



providing psychosocial and community support, among others.

**WHEREAS**, the 2021 Young Adult Fertility and Sexuality Study (YAFSS) done by the UP Population Institute revealed that 24.6% of the Filipino youth already have children. The same study showed that 15% of the youth are already married, 22% had engaged in sex and 52% are unaware of the risk involved therein including acquiring HIV/AIDS.

**WHEREAS**, the Naga City Civil Registry reported an increase teenage pregnancy cases in the city. Similarly, a slow decline in cases despite exerted efforts of concerned offices and agencies has been observed.

**WHEREAS**, there is a need to establish a local policy that addresses adolescents' sexual and reproductive health needs and reduces the adolescent birth rate significantly through institutionalizing social protection programs for adolescent parents.

**WHEREAS**, the Naga City's Comprehensive Development Plan for 2022-2030 envisions Naga as a recognized model of a "healthy city" enabled by "people-centered development" and "collaborative governance," including therefore an improved health and wellbeing among the adolescents of this city. Hence, the passage of this local ordinance is earnestly sought.

**NOW THEREFORE, be it ordained by the Sangguniang Panlungsod ng Naga that:**

**SECTION 1. SHORT TITLE.** - This Ordinance shall be known as the "AYSRH ORDINANCE."

**SECTION 2. SCOPE AND APPLICATION.** - This Ordinance shall be applicable within the territorial jurisdiction of the city including all its barangays.

**SECTION 3. - DECLARATION OF POLICY.** - It is hereby declared that the Local Government Unit of Naga City adopts a policy on reproductive health care in line with its pursuit of sustainable human development that values human dignity and affords full protection to people's rights, especially of women, children, youth and families.

The policy is anchored on the common belief and resolved to uphold the human rights of all persons including the right to equality and equity, the right to development, the right to reproductive health, the right to education and the right to choose and make decisions for themselves in accordance with their religious convictions, cultural beliefs and the demands of responsible parenthood.

The Local Government Unit of Naga City likewise guarantees universal

access to medically safe, legal, affordable and quality reproductive health care services, methods, devices, supplies and relevant information thereon even as it prioritizes the needs of women and children, among other underprivileged sectors. It further guarantees the promotion of gender equality, gender equity, women empowerment and dignity as a health and human rights concern and as a social responsibility.

**SECTION 4. GUIDING PRINCIPLES.** – This ordinance declares the following as basic guiding principles:

- a. The role of adolescents and young people in the overall human socioeconomic development of the city is recognized, promoted and strengthened.
- b. There must be a sustainable and genuine human development that values the dignity of the total human person and afford full protection to people's rights especially of adolescent women and men and their families.
- c. The human rights of all individuals including adolescents specifically in their exercise of their rights to sexual and reproductive health, equality and equity before the law, the right to development, the right to education, freedom of expression, the right to participate in decision-making and the right to choose and make responsible decisions for themselves are hereby promoted and upheld.
- d. Reproductive health goes beyond a demographic target because it is principally about health and rights;
- e. Gender equality and women empowerment are central elements of reproductive health and population development, thus, protection and promotion of such are imperative;
- f. Freedom of informed choice, which is central to the exercise of any right, must be fully guaranteed by the State like the right itself;
- g. Development is a multi-faceted process that calls for the coordination and integration of policies, plans, programs and projects that seek to uplift the quality of life of the people more particularly the poor, the needy and the marginalized;
- h. Active participation by and thorough consultation with concerned non- government organizations (NGOs), people's organization (POs) and communities are imperative to ensure that the basic policies, plans, programs and programs address the priority needs of stakeholders;
- i. Respect for, protection and fulfilment of reproductive health rights seek to promote not only the rights and welfare of adult individuals and couples but those of adolescents' and children's as well; and
- j. While nothing in this ordinance changes the law on abortion, as abortion remains a crime and is punishable, the government shall ensure that women seeking care for post-abortion complications shall be treated and counselled in a humane, non-judgmental and

compassionate manner.

**SECTION 5. DEFINITION OF TERMS.** - The following terms as used in this ordinance shall be defined as follows:

**SECTION 5.1** Adolescents refer to persons currently in the phase of life between childhood and adulthood, from ages 10-19 (WHO).

**SECTION 5.2** Adolescent Sexuality encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction of individuals aged 10 to 19. It is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships, and is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.

**SECTION 5.3** Adolescent Sexual and Reproductive Health (ASRH) is the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes (WHO) for individuals aged 10 to 19.

**SECTION 5.4** Adolescent Sexual And Reproductive Health Care refers to the access to a full range of methods, techniques and services that contribute to the reproductive health and wellbeing of young people by preventing and solving reproductive health-related problems.

**SECTION 5.5** Comprehensive Sexuality Education (CSE) is a package of teaching and imparting information on the psychological and physical aspects of gender, sexuality and adolescent reproductive health. It aims to equip young people with age-appropriate knowledge, skills, attitudes and values that will empower them to realize their health, wellbeing and dignity, develop respectful social and sexual relationships, consider how their choices impact their own wellbeing and that of others, and understand and ensure the protection of their rights. It is a rights-based, gender-focused approach to adolescent health education with progressive appropriateness based on age-appropriate information consistent with the dynamic capacities of young people and adolescents.

**SECTION 5.6** Information and Service Delivery Network (ISDN) for Adolescent Health refers to the network of facilities, institutions, agencies and providers included in the city-wide health and social system offering information, training, programs for health and social care services in an integrated and coordinated manner.

**SECTION 5.7** Adolescent-Friendly Health Facility (AFHF) is defined by the Department of Health as a health facility that provides equitable, accessible, acceptable, appropriate, effective and quality comprehensive health care and services in an adolescent-friendly environment.

## **CHAPTER 1. PROVISION OF AYSRH SERVICES**

**SECTION 6. COMPREHENSIVE SEXUALITY EDUCATION.** A culture-sensitive, age- and development-appropriate comprehensive sexuality education should be designed to promote adolescent reproductive health in schools, communities and other institutions with the hope of preventing further cases of teenage pregnancies in the city.

**SECTION 6.1** The City Population and Nutrition Office is hereby tasked to take the lead in education and awareness campaign on reproductive health and for the prevention of teenage pregnancy. The CPNO coordinates with the City Health Office, City Social Welfare and Development Office, Local Youth Development Office, Sangguniang Kabataan, the Department of Education and other relevant offices to achieve this purpose. For such the following shall be undertaken:

- i. Develop information, education and communication (IEC) materials that will raise awareness on teenage pregnancy and its lifelong consequences.
- ii. Contribute to the creation of a Local Comprehensive Sexuality Education curriculum to develop among adolescent students the awareness and sense of responsibility in terms of their reproductive health.
- iii. Conduct seminars and advocacy talks not only to the adolescent and youth but also to their parents as major stakeholders.
- iv. Establish communication platforms to respond to general inquiries and other public concerns pertaining to reproductive health and its programs and services.
- v. Organize and capacitate youth groups to spearhead awareness campaign and create Social Behavior Change (SBC) projects.

**SECTION 6.2** The Department of Education is enjoined to make sure that messaging and information on sexuality education shall be made compulsorily carried in local education messaging and must be integrated in all levels for the purpose of normalizing talks of sexuality and reproductive health as well as taking out the stigma when these topics are discussed.

**SECTION 6.3** The materials to be developed must be evidence-based, medically-accurate, rights-based, culturally-nuanced and non-discriminatory towards adolescents of sexual orientations, gender identities and gender expressions.

**SECTION 6.4** A regular review and update of CSE materials should be made to ensure that pressing issues are adequately covered such as gender sensitivity, sexual consent, reproductive health choices and responsibilities, sexually transmitted diseases including HIV/AIDS. These materials should also complement the Responsible Parenthood and Reproductive Law.

**SECTION 7. INFORMATION AND SERVICE DELIVERY NETWORK.** The Information Service Delivery Network (ISDN) for adolescent health shall be established which would reinforce, integrate and harmonize existing services and program interventions in the city.

**SECTION 7.1** The City Population and Nutrition Office is tasked to gather and convene different stakeholders who provide education and services on AYSRH to form the ISDN. An effective and collaborative referral system among stakeholders shall be established and implemented.

**SECTION 7.2** The ISDN shall ensure that health services to be provided are tailor-fit to the particular needs and sensitive to human rights of all adolescents to enable them to deal with their reproductive health and sexuality in a positive and responsible way.

**SECTION 7.3** The CPNO shall be responsible in disseminating guidelines and providing training as needed for implementers to ensure a harmonized understanding of AYSRH including policies and practices promoting it.

**SECTION 7.4** The ISDN, led by the CPNO, shall perform the following tasks:

- i. Identify and map the various factors contributing to early pregnancies among adolescents at the local level.
- ii. Identify, harmonize, coordinate and implement local level interventions to address various issues related to adolescent pregnancies.
- iii. Capacitate stakeholders in collaboration with relevant government agencies to ensure quality information and services
- iv. Generate and share resources in the implementation of specific plans and services
- v. Monitor and evaluate the effectiveness of the referral systems and other interagency efforts and interventions.

**SECTION 7.5** The ISDN shall ensure that the following services are provided:

**SECTION 7.5.1** General Health Care

- i. Check-up and diagnostic services
- ii. Dental care

- iii. Tuberculosis, malaria and other endemic diseases
- iv. Injuries and accidents
- v. Proper nutrition and health lifestyle education and services
- vi. Mental health services, including information and services to respond to substance use and abuse
- vii. Hygiene services

**SECTION 7.5.2 Adolescent Sexual and Reproductive Health Care Services**

- i. Comprehensive sexuality education in schools and communities for adolescents and concerned adults (e.g. parents, teachers, service providers, etc)
- ii. Family planning information and services
- iii. Sexually transmitted infections testing and counseling and treatment
- iv. Voluntary HIV/AIDS testing, counseling and treatment
- v. Maternal health care services (e.g. pregnancy care and facility- based delivery)
- vi. Management of post-abortion complications
- vii. Management of physical and sexual violence

**SECTION 7.5.3 Social Welfare Services**

- i. Foster care or substitute family care
- ii. Management of physical and sexual violence
- iii. Psychological care and counseling
- iv. Protective services for adolescents in need
- v. Day care service for working adolescents with children
- vi. Adoption services
- vii. Personality enhancement and positive lifestyle education
- viii. Socio-cultural, spiritual and physical development
- ix. Peer-support

**SECTION 7.5.4 Other Socio-Economic Development Services**

- i. Employment and livelihood assistance and services
- ii. Pre-employment orientation and counseling
- iii. Career planning and professional development services
- iv. Educational services, including technical and vocational training and education and scholarships

**SECTION 7.5.5 Youth Involvement and Participation in Community and Local Governance**

- i. Leadership skills development
- ii. Citizenship and social responsibility skills development
- iii. Volunteerism and engagement in social and

community development activities

- iv. Involvement in youth governing or leadership groups

**SECTION 8. ADOLESCENT-FRIENDLY HEALTH FACILITIES.** All local health facilities shall be improved to become an adolescent-friendly facility. There shall be an exclusive schedule for adolescents with corresponding services available. The service providers ensure confidential, nonjudgmental, stigma-free and gender-responsive health services.

**SECTION 8.1** Linkages and referral systems shall be established between the barangay health facilities and educational institutions to bridge information and access to ASRH services for in-school adolescents.

**SECTION 8.2** Out-of-school youth (OSY) and other groups should be included in the education and awareness campaign to be handled by the respective barangay. A community peer educator could be assigned to advocate on ASRH and inform on how to effectively access services.

**SECTION 8.3 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.

**SECTION 8.3.1 Comprehensive Empowerment Program for Adolescent Parents.** The Comprehensive Empowerment Program for Adolescent Parents (CEPAP) shall be designed and implemented to include, but not limited to, the following services:

- i. Maternal services including pre-natal, ante-natal and post-natal check and facility-based delivery
- ii. Post-natal family planning counseling and services for either or both adolescent parents;
- iii. Personal PhilHealth coverage making mandatory enrolment and membership of indigent adolescent mothers
- iv. Continuing CSE for adolescent parents
- v. Couples counseling on parenting and positive discipline
- vi. Mental health and psychosocial support services

**SECTION 8.4 Social Protection for Cases of Sexual Violence.** Expectant and current mothers whose pregnancies are the result of sexual violence shall be given access and support to legal, medical and psychosocial services. The capacities of the health facilities are reinforced in providing comprehensive care for adolescents in case of sexual violence.

**SECTION 8.4.1** Concerned service providers must ensure utmost confidentiality in handling cases of sexual exploitation and abuse. Guidelines



to ensure confidentiality and safety, as well as tools for spotting sexual exploitation and abuse of adolescents should be put in place. A referral system will be established to ensure that identified sexual abuse and exploitation survivors are assisted and properly handled with reference to existing ordinances of the City.

**SECTION 8.5 Social Protection in Emergency and Crisis Situations.**

Together with the ISDN, an efficient delivery of ASRH services to vulnerable adolescents and pregnant girls must be established. 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 through appropriate channels. To further ensure this, SRH specific content and safeguards must be incorporated in the City's Disaster Risk Reduction and Management Plan.

**CHAPTER 2. FAMILY SUPPORT PROGRAM**

**SECTION 9. PARENT SUPPORT PROGRAM.** The Parent Support Program (PSP) will be designed to help especially the parents to be more equipped with the knowledge and skills in assisting and providing parental support to their adolescent children in their important stage of development. It will assist the parents to come up with the proper attitude towards parenting and communicating with their adolescent children especially in helping them cope and understand their issues and concerns pertaining to adolescent health and sexuality. The involvement of parents through formal school settings is called for under the Department of Education's Teacher-Child-Parent activities to educate parents on adolescent reproductive health. For parents of the out-of-school youth, the barangay implements the same program to reach out to these parents and provide the same education and support.

**CHAPTER 3. CAPABILITY BUILDING OF SERVICE PROVIDERS**

**SECTION 10.** All service providers shall be trained on providing adolescent-friendly and responsive information and services pertaining to reproductive health. Adolescent sexuality and reproductive health approaches must be integrated in the training of Barangay Health Workers (BHWs), Barangay Service Point Officers and other front-line health care providers and social workers.

**SECTION 10.1** The said training shall include topics such as, but not limited to, consent, adolescent sexual and reproductive health, effective contraception use, disease prevention, HIV/AIDS and more common STIs, hygiene, healthy lifestyles and prevention of gender and sexual violence.

**SECTION 10.2** Capability building is extended to parents and teachers to respond to Section 5.1 iii of this ordinance. Schools shall conduct seminars and trainings for the parents of their students and teachers on ASRH to assist

the adolescents in preventing unintended pregnancies.

**CHAPTER 4. THE CITY ADOLESCENT AND YOUTH REPRODUCTIVE AND SEXUAL HEALTH COUNCIL**

**SECTION 11. The CITY ADOLESCENT AND YOUTH REPRODUCTIVE AND SEXUAL HEALTH COUNCIL (CAYSRHC).** The CAYSRHC shall be created to function as the Advisory Body and shall coordinate the planning, implementation, monitoring and evaluation of the ordinance.

**SECTION 11.1** The City Adolescent and Youth Reproductive and Sexual Health Council shall be composed of the following:

Chairperson: City Mayor  
Co-Chairperson: Chair, Sangguniang Panlungsod Committee on Health

Members:

Chair, Sangguniang Panlungsod Committee on Children and Family

Chair, Sangguniang Panlungsod Committee on Women

Chair, Sangguniang Panlungsod Committee on Youth and Sports Development

Chair, Sangguniang Kabataan Federation

City Population and Nutrition Officer

Representatives from

Liga ng mga Barangay

City Health Office

City Social Welfare and Development Office

City Planning and Development Office

City Youth Development Office

City Disaster Risk Reduction & Management Office

Department of Education

Naga City Council for Women

Naga City People's Council

**SECTION 11.2 Function and Responsibilities of the City Adolescent and Youth Reproductive and Sexual Health Council (CAYSRHC).** – The CAYSRH shall function as the central advisory, planning and policy making body for the comprehensive implementation of the ordinance. It shall have the following responsibilities:

- a. Formulate an integrative policy and program on adolescent reproductive health care which shall be implemented in all government and private health and educational institutions such as hospitals, barangay health unit, schools and other health and educational facilities managed by the private sector, non-government organizations, religious group and other civil society organizations;

- b. Recommend the enactment of legislations and adoption of measures that will facilitate the comprehensive and integrated implementation of the reproductive health care program;
- c. Oversee the strengthening of capacities of health facilities, regulatory agencies, service providers to ensure safe, high quality, accessible, and affordable reproductive health services and commodities;
- d. Promote the involvement and participation of various stakeholders and facilitate provision of technical support to NGOs in reproductive health care and services delivery, and in the production, distribution and delivery of high quality reproductive health and family planning supplies and commodities to make them accessible and affordable to ordinary citizens;
- e. Conduct periodic monitoring and evaluation of the delivery of services and pool pertinent and readily-available data from stakeholders to aid in decision-making and further improving the program;
- f. Coordinate and monitor the full implementation of the Reproductive Health Care Program;
- g. Perform other functions necessary to attain the purpose of the ordinance.

**SECTION 11.3** The City Adolescent and Youth Reproductive and Sexual Health Council must be established within six (6) months upon the effectivity of this ordinance with respect to appropriate local government capacity.

**SECTION 11.4** Meetings – The CAYSRH shall meet once every quarter or as often as necessary at a schedule to be determined by the Council.

#### **CHAPTER 5. FINAL PROVISIONS**

**SECTION 12. FUNDING.** The local government shall provide additional and necessary funding and other necessary assistance for the effective implementation of this ordinance.

**SECTION 13. REPEALING CLAUSE.** All ordinances, resolutions, memorandum circulars, rules and regulations inconsistent with the provisions of this Code are hereby repealed or modified accordingly.

**SECTION 14. SEPARABILITY CLAUSE.** If for any reason any section or provision of this Ordinance is declared unconstitutional or invalid, the other sections or provisions hereof which are not affected thereby shall continue to be in full force and effect.

**SECTION 15. EFFECTIVITY.** This Ordinance shall take effect fifteen days from its publication in a newspaper of general circulation.