

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

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

10 (c) Personal PhilHealth coverage, making mandatory
11 enrollment and membership of indigent teenage mothers;

12 (d) Training, skills development, and support to
13 livelihood programs for the household of the teenage
14 parents especially for the indigents;

15 (e) Continuing CSE for teenage parents;

16 (f) Workshops on couples counseling, parenting, and
17 positive discipline for the impending parents; and

18 (g) psycho-social support and mental health services
19 for teen mothers.

1 Adolescent mothers and their partners shall be
2 entitled to maternal and paternal leave, respectively,
3 especially if both are employed. Suspension, forced
4 resignation and other discriminatory acts in the workplace
5 against pregnant girls shall be prohibited.

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

10 SEC. 14. *Social Protection in Cases of Sexual Violence.*

11 - Strengthened social protection mechanisms against
12 violence for adolescents, especially for girls, shall be
13 provided. Expectant and current mothers whose
14 pregnancies were the result of sexual violence shall be
15 given access and support to legal, medical, and psycho-
16 social services. Furthermore, the Council shall reinforce
17 the capacities of health facilities in providing
18 comprehensive care for adolescents in case of sexual
19 violence.

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

8 SEC. 15. *Social Protection in Cases of Humanitarian*
9 *or Emergency Situations.* – The local ISDN shall be
10 bolstered in the events of humanitarian crises or
11 emergency situations. The local ISDN shall ensure swift
12 and efficient delivery of SRH services to vulnerable
13 adolescents and young pregnant girls. Increased vigilance
14 shall be practiced in cases of gender violence, sexual
15 assault, and exploitation in these situations. All incidence
16 of the aforementioned situations shall be immediately
17 addressed by the local ISDN through appropriate channels.

18 Special attention shall be given to young mothers
19 who are at the late stages of pregnancy in case of
20 (premature) labor. In order to ensure delivery of SRH of

1 adolescents and adolescent expectant parents, LGUs shall
2 incorporate adolescent SRH specific content and
3 safeguards in their local Disaster Risk Reduction and
4 Management Plans.

5 SEC. 16. *Care and Management for First Time*
6 *Parents.* – All pregnant teens, especially the poor and hard-
7 to-reach groups, shall have access to skilled care
8 throughout their pregnancy, delivery, and post-natal
9 periods. SRH providers shall strive to provide as many
10 teenage mothers with their birth plans that details their
11 intended place of childbirth delivery, availability of
12 transport to these health care institutions, and respective
13 costs. Special attention shall be given to younger pregnant
14 mothers during obstetric care.

15 Workshops, classes, and seminars for first time
16 parents shall be provided with ante-and post-natal
17 education. These classes shall include topics such as, but
18 not limited to: infant feeding and care, positive discipline,
19 responsible parenthood, and safe sex practices. The classes

1 shall be made available free of charge and at times most
2 convenient for the teen parents.

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

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

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

19 SEC. 18. *Designating February of Every Year as the*
20 *Month for Raising Public Awareness on Preventing Teenage*

1 *Pregnancy and Conduct of Nationwide Communication*
2 *Campaign.* – To raise public consciousness on the issues on
3 teenage pregnancy and generate support from various
4 stakeholders, the entire month of February shall be
5 designated as Month for Preventing Teenage Pregnancy,
6 which shall be observed nationwide. Schools and other
7 stakeholders shall hold activities with the objective of
8 raising awareness and generate critical actions to address
9 the issues of increasing teenage pregnancy.

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

14 SEC. 19. *Integration of Local Program for the*
15 *Prevention of Teenage Pregnancy in SK Programs.* –
16 Strategies and programs which aim to prevent incidence of
17 teenage pregnancies shall be integrated in the SK
18 programs at the local and community level using the ten
19 percent (10%) SK funds. In the absence of the SK, the Task
20 Force on Youth Development (TFYD) shall undertake the

1 responsibility of integrating teenage pregnancy prevention
2 programs in the barangay youth council's activities. The
3 Council shall issue guidelines to ensure the
4 implementation of this provision.

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

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

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

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

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

18 SEC. 21. *Creation of a National Information System*
19 *on the Prevention of Teenage Pregnancy.* – The Council
20 shall endeavor to create a system that will

1 comprehensively assess and effectively monitor and
2 evaluate the status, success, and efficacy of the National
3 Program of Action for the Prevention of Teenage
4 Pregnancy and the NPPTP.

5 The existing Young Adult Fertility and Sexuality
6 Study shall be renamed Adolescent Health and
7 Development Survey and be carried out every four (4)
8 years to conduct surveys and collect age- and gender-
9 disaggregated data. Its topics shall cover a wider range of
10 topics and indicators extending beyond adolescent
11 sexuality and reproductive health. Its coverage shall
12 include topics such as, but not limited to: education,
13 adolescent health, and labor.

14 Existing surveys such as the National Demographic
15 and Health Survey, Family Health Survey, Family
16 Planning Survey, and Maternal and Child Health Survey
17 shall begin the collection of data-disaggregated at age 10-
18 14 and include never-married women in data collection in
19 order to have a more accurate picture.

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

3 SEC. 22. *Implementation Structure.* – A ‘Teenage
4 Pregnancy Prevention Council’ to be integrated as a sub-
5 committee of the National Implementation Team of the
6 Responsible Parenthood and Reproductive Health (RPRH)
7 Law shall be established to be composed of the following:

8 (a) The Department of Health (DOH) Secretary as
9 the Chairperson;

10 (b) The POPCOM Board of Commissioners Chair as
11 Co-Chairperson;

12 (c) Senior officials, at least Undersecretary level of
13 the National Youth Commission (NYC), DepEd, DSWD,
14 Department of the Interior and Local Government (DILG),
15 CHED, and Technical Education and Skills Development
16 Authority (TESDA) as ex-officio members;

17 (d) Five members appointed by the Chairperson who
18 are persons with knowledge, expertise, accomplishment,
19 and with no less than five-year experience in the fields of
20 public health, adolescent rights and social protection,

1 education, psychology, and social welfare, provided that
2 one qualified member is appointed in each field: *Provided,*
3 *further,* That majority of these appointed members are
4 female; and

5 (e) Two representatives of children and youth
6 appointed by the Council Chairperson from various
7 nationally-represented youth organizations, provided that
8 one is male and one is female.

9 The POPCOM shall serve as the secretariat of the
10 Council.

11 The appointment of members shall be in accordance
12 with the rules and procedures as prescribed by the
13 POPCOM, taking into account the approximate proportion
14 between men and women.

15 The Council shall have the powers and duties as
16 follows:

17 (a) To propose legislative and administrative policies
18 on the prevention of adolescent pregnancy;

19 (b) To develop operational guidelines for government
20 agencies and private organizations in the development and

1 implementation of comprehensive strategies and programs
2 for prevention of adolescent pregnancy, including sexual
3 violence;

4 (c) To monitor implementation of the provision of
5 the law;

6 (d) To conduct research and generate evidence on
7 the drivers of teenage pregnancy to inform programs and
8 policies; and

9 (e) To provide relevant agencies and private
10 organizations with recommendations and solutions to
11 challenges and gaps in the course of implementing the
12 program.

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

17 (a) The Commission on Population shall:

18 (1) Develop and coordinate with the relevant
19 agencies the NPPTP as part of the national population
20 program;

1 (2) Implement a program for the training of parents
2 and guardians in effectively guiding adolescents on ASRH
3 issues;

4 (3) Set-up the National Information System on the
5 Prevention of Teenage Pregnancy that shall be used for
6 plan and program development, and monitoring and
7 evaluation (M & E) of indicators at all levels;

8 (4) Take the lead in the nationwide and community-
9 based campaign for the prevention of teenage pregnancy,
10 including the development and maintenance of the web
11 portal for relevant online information 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
15 standards and its corresponding learning modules for
16 teachers and students;

17 (2) Ensure the comprehensive training of all
18 teachers, guidance counselors, and school administrators
19 on CSE;

1 (3) Lead the delivery and implementation of CSE in
2 all public and private basic education and tertiary
3 educational institutions, as well as in non-formal
4 educational settings;

5 (4) Ensure the incorporation of CSE in the module of
6 future educators; and

7 (5) Guarantee quality assurance of educational
8 institutions in terms of CSE delivery compliance through
9 the PASBE accreditation.

10 (c) The DOH shall:

11 (1) Ensure the availability and provision of ASRH
12 information, services, and commodities in all public and
13 private health facilities;

14 (2) Ensure the training of health service providers in
15 providing adolescent-friendly and responsive health
16 services; and

17 (3) Support and provide technical assistance in the
18 capacity building of existing ISDNs and establishment of
19 new ISDNs at the local level.

20 (d) The DSWD and shall:

1 (1) Take the lead in providing social protection for
2 adolescent parents, especially in cases of sexual violence,
3 abuse, and exploitation;

4 (2) Ensure the provision of social protection for
5 adolescents in humanitarian and/or emergency situations;

6 (3) Equip their existing Distressed Centers for
7 Disadvantaged Women with increased capacity to
8 accommodate more residents; and

9 (4) Promote CSE for adolescents with special needs
10 and in difficult circumstances.

11 (e) The NYC shall:

12 (1) Ensure the integration of ASRH and CSE
13 promotion in the SK or TFYD and LYDC programs and
14 projects;

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

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

20 (f) The DILG shall:

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

5 (2) Assist the local ISDNs through their League of
6 Provinces, League of Cities, League of Municipalities and
7 League of Barangays.

8 (g) The TESDA shall:

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

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

14 (h) The CWC shall:

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

19 (2) Vigorously advocate for the awareness and
20 prevention of teen pregnancy;

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

5 At the local level, the Provincial Population Office
6 and the Provincial Health Office shall organize and lead
7 the coordination of local ISDNs. The two offices shall
8 headline the implementation of the NPPTP at the local
9 level.

10 The LGU's City or Municipal Population and Health
11 Officers shall become the local ISDN's point person. With
12 assistance from the Council and provincial coordinators,
13 the local SK/TFYD/LYDC, shall adapt the NPPTP to their
14 localities and be responsible for its implementation,
15 monitoring, and evaluation. The LGUs shall enlist the
16 participation of children, adolescents, and youth-oriented
17 groups as well as CSOs and NGOs as much as possible.
18 Specific strategies shall be designed to reach marginalized
19 and vulnerable adolescent sub-sectors.

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

9 SEC. 24. *Implementing Rules and Regulations.* –
10 Within one hundred twenty (120) days upon the effectivity
11 of this Act, the Council shall be organized to formulate the
12 Implementing Rules and Regulations of this Act.

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

1 printed and distributed to all national agencies, the LGUs,
2 NGOs and private Sector organizations involved in said
3 programs.

4 SEC. 26. *Separability Clause.* – If any part, section, or
5 provisions of this Act is held invalid or unconstitutional,
6 other provisions not affected thereby shall remain in full
7 force and effect.

8 SEC. 27. *Repealing Clause.* – All other statutes,
9 executive orders, and administrative issuances or rules
10 and regulations contrary to or inconsistent with the
11 provisions of this Act are hereby repealed, amended or
12 modified accordingly.

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

Approved,