

Empowering Pinoy Adolescents

COMPREHENSIVE ACTION PLAN TO PREVENT ADOLESCENT PREGNANCIES IN THE PHILIPPINES

2021-2024

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ACRONYMS

ACEF	Agricultural Competitiveness Enhancement Fund
ADEPT	Adolescent Health Education and Practical Training
AFHF	Adolescent-Friendly Health Facilities
AHD	Adolescent Health and Development
AIDS	Acquired Immunodeficiency Syndrome
AIP	Annual Investment Program
AJA	Adolescent Job Aid
ALS	Alternative Learning System
APIS	Annual Poverty Indicator Survey
ARH	Adolescent Reproductive Health
ART	Antiretroviral Therapy
ASFR	Age Specific Fertility Rates
ASRH	Adolescent Sexual and Reproductive Health
BARMM	Bangsamoro Autonomous Region in Muslim Mindanao
BEMONC	Basic Emergency Obstetric And Newborn Care
BHW	Barangay Health Worker
CEMONC	Comprehensive Emergency Obstetric and Newborn Care
CGHEY	Comprehensive Gender and Health Education for Youth
COVID-19	Coronavirus Disease 2019
CPR	Contraceptive Prevalence Rate
CRVS	Civil Registration and Vital Statistics
CSE	Comprehensive Sexuality Education
CIP	Costed Implementation Plan
CSO	Civil Society Organization
CWC	Council for the Welfare of Children

CYDC	City Youth Development Council
DA	Department of Agriculture
DATBED	DOST Academe Technology-Based Enterprise Development
DBM	Department of Budget and Management
DepED	Department of Education
DILP	DOLE Integrated Livelihood Program
DILG	Department of the Interior and Local Government
DILG-LGA	Department of the Interior and Local Government- Local Government Academy
DOH	Department of Health
DOLE	Department of Labor and Employment
DOST	Department of Science and Technology
DOST-NRCP	Department of Science and Technology - National Research Council of the Philippines
DSWD	Department of Social Welfare and Development
DTP	Devolution Transition Plan
FP	Family Planning
FHSIS	Field Health Services Information System
GAD	Gender and Development
GIP	Government Internship Program
GIDA	Geographically Isolated and Disadvantaged Areas
HAPE	HIV/AIDS Prevention Education
HDPRCC	Human Development and Poverty Reduction Cabinet Cluster
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
INGO	International Non-Government Organization
ISDN	Information and Service Delivery Network

IT-BPM	Information Technology-Business Process Management
KADA	Key Assistance for Developing Adolescent Network
KAYA	Kapital Access for Young Agripreneurs
KEGs	Key Employment Generators
KK	Katipunan ng Kabataan
LGA	Local Government Academy
LGU	Local Government Unit
LYDC	Local Youth Development Council
LYDP	Local Youth Development Plan
M&E	Monitoring and Evaluation
MAYA	Mentoring and Attracting Youth in Agribusiness
MNCAHN	Maternal, Newborn, Child, and Adolescent Health and Nutrition
MMR	Maternal Mortality Ratio
MYDC	Municipal Youth Development Council
NAPC	National Anti-Poverty Commission
NCIP	National Commission on Indigenous Peoples
NCDA	National Council on Disability Affairs
NIAC-VAWC	National Inter-Agency Committee - Violence Against Women and Children
NEDA	National Economic and Development Authority
NDHS	National Demographic and Health Survey
NYAS	National Youth Assessment Study
NYC	National Youth Commission
OSCY	Out-of-School Children and Youth
PCB	Program Convergence Budgeting
PCUP	Presidential Commission for the Urban Poor
PCW	Philippine Commission on Women

PDP	Philippine Development Plan
PESFA	Private Education Student Fund Assistance
PNP	Philippine National Police
PO	People's Organization
POPCOM	Commission on Population and Development
PPAEVAC	Philippine Plan of Action to End Violence Against Children
PSA	Philippine Statistics Authority
PTAs	Parent-Teachers Associations
PYDC	Provincial Youth Development Council
PYDP	Philippine Youth Development Plan
PYP	Program for Young Parents
RH	Reproductive Health
RP-FP	Responsible Parenthood and Family Planning
RPRH	Responsible Parenthood and Reproductive Health
SBCC	Social and Behavior Change Communication
SDC	Social Development Committee
SHAPE-A	Sexuality Healthy and Personally Empowered Adolescents
SK	Sangguniang Kabataan
SPED	Special Education
SRH	Sexual and Reproductive Health
SSEAYP	Ship for Southeast Asian and Youth Program
STEP	Special Training for Employment Program
STI	Sexually Transmitted Infection
TCI	The Challenge Initiative
TESDA	Technical Education and Skills Development Authority
TVET	Technical-Vocational Education and Training

TWSP	Training for Work Scholarship
UPPI	University of the Philippines Population Institute
UNESCO	United Nations Educational , Scientific and Cultural Organization
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
U4U	Youth for Youth Initiative
VAW	Violence Against Women
VAWC	Violence Against Women and Children
WCPU	Women and Children Protection Unit
WHO	World Health Organization
YAFS	Young Adult Fertility and Sexuality Study
YDS	Youth Development Session
YLGP	Youth Leadership and Governance Programme
YORP	Youth Organization Registration Program
TAYO	Ten Accomplished Youth Organizations
ZFF	Zuellig Family Foundation

EXECUTIVE SUMMARY

The youth are not only the foundation of the country's future but also as a significant contributor to its current development. Growing-up and thriving in an environment of dynamic change, the youth are exposed to various kinds of threats against their capacity to grow, learn and attain their wellbeing and aspirations. One of these threats is the prevalence of early pregnancies.

Based on the registered births in the civil registry and vital statistics in 2019, about 435 babies were born to mothers aged 10-19 every day. A more disturbing reality is the increasing trend in the number of births among very young mothers aged 10-14 years old. From its 2008 level, the live births among very young adolescents, who are still considered as children, doubled in 2018. The 2017 National Demographic and Health Survey (NDHS) also recorded about 8.6 percent of adolescent girls aged 15-19 years who have begun childbearing.

Cognizant of this situation, President Rodrigo Roa Duterte issued **Executive Order No. 141** (June 25, 2021), which declared as a national priority the implementation of measures addressing the root causes of the increasing number of adolescent pregnancies. The Order specifically mandated the whole of the government to mobilize existing coordinative and legal mechanisms related to the prevention of adolescent pregnancies and to strengthen the capacity of the adolescents to make autonomous and informed decisions about their reproductive and sexual health.

Roadmap to address teen pregnancy

Pursuant to EO 141, this Action Plan provides the roadmap or direction of the government's response to the various factors associated with the high level of adolescent pregnancy in the country.

Specifically, this Action Plan provides an in-depth discussion of the latest situation and the various interconnected factors or causes of adolescent pregnancies in the Philippines in the first Section. Section II provides and explains the strategic direction and key results areas that aims to organize collective actions to address the identified causes of adolescent pregnancies. Section III discusses the specific key actions and strategies to be pursued. Section IV describes the overall coordinative, collaborative and implementing mechanisms to be implemented to ensure the effective implementation of this Action Plan. Finally, Section V discusses the overall monitoring and evaluation mechanism to measure performance and levels of success in attaining the strategic direction set in the Plan.

Overall Expected Results and Strategic Framework

The Plan shows a Results and Strategic Framework that is anchored on ensuring well-informed, empowered, healthy and responsible adolescents.

It recognizes that to achieve the 2025 vision for Pinoy adolescents, the identified Key Strategic Areas shall be pursued to address effectively the complex and interrelated factors of adolescent pregnancy in the Philippines.

Key Strategic Areas

The Action plan discussed the Key Strategic Areas objectives and strategic actions, and scaling-up existing program and activities led by concerned government agencies and other institutions:

- 1. Comprehensive Sexuality Education (CSE).** CSE initiatives shall include learning and communication strategies and activities that provide comprehensive information and skills about cognitive, physical, emotional and social aspects of human sexuality through scientific, age and development-appropriate, culturally and gender-responsive and rights-based approaches. It shall cover in-school (e.g., curriculum-based) and out-of-school or community-based approaches for adolescents and adults who have influence over the attitude and behaviors of youth people (e.g., parents, service providers, local officials, and other adult groups).
- 2. Adolescent sexual and reproductive health (ASRH) and other social services.** Access to ASRH and other social services shall be strengthened to enable adolescents to prevent pregnancies and other concomitant reproductive health issues such as sexually transmitted infections and other gynecological diseases. A wide range of family planning methods shall be made available for sexually active adolescents and young mothers and fathers to enable them to focus or continue with their education and economic activities.
- 3. Preventive and protective services and measures against sexual abuse and exploitation.** To prevent and protect adolescents from sexual abuse and exploitation, a network of relevant services shall be provided to actual and potential victims of sexual abuse. These services shall be strengthened and provided through the existing service network (e.g., VAWC network and information and service delivery network for adolescent health and development). The package of support services shall include legal assistance, health services, and psychosocial interventions).
- 4. Socioeconomic interventions.** These key actions shall include those that improve the socioeconomic capacities and conditions of adolescents in various circumstances. It aims to address intergenerational poverty by enabling adolescents to channel their energies to productive activities (e.g., education and employment) and/or to mitigate the economic shock of unintended pregnancies.
- 5. Youth development and participation.** Youth development initiatives shall be implemented to create an enabling environment for young people to develop social, ethical, emotional, physical, and cognitive competencies. It shall also promote approaches to improve youth leadership and participation in the development of

programs, strategies and activities that can help them achieve their aspirations and potentials.

Collaborative and Implementing Mechanism

Section 7 of EO 141 mandated the Human Development and Poverty Reduction Cabinet Cluster (HDPRCC) to provide overall coordination among all government agencies and instrumentalities and to monitor the implementation of interventions at all levels.

Moreover, EO 141 also mandates all members of the HDPR Cabinet Cluster (i.e, DSWD, DILG, DepEd, DOH, TESDA, NEDA) as well as NYC, PCW, POPCOM and other government agencies to extend all assistance necessary to enable SKs to implement program, activities and project within their localities.

Core Technical Working Group (TWG). To facilitate the preparation and coordination of this Action Plan, a core TWG was organized to include the following agencies:

1. Department of Health (DOH)
2. Department of Social Welfare and Development (DSWD);
3. National Economic and Development Authority (NEDA);
4. Department of Education (DepEd);
5. Technical Education and Skills Development Authority (TESDA);
6. National Youth Commission (NYC);
7. Commission on Population and Development (POPCOM);
8. Philippine Commission on Women (PCW);
9. Council for the Welfare of Children (CWC); and
10. National Anti-Poverty Commission (NAPC).

Monitoring and Evaluation Framework

The Monitoring and Evaluation Framework of the action plan, shall serve as guide in the effective planning and implementation of relevant initiatives, and shall provide various key indicators at various levels of expected results.

It discussed the overall Theory of Change, wherein the implementation of the Key Strategies will result to desired behaviors among young people, specifically: (1) Delayed sexual activities; (2) Increased use of contraceptives; (3) Reduced incidence of sexual abuse; (4) Reduced non-sexual risk behaviors; (5) Increased ASRH service utilization; and (6) Increased participation in development. These will significantly contribute to the attainment of well-informed, empowered, healthy and responsible adolescents in the country.

INTRODUCTION

The youth are not only the foundation of the country's future but also as a significant contributor to its current development. They comprise an important human resource that can propel sustainable development given an enabling environment in which they can achieve their full potential.

The Filipino youth today, however, share the same challenges with the young people around the world. Growing-up and thriving in an environment of dynamic change, they are also exposed to various kinds of threats against their capacity to grow, learn and attain their wellbeing and aspirations. One of these threats is the prevalence of early pregnancies.

Based on the registered births in the civil registry and vital statistics in 2019, about 435 babies were born to mothers aged 10-19 every day. A more disturbing reality is the increasing trend in the number of births among very young mothers aged 10-14 years old. From its 2008 level, the live births among very young adolescents, who are still considered as children, doubled in 2018. The 2017 National Demographic and Health Survey (NDHS) also recorded about 8.6 percent of adolescent girls aged 15-19 years who have begun childbearing.

Early pregnancy threatens not only the health and other wellbeing conditions of the young mothers during the pregnancy but also that of their children after they are born. Young mothers and their children, regardless of their socioeconomic status, are vulnerable to poor health and maternal and infant and child deaths. Without a supportive and enabling family or environment, poor girls who get pregnant are more prone to various social vulnerabilities and exclusion which can drive intergenerational poverty among concerned adolescents and their families. Moreover, social exclusion is more pronounced among young mothers because of their being minors who lack personal legal control over their person, decisions and actions. With early exposure to childbearing, adolescents who have given birth are likewise expected to have more children, contributing to the overall fertility level in the country. Early pregnancy also leads adolescents to less educational attainment, poor health, unemployment and poverty, among others.

Pregnancies among adolescents especially among the younger girls are of great concern since such pregnancies are associated with a range of adverse consequences not only for the mother but for her child as well, especially when the mother is still a child herself. Its multidimensional and intersectoral implications is indeed a national development concern that calls for all concerned government agencies and other stakeholders to collectively take appropriate actions to prevent and reduce this disturbing phenomenon among adolescents.

Teenage Pregnancy as an Urgent National Priority

Recognizing the importance of addressing adolescent pregnancies, in August 2019, the Department of Education (DepEd), Department of Health (DOH), National Economic and Development Authority and the Commission on Population and Development conducted a Summit to address the issue of early pregnancy. Dubbed as “Kapit Kamay: Empowering the Youth to Make Informed Choices, the Summit aimed to put forth the issue of addressing teen pregnancy on a national level. The summit expressed the resounding call to declare adolescent pregnancies as a national social emergency to generate urgent attention and actions among concerned government and non-government agencies. The call also highlighted the need for a whole-of-government and whole-of-society approach in rapidly addressing the issue of adolescent pregnancy in the country.

Heeding the call, President Rodrigo Roa Duterte issued **Executive Order No. 141** (June 25, 2021), which declared as a national priority the implementation of measures addressing the root causes of the increasing number of adolescent pregnancies. The Order specifically mandated the whole of the government to mobilize existing coordinative and legal mechanisms related to the prevention of adolescent pregnancies and to strengthen the capacity of the adolescents to make autonomous and informed decisions about their reproductive and sexual health. The Order mandated the Human Development and Poverty Reduction (HDPR) Cabinet Cluster to serve as the overall coordinator among all government agencies and instrumentalities for the implementation of the provisions of such executive policy. Moreover, the EO likewise mandated the Commission on Population and Development (POPCOM) to consolidate the different initiatives of all government agencies and institutions into a Consolidated Action Plan towards the Prevention of Adolescent Pregnancies.

Comprehensive Action Plan for the Prevention of Adolescent Pregnancies

Pursuant to EO 141, this Action Plan provides the roadmap or direction of the government’s response to the various factors associated with the high level of adolescent pregnancy in the country. It identifies and discusses the interrelated causes or determinants of early pregnancies and the multidimensional interventions and strategies that will be undertaken to address these facilitating factors. It also draws the coordinative and implementing mechanism among concerned government and non-government institutions and stakeholders.

The Action Plan was formulated through a participatory and consultative process among government agencies and other stakeholders through consultation meetings and workshops. Relevant literature, studies, researches and other administrative documents from government agencies were also requested, reviewed and integrated in this Action Plan.

Purpose and Potential Use of the Action Plan

This Action Plan aims to provide an overall picture of the strategic direction the whole-of-government shall pursue to address the various causes of adolescent pregnancies. It spells out the strategic framework consisting of the various issues and determinants to be addressed and the corresponding interventions in the form of programs, policies, and activities that are being implemented and to be strengthened as well as new strategies that can be developed and designed to make the whole-of-government and whole-of-nation approach more holistic and integrated.

This Action Plan aims to guide collaborative and integrated action among national government agencies, local government units, CSOs, development partners, the private sector and other stakeholders. It adopts a shared vision, direction and minimum strategic framework to which all institutional players shall commit and contribute.

Operationally, this Action Plan provides a broad statement and description of strategies and actions that can be implemented at specific levels of governance and geographies. As such, it can also serve as an overall menu of strategic actions that can be adopted, modified, strengthened and/or scaled-up. It does not, however, provide specific details on how these strategies can be implemented. The detailed information including the tools and other relevant materials necessary for its implementation shall be provided in an online portal that can be accessed by all stakeholders.

This Action Plan shall be periodically reviewed through the monitoring and evaluation framework provided in Section VII. The M&E results shall provide inputs to the updating, alignment and enhancement of this Plan.

Contents of the Action Plan

Specifically, this Action Plan provides an in-depth discussion of the latest situation and the various interconnected factors or causes of adolescent pregnancies in the Philippines in the first Section. Section II provides and explains the strategic direction and key results areas that aims to organize collective actions to address the identified causes of adolescent pregnancies. Section III discusses the specific key actions and strategies to be pursued. Section IV describes the overall coordinative, collaborative and implementing mechanisms to be implemented to ensure the effective implementation of this Action Plan. Finally, Section V discusses the overall monitoring and evaluation mechanism to measure performance and levels of success in attaining the strategic direction set in the Plan.

Section I

UNDERSTANDING THE SITUATION AND ROOT CAUSES OF ADOLESCENT PREGNANCY IN THE PHILIPPINES

A. Adolescent pregnancy as a development concern

Adolescents (10-19 years old) in the Philippines comprise about 10.5 percent or more than 10 million of the country's total population in 2015 (2015 Population Census, PSA). With such numbers, their positive contribution to the development of the nation is crucial, hence, their welfare and wellbeing is a paramount concern for development today and in the future. While many adolescents are thriving positively in realizing their aspirations and potentials, many young people are exposed and vulnerable to various risks and threats within their environment.

Early pregnancy is becoming one of the major risks and barriers to the development of adolescents in today's context. This issue significantly affects the present and future wellbeing of adolescents because of its life-long and extensive consequences on individuals, family and the community at large. It significantly affects the health, mental, psychological, cognitive and other facets of adolescent's growth and development.

Health Risks. Studies have shown that adolescent mothers are more likely to experience adverse pregnancy outcomes. They have an increased risk of premature labor and complications during and after delivery, leading to high morbidity and mortality among young mothers and their children. Adolescent pregnancy has been associated with other medical problems including poor maternal weight gain, prematurity (birth at <37 weeks' gestation), pregnancy-induced hypertension, anemia, and STIs. Approximately 14% of infants born to adolescents 17 years or younger are preterm versus 6% for women 25 to 29 years of age. Young adolescent mothers (14 years and younger) are more likely than other age groups to give birth to underweight infants, and this is more pronounced among poor adolescents (Klein, 2005). The World Health Organization reported in 2015 an estimated 1,213,067 adolescents aged 10-19 years who died worldwide.

In the Philippines, children born to adolescent mothers are more likely to die compared to children of older mothers. The rate of preterm births is also higher for mothers below age 20 than those age 20-34. Adolescents aged 10-19 are 2-4x more likely to deliver extremely low birth weight babies.

Social Discrimination and Exclusion. Adolescents who are pregnant and already mothers, especially the unmarried mothers are likewise exposed to negative social consequences including their rejection from the family, friends, and community. They usually drop out from school and may be ridiculed by the community, which could, in turn, affect their psychological wellbeing and that of their child. Despite the more liberal perception on sexuality in the country, there is still a prevailing stigma within the existing cultural context of the Philippines against out-of-wedlock pregnancies particularly among

children and adolescents. This conservative and judgmental outlook, sometimes among service providers, hinders pregnant adolescents to seek and access appropriate information and services.

Risks on Educational Status. Early pregnancy significantly disrupts the capacity of adolescents to pursue their education. The 2017 Annual Poverty Indicator Survey (APIS) of the Philippine Statistics Authority (PSA) recorded about 9.1 percent of out-of-school children and youth (OSCY) from among 39,214,000 family members who are 6 to 24 years old. The highest proportion of OSCY were among 16 to 24 years old. Moreover, there were more girls (63%) than boys (37%) who were OSCY in 2017. In the same survey, a large proportion (57%) girls expressed marriage and family matters which include pregnancies as the main reason for them dropping out from school.

Table 1. Percentage of OSCY among family members 6-24 years old, by age group and sex, 2017

Characteristic	No. of family members 6-24 years old ('000)	Percentage of OSCY among family members (%)	Proportion of OSCY (within sex and age group) (%)
Both Sexes	39,214	9.1	100
Male	20,080	6.5	36.7
Female	19,134	11.8	63.3
Age Groups			
6 to 11	12,832	1.6	5.7
12 to 15	8,507	4.7	11.2
16 to 24	17,875	16.6	83.1

Source: Philippine Statistics Authority, 2017 Annual Poverty Indicators Survey

Economic Loss. With low educational attainment and skills necessary for employment and economic opportunities, adolescent mothers and fathers are prone to have poor socioeconomic conditions. A study commissioned by the UNFPA-Philippines found that some P33 billion in potential lifetime income for teenage girls is lost due to early pregnancy. This is equivalent to 1.1 per cent of the Philippines’ gross domestic product in 2012.

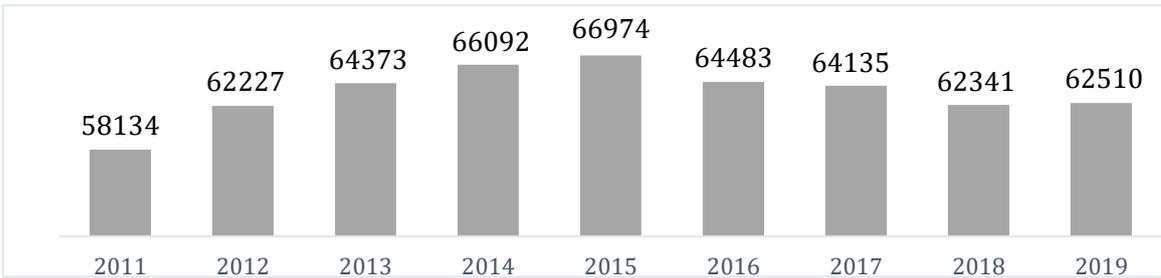
Using 2012 and 2013 data from several surveys of the Philippine Statistics Authority (PSA), it was estimated that a teenage girl who gets pregnant and does not finish high school may potentially lose earnings up to P83,000 a year when she gets paid for work at age 20. This is about 87 per cent of the potential annual income of a 20-year-old woman who completed her high school education and did not get pregnant in her teen years.

Demographic Impact. Early exposure to childbearing usually increases the fertility level among women. Early initiation to childbearing is a key determinant of a large family size as this lengthens the reproductive period of women leading to higher fertility. With longer exposure to reproduction, the population continues to grow rapidly resulting in a high proportion of young dependents and the need for more health and nutrition services for infants and children.

B. Level and Trends of Adolescent Pregnancy

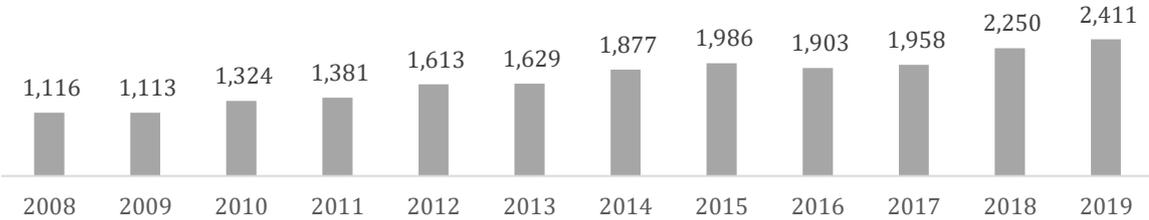
Based on the 2017 National Demographic and Health Survey (NDHS), the Philippines has an adolescent fertility rate of 47 children per 1,000 women belonging to the age group 15-19. The World Bank also recorded an adolescent fertility rate of 55 births per 1,000 women. This positions the country in the second highest among countries in Southeast Asia in 2019 – second only to Laos (64). The Philippines also ranks as the second highest in terms of the percentage of adolescents aged 15-19 who have begun childbearing at 6 percent in 2017 (2017, NDHS).

Figure 1. Number of live births among adolescent girls who are minors (10-17), 2011-2019



Source: PSA, Civil Registry and Vital Statistics

Figure 2. Number of Live Births from Mothers Age 10-14: Philippines, 2008-2018



Source: Civil Registration and Vital Statistics, Philippine Statistics Authority

Based on the registered births (PSA, 2019 Civil Registry and Vital Statistics), about 496 babies were born to Filipino adolescent mothers every day or a total of 67,082 live births in 2019 (Figure 1). While the births among adolescents (10-19) is generally decreasing up to 2019, live births among girls who are minors (less than 18 years old) remains high at 62,510 or 171 every day, an increase from the numbers in 2018 (Figure 2). More disturbing reality points to the steadily increasing number of births among very young mothers age 10-14 years old (Figure 2) particularly in recent years since 2016. A total of 2,411 live births among the very young adolescents were reported in 2019, more than double from the data in 2008.

The incidence of childbearing among adolescents is also selective of girls with lower educational attainment and wealth status (Table 2). The proportion of adolescent girls

who have begun childbearing is highest among those who had elementary education (Grades 1-6) at about 32 percent and those who belong to the lowest quintile at approximately 15 percent.

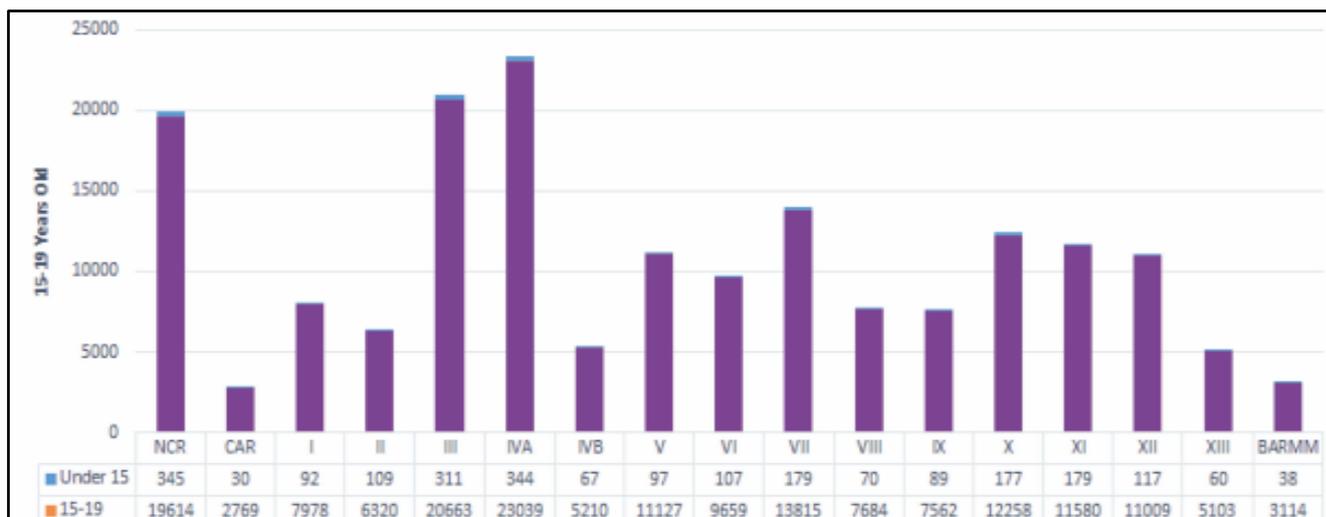
Table 2. Percentage of women age 15-19 who have begun childbearing, according to background characteristics: Philippines, 2017

Background Characteristics	% who have begun childbearing
Residence	
Urban	6.8
Rural	10.1
Region	
NCR	5.6
CAR	3.5
I - Ilocos Region	13.2
II - Cagayan Valley	7.8
III - Central Luzon	8.9
IVA - CALABARZON	9.2
IVB - MIMAROPA	10.3
V - Bicol	4.4
VI - Western Visayas	5.3
VII - Central Visayas	7.4
VIII - Eastern Visayas	6.9
IX - Zamboanga Peninsula	7.5
X - Northern Mindanao	14.7
XI - Davao	17.9
XII - SOCCSKSARGEN	14.5
XIII - Caraga	8.2
ARMM	8.5
Education	
Grades 1-6	31.8
Grades 7-10	9.1
Grade 11	2.6
Post-secondary	(4.8)
College	4.4
Wealth quintile	
Lowest	14.8
Second	9.9
Middle	11.1
Fourth	5.0
Highest	3.2
Total	8.6

Source: 2017 National Demographic & Health Survey (NDHS), PSA & ICF

Geographic Distribution of Livebirths among Adolescents. Table 1 also shows a higher proportion of females aged 15-19 years who have begun childbearing in rural areas (10.1%) than in urban areas (6.8%) based on the 2017 NDHS. The regions in Mindanao, namely, Davao Region (17.9%), Northern Mindanao (14.7%) and SOCCSKSARGEN (14.5%) had the highest proportion of adolescent girls who were already mothers.

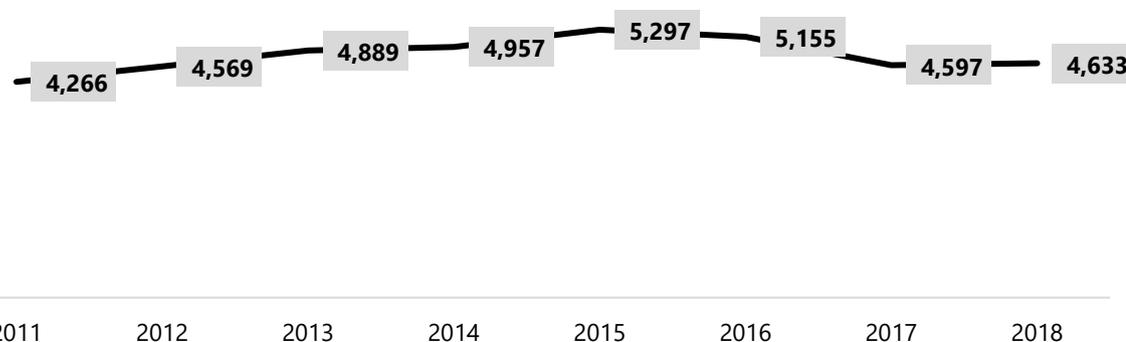
Figure 3. Number of registered live births born to adolescents, by age and region, 2019



Source: Philippine Statistics Authority, Civil Registration and Vital Statistics System

Based on the CRVS data in 2019, the three mega-regions having the highest number of adolescents also had the highest number of live births born to adolescent girls (Figure 3). The region of CALABARZON had 24,108, Central Luzon with 21,416), and NCR with 20,613. Moreover, the latest statistics from the Field Health Services Information System (FHSIS, 2019) of the Department of Health (DOH) reported the highest number of childbirths among adolescent girls in Region XI (13,758), Region XII (10,612), and Region III (10,322).

Figure 4. Number of Repeat Pregnancies (Second Pregnancy) among 10-17 Girls: Philippines, 2011-2018



Source: Civil Registration and Vital Statistics, Philippine Statistics Authority

Repeat Pregnancies among Adolescents. Based on existing literature and established trends, early exposure to fertility or pregnancy usually results in a higher level of fertility. The CRVS data indicates this pattern as repeat and multiple childbirth events among mothers below 18 years old (10-17 age group) have been recorded. As shown in Figure 4, data from 2011 to 2018 showed a generally increasing pattern in the number of repeat pregnancies (second pregnancy) among adolescent mothers who are minors. A significant decline was recorded from 2015 to 2017 but increased once more in 2018.

C. Factors Associated with Adolescent Pregnancies

Figure 5 illustrates the various factors associated with adolescent pregnancy. Adolescent pregnancy is directly caused by unprotected sexual activities. Generally, adolescents engage in sexual activities intentionally or forced because of various factors including those from the individuals and institutions where they belong including family, peers, community and the media.

1. Unprotected sexual activities

Consensual sexual activities. Most adolescents have not ever engaged in sexual activities. However, the latest data from the Young Adult Fertility and Sexuality Study (YAFSS, 2013) revealed an increasing proportion of young Filipinos who have sexual initiation before the age of 18, from 16 percent in 2002 to 24 percent in 2013. Same study also revealed that more adolescent girls have engaged into early sexual activities with 24 percent in 2013 from 12 percent in 2002, narrowing the gap between the proportion of boys who also have engaged in such risky activities with 25 percent (from 13.8 in 2002).

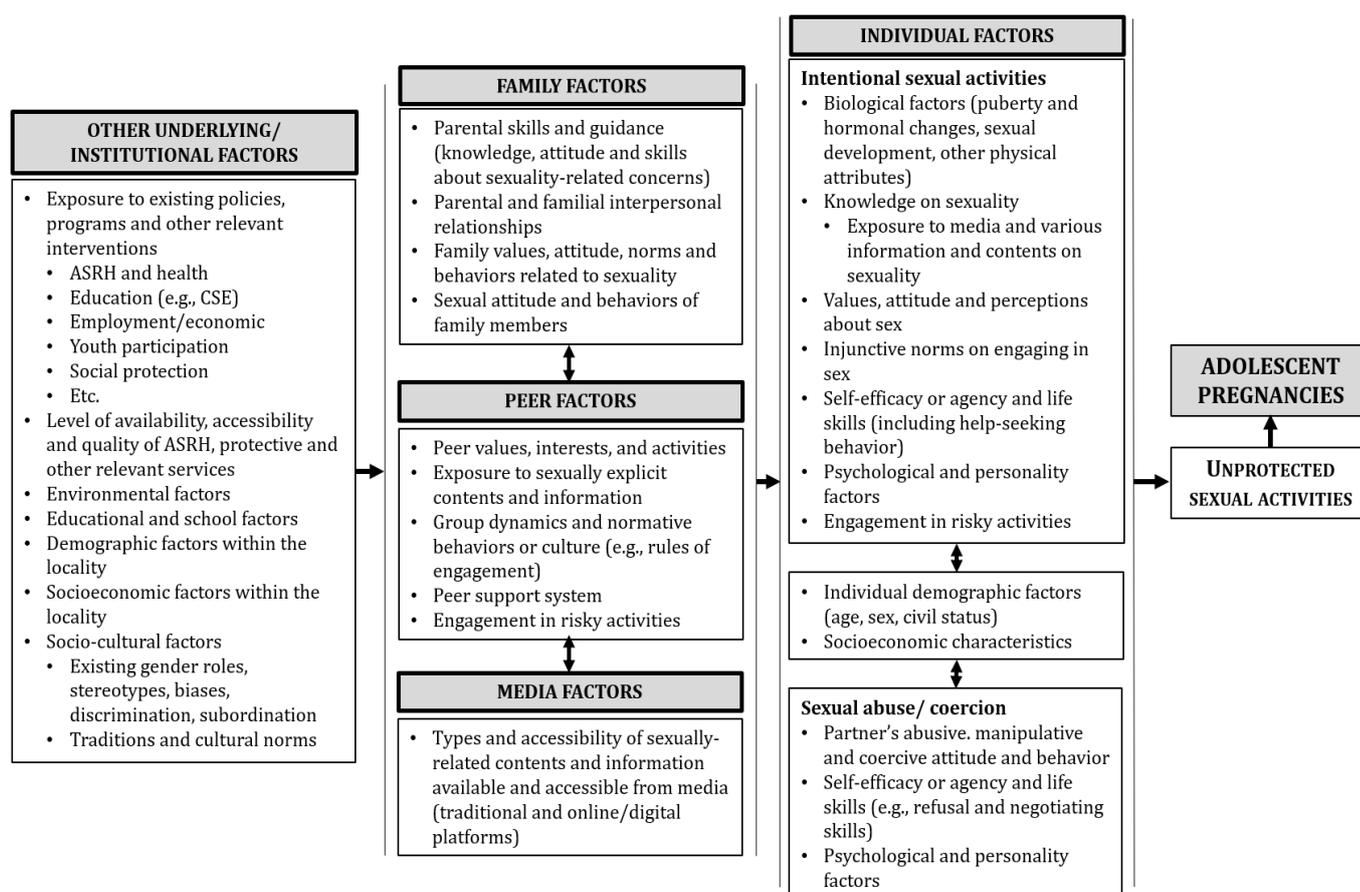
Table 3. Women with Unmet Need for FP by Age Group

Age Group	% with unmet need
All ages	16.7
15-19	27.9
20-24	18.4
25-29	15.8
30-34	13.2
35-39	16.4
40-44	18.0
45-49	17.3

Source: 2017 NDHS

Moreover, YAFSS likewise showed that those who were engaged in risky sexual activities had no sufficient protection from pregnancy and sexually transmitted infections including HIV-AIDS both during the first and subsequent sexual encounters. This is supported by the data from 2017 NDHS, which indicated about 28 percent of women aged 15-19 years who wanted to limit or space their children but were not using any family planning method – the highest among women of reproductive age.

Figure 5. Causal framework on adolescent pregnancy



From the 2013 YAFS, Marquez (2016) noted that for most (71.9%) of the girls, expression of love is the primary motivating factor for their first sexual activity. Only about 31 percent of males mentioned expression of love as the motivating factor to sex. About 28 percent among males also admitted that release of sexual tension or arousal compelled them to have sex for the first time. In addition, about 21 percent of males and 6.7 percent of females expressed the desire to experience something new or curiosity about sex as the reason for their sexual initiation.

Furthermore, about 15 percent of young adults reported having more than one sexual partner. Sex with multiple partners was five times more prevalent among males than females (25% vs. 5.5%, respectively).

Table 3. Number of Live Births by Age of Adolescent Mothers and Corresponding Age Groups/Age of Fathers: Philippines, 2018

Age of Mother	Total Births	Age of Father								Not Stated
		10-14	15-19	20-29	30-39	40-49	50-59	60-69	70+	
10	2	-	-	1 (22)	-	-	-	-	-	1
11	7	-	-	1 (27)	-	-	1 (52)	-	-	5
12	48	-	8	14	-	-	-	-	-	26
13	293	3	56	53	11	-	1	-	-	169
14	1,900	9	542	523	46	7	2	1 (61)	-	770
15	7,334	15	2,142	2,619	190	17	6	1 (62)	1 (76)	2,343
16	18,008	11	5,218	7,217	523	63	12	6	2 (73 & 80+)	4,956
17	34,749	10	8,728	16,543	1,185	137	37	7	1 (70)	8,101
Total	62,341	48	16,694	26,971	1,955	224	59	15	4	16,371

Source: Civil Registration and Vital Statistics, Philippine Statistics Authority

Sexual abuse. As cited in the 2020 Annual Report on the Responsible Parenthood and Reproductive Health (RPRH) Law, the Philippine National Police (PNP) recorded a total of 14,835 cases of violence against women (VAW) in 2020. Violence against women and children (VAWC) as defined in RA 9262 remains as the highest reported type of incident with 10,429 cases. About 1,850 were reported cases of rape while 1,408 were acts of lasciviousness. With the imposition of lockdowns and quarantine measures, the reported VAW cases decreased significantly in 2020 compared to the 2019 data. This decrease, however, may be attributed to the closure or inefficient functioning of reporting mechanisms for VAWC cases because of the imposition of community quarantines.

While specific data on the number of pregnancies among adolescents which were directly caused by sexual abuse and violence has yet to be established, the information from the CRVS data implies likelihood of sexually abusive relationships among girls and their older partners. Table 3 indicates that births among minor mothers were generally sired by older fathers (20 and above) at 64 percent with only 36 percent fathers age 10-19 who were reported or who have acknowledged the births. Majority of those who have impregnated these young girls are 20-29 years old. Worse, there are also births among minor mothers who were fathered by much older men with ages that range from 52 to 80 years and above. The usual unequal power relations between young girls and older men strongly implies inferior decision-making and negotiating power among girls' which makes them submissive to their partner even beyond their will and intention. Moreover, the penal law of the country criminalizes as a statutory rape sexual activities with minors aged 12 years and below regardless of the expressed or implied intent of the victims.

2. Individual Factors

Physiological Factors. Adolescence is marked by the onset of puberty or the period when a child's body begins to develop and change as they grow into adult. This human

development stage involves sexual maturation where hormonal changes make adolescents capable of reproduction. The mean age of first menstruation among Filipino women aged 15-49 years was 13.1 years (2017 NDHS). The CRVS data in 2019, however, reported live births among girls aged as young as ten (10) years old. Moreover, as pointed out above, births among girls aged 10-14 have been increasing and this can be explained partly by the younger age at menarche among Filipino girls.

Knowledge on sexuality-related concerns. Based on 2013 YAFSS data, Kabamalan (2014) noted that actual knowledge among young adults about sex is generally very poor as measured by the extremely low percentages who correctly identified the time during the menstrual cycle when a woman is most likely to conceive if she has sexual relations. Likewise, recent data from UNFPA's report shows that 44 percent of girls and 45 percent of boys in Asia Pacific did not receive enough information about menstruation or wet dreams before they experienced them for the first time. With the increasing trend on young people's preference on the Internet (55% in Asia) and peers (56% in Asia) as sources of information about sexuality, the risk of getting misleading or inaccurate information about sex and sexuality is high.

Most of adolescents usually get their information about sexuality-related topics from their parents (usually fathers for males and mothers for females), their friends (of the same sex), and some professionals in their current environment, namely teachers (among those still in school) and medical professionals. The Internet has become a popular source of information among adolescents,

Moreover, Kabamalan (2016) also noted a high percentage of youth who reported having no material sources of information or somebody whom they can consult about human reproduction, especially among the males, the older youth, the rural residents, the poorer youth, and those with lower educational attainment. A very low percentage of young adults who reported having discussed sex at home was also noted.

Prevailing attitudes, norms and values on adolescent sexuality. Natividad and Kabamalan (2016) found in their analysis of the results of the 2013 YAFS that generally, young adults support traditional beliefs and values on the importance of virginity, the unacceptability of premarital sex, and the need to marry when confronted with premarital pregnancy. A higher prevalence of support for traditional views among the younger youth (15-19-year-olds), rural residents, those with lower educational attainment, and those who belong to the lower socioeconomic quintiles were also noted.

In the same study, about 30 percent of young adults approved of men having sex before marriage and 23 percent approve of women doing the same. More than half (56.7%) of the youth also expressed the belief that their community would accept unmarried people who are living in, especially among those in older ages, living in the urban areas, those better educated, and those belonging to the higher socioeconomic brackets.

Self-efficacy and agency. Self-efficacy pertains to the individual's perception that he

or she will be able to perform a certain behavior successfully. Perceived behavioral control refers to the degree to which an individual feel that performance or nonperformance of the behavior is under his or her volitional control. People are not likely to form a strong intention to perform a behavior if they believe that they do not have any resources or opportunities to do so even if they hold positive attitudes toward the behavior and believe that important others would approve of the behavior (subjective norm) (Fishbein, 2008).

Engaging in pleasure-seeking behaviors is predicated on the decision to act on one's libidinal urges. However, such decisions are also based on one's capacity to rationalize or carefully assess the repercussions of the actions one will engage in. Rationalization could either lead a person to decide to engage in sex or not. The idea is that if people assess that if there are repercussions involved, there is a greater possibility that they will not engage in that behavior. However, in the case of many adolescents, although well aware of repercussions, their desire for sexual pleasure drives them to engage in sexual activities.

Curiosity also fuels the self-efficacy of adolescents to engage in sex. Curious about the pleasure that they may derive from engaging into sex as relayed by their peers who already had sexual experience, they become interested to experience sex themselves. Sexual experience enhances the efficacy and confidence of adolescents to repeat a satisfying experience- this is particularly true among male adolescents. Media also reinforces the curiosity of adolescents as it provides visual and more vivid pictures of what they can possibly experience when they engage in such sexual activities.

Curiosity is associated with risk-taking behaviors. Adolescents take sexual risks, which are uncalculated or miscalculated. Risk taking is more of a psychological state, a disposition that allows adolescents to decide to engage in unprotected sex despite the possible negative consequences involved.

The curiosity of adolescents to engage in sexual behaviors that may result in pregnancy is negatively influenced by the inadequacy of knowledge on sexual and reproductive health concerns. Due to lack of access to ASRH information, adolescents are deprived of the necessary knowledge and skills that they can use in preventing unplanned pregnancy and its negative consequences.

Self-efficacy is also affected by the will and skill to negotiate, assert, and refuse. Studies have shown that young girls are sexually initiated involuntarily because of their poor leverage to oppose or refuse sexual advances. The existing gender stereotypes and double standards that boxed women into passive and submissive expectations also reinforce this incapacity.

While some adolescents may know the repercussions of their actions, a larger proportion of adolescents have no adequate information on the consequences of early sexual initiation. The lack of information may either pull away or push adolescents into engaging in sex. Many adolescents are also misinformed on reproductive health and rights issues and concerns, an unsafe condition that facilitates risky behaviors.

Demographic and socioeconomic characteristics. Attitudes and behaviors towards sex vary across age groups. Social expectations likewise vary among certain ages. For example, it may be too young for 10-14 years old to talk about sexually related matters such as sexual attraction, crushes, and marriage, which are matters more appropriate to older adolescents.

Sexual attitudes, beliefs and behaviors also vary between married and unmarried adolescents. Married adolescents (18-19 years old) are expected to reproduce and enter into sexual relations, as such, pregnancy may be less of concern in relation to the social expectation prescribed to them.

Mobility is another facet of the demographic process. Many Filipino adolescents are highly mobile. They move primarily because of education and employment. While it opens for them new opportunities for growth, they are also exposed to serious risky sexual behaviors. Leaving the home moves adolescents away from family and community systems that can promote, reinforce, and monitor norms of appropriate sexual behavior. Access to information and more freedom to do things on their own make adolescents vulnerable to risky decisions especially about their sexuality. For instance, while young people may be exposed to coercion or sexual violence particularly in urban settings, they may also be more likely to engage in consensual, unprotected “survival” sex, especially to ensure their education and basic needs when pushed towards difficult financial circumstances.

Personality traits. The psychological make-up, past experiences and other personality factors influence intentions to engage in sexual activities. An adolescent with low level of confidence may find it more difficult to interact and enter into intimate relationships than someone who is an extrovert or out- going person. An experience of an adolescent or of someone close to him/her might influence an adolescent to engage intentionally or not in sexual activities.

Adolescents who were victims of sexual violence in their younger years or those who have witnessed such abuse, which dealt them traumatic experience, may also have either negative or positive influence on their sexual behaviors. Some of its psychological effects include low self-esteem, inefficiency to trust and relate with others, tendency to withdraw from triggering situations, and sexual promiscuity (Hurlock, 1982).

Socioeconomic conditions. The socio-economic conditions of adolescents are also interrelated with their sexual behaviors. As indicated in the discussion above, early pregnancies in the Philippines were prevalent among adolescents who were in poor conditions, among less educated, and among those living in the rural areas (Pedroso, 2010). The relationship between educational attainment and childbearing is reciprocal – education has an impact on childbearing and childbearing has an impact on fulfilling educational goals.

The economic capacity of adolescents also influences their intention to engage in sexual activities. Adolescents with more abundant economic sources can have more access to socialization, information, and opportunities that can facilitate early sexual engagement. Furthermore, the poor educational and economic conditions of adolescents also contribute to their greater vulnerability to sexual exploitation and abuse such as prostitution and trafficking. As adolescents are exposed to the liberal and consumerist culture of the West from the media or social networking sites, some of them begin to see their sexuality as a possible escape from their financial woes or as a possible avenue for them to indulge in the lifestyles they desire. Prostitution or sex with monetary considerations has become more rampant with increasing availability of information technology at home and in the community. For instance, media reports and documentations reveal how social networking facilitated dating, sexual encounters, and even sexual abuse involving adolescents.

3. Family Factors

The family is the most immediate and influential institution that molds adolescents' behavior. It is the main source of moral, emotional, and financial support of adolescents even when they already have their own families. Moreover, the family also serves as a significant controlling variable in terms of the behaviors of the adolescents (Cruz, Laguna, & Raymundo, 2002).

Many parents prefer that they be the primary source of information about sexuality to their children (UPPI, 2011). Nonetheless, since sexuality concerns remain a taboo among most Filipino families, parents do not usually initiate discussing sexuality issues among adolescents. Even when parents would like to guide their children, parents admitted that their skills are inadequate to guide their adolescent children in matters pertaining to their sexuality.

Many parents today find difficulty in parenting their adolescent children because of the complexity of today's time. Parents find it challenging to adapt and cope with the rapidly changing social, economic, and technological conditions particularly within the context of providing parent guidance for their adolescent children (Ogena, 2005).

Family relationships also have a significant impact on adolescent behaviors. Issues of broken homes (i.e., separation of parents), marital conflicts between parents, and conflict within the family may motivate adolescents to engage in delinquent behaviors including engagement in sexual activities. Such deviant activities may be adopted by the adolescents as the coping or defense mechanism against these issues.

Changes in family structures and roles likewise have an important influence on adolescent development. Lessened parental guidance due to work and changing family structure (e.g., separation of parents or education of adolescents away from home) affect the behavior and formation of adolescents. Being away from home, far from the panoptic gaze of parents and being at the cusp of adulthood, adolescents feel a certain level of independence from the strictures parents imposed at home. They also see

people their age or older who are engaging in behaviors that they may have not been free to do at home. Lastly, male parents assuming responsibilities in household management and rearing of children in the absence of the female parents working abroad also creates tensions on the development of adolescents as most males are not prepared for these roles.

4. Peer Factors

Peers are significant part of an adolescent's psychosocial growth and development. Their need to belong and search for a group with whom they can enhance their individual identity highlights the importance of peers among adolescents.

Given this, peer pressure remains a critical factor of early pregnancies. Peer pressure maybe positive or negative, depending on the interests, activities and group norms among its members. At its negative side, peer pressure is associated with engagement in sexual and non-sexual risk behaviors such as drinking, smoking and illegal drug use. The combination of sexual and non-sexual activities is a significant factor in facilitating adolescent pregnancy. About 30 percent among adolescents aged 15-19 years ever tried drinking alcohol (2013 YAFS). There has been a drop in drug use over the past decade from 2.4 percent who used in 2002 to 0.7 percent in 2013 (YAFSS). Males had higher prevalence in both drinking and drug use than females. However, the prevalence of non-sexual risk behaviors among females grew faster than among males. Studies have shown that alcohol and substance use have a significant relationship with engagement in casual sex among both male and female adolescents. Substance abuse has also a significant influence on commercial sex among adolescents. (Raymundo and Cruz, 2003)

5. Modern Media and Information Technology Factors

Prensky (2001) termed young people today as digital natives - people who have grown up under the ubiquitous influence of the internet and other modern information technologies. They think, learn, and understand the world around them differently from people who have not been as subjected to modern technology. They also use the digital space to pursue their tasks of social interaction and identity formation. As such, modern media and information technologies play an important role in shaping the sexual attitude and behaviors of young people today.

Laguna (2016) found from her further analysis of the 2013 YAFS that while young Filipinos are still using the traditional media forms, more than half of young Filipinos are using the Internet and more than two thirds owning cell phones. Online or digital platforms has now converged contents from traditional media into the Internet.

Given the vast amount of information accessible from the Internet, young people's ability to filter, sort and act on this information is a serious concern. For example, about 55 percent of young adults reported having accessed or watched pornographic videos. Using the data from the 2013 YAFS, Sasota, et.al, (2016) found the predominance of male youth in accessing pornographic contents from various

information technology. The study further demonstrated that exposure to pornographic materials, particularly x-rated videos, facilitates first sex for both males and females. The study, however, underscored the deterring factor of education against early sexual activities amidst exposure to sexually explicit contents.

Access to digital platforms also facilitates the exposure and risks to sexual abuse and exploitation among young people. The recent cybercrimes reported by the PNP included cases of sexual exploitation of minors which were facilitated by their own parents or guardians. Virtual relationships were also established that resulted to coercive sex, fraud and other crimes against young people.

6. Other Environmental and Institutional Factors

Access and exposure to ASRH/AHD and other relevant policies, programs and services. Access and exposure to information and services on sexual and reproductive health and other similar interventions are also a vital factor in influencing the sexual attitude and behaviors young people and the significant persons they relate with. Available ASRH/AHD services are being implemented and provided from the national down to the community levels by various government and non-government agencies. Many of these interventions and services, however, are implemented within limited scope and independently from other interventions. Some policies on ASRH or AHD are likewise limiting the access of adolescents especially the minors who are sexually active, currently pregnant and already mothers. For instance, the requirement on parental consent for access of minors to modern family planning has served as a barrier especially to young mothers in accessing such services because of the prevailing cultural context where parents are reluctant to give such consent.

Based on program reviews and consultation, other prevailing issues on the provision of services and interventions include the following, among others:

- a. Availability of ASRH services in public health facilities at the school or community level;
- b. Prevailing judgmental and discriminatory attitude and behaviors of service providers among adolescents especially in the provision of ASRH-related services;
- c. Poor health-seeking behaviors among adolescents;
- d. Unintegrated, unharmonized and unsustainable ASRH and AHD interventions including those in teen centers;
- e. Rapid turn-over of adolescent advocates and champions;
- f. Limited interventions in addressing socioeconomic dimensions of adolescent pregnancy;
- g. Leadership capacities of *Sanggunian Kabataan* on the promotion of ASRH needs significant improvement;

Other policies within the locality or community where the adolescent belongs also influences or mitigates the risk behaviors of young people. Local policies on curfew, for example, proved as a deterrent to the congregation and group gathering of young people

during wee hours when risks or illegal behaviors can be done without regulation from authorities. Policies on liquor bans, non-smoking, and other similar regulations were likewise proven to deter risk activities among young people.

Adolescent pregnancies during crisis situations. Reproductive health concerns become even more significant during various crises situations as it engenders new risks. Family and social structures are disrupted: adolescents may be separated from their families or communities, while formal and informal educational programs are discontinued (WHO).¹ Furthermore, during emergencies and disasters, young girls are deprived of access to essential health care information, services or interventions to protect them from unplanned/unintended pregnancies, or STI, HIV and AIDS.²

Adolescents in times of pandemic and typhoon, increase the chances of becoming pregnant especially when they are confined in temporary evacuation sites where they get to interact with other adolescents. Likewise, sexual abuse may also be heightened during the pandemic where the perpetrator is in closer and constant contact with the victim (e.g., incest).

In a study conducted by the University of the Philippines Population Institute (UPPI) and the United Nations Population Fund (UNFPA), about 102,000 unintended pregnancies were estimated to happen during the period of the COVID-19 pandemic (Table 4). This is primarily due to lack of access to appropriate ASRH information and services.

Table 4. Estimated number of unintended pregnancies among 15-19 women

Without community quarantine	84,000
Additional due to community quarantine induced service *assuming a 9.5 month-quarantine period	18,000
With community quarantine	102,000
Percent increase	21.04%

Source: UPPI and UNFPA, 2020

When the COVID-19 pandemic transpired, risks and vulnerabilities for young girls exacerbated, since they were out of their usual protective physical setting of the school environment.

According to the findings from a qualitative study of the Department of Science and Technology - National Research Council of the Philippine (DOST-NRCP) led by Dr. Gloria

¹ World Humanitarian Day: Youth to the Rescue, 2012

² DOH Administrative Order 2016-0005: National Policy on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in Health Emergencies and Disasters

Luz Nelson, that several mediating factors such as school closures, dysfunctional families and lack of access to sexual and reproductive health education are linked to early unintended pregnancy during the pandemic. Staying at home also exposes young girls to domestic violence and sexual abuses that can lead to an increase in teenage pregnancy by as much as 65 percent.

Young mothers, especially those belonging to poor families, also face greater challenges during the pandemic than other mothers. With low education and skills, they find it difficult to earn income becoming dependent on their parents or head of the household. They face social exclusion from support from the government as they are not considered as a separate household when they still live with their parents.

Demographic and socioeconomic situation of the locality or community. Generally, the demographic and socioeconomic situation of the locality and the community indirectly impact on the sexual behaviors and activities of young people. As pointed out in previous discussions, for instance, sexual attitudes and behaviors between urban and rural adolescents differ. This is basically because of the existence, operation and magnitude of various factors influencing adolescent pregnancies as discussed above.

Governments in urban areas can implement more programs and interventions on ASRH and other related initiatives, thus, making appropriate information and services more available and accessible among adolescents within the locality. Opportunities for education, employment, training and other development activities also vary between and among localities due to their socioeconomic conditions.

Section II

OVERALL EXPECTED RESULTS AND STRATEGIC FRAMEWORK

A. Shared Vision for Pinoy Adolescents

This Action Plan shall contribute to the attainment of the collective vision for our adolescents:

Pinoy adolescents are well-informed, empowered, healthy and responsible in fully realizing their rights, aspirations and potentials.

By 2025, Pinoy adolescents are:

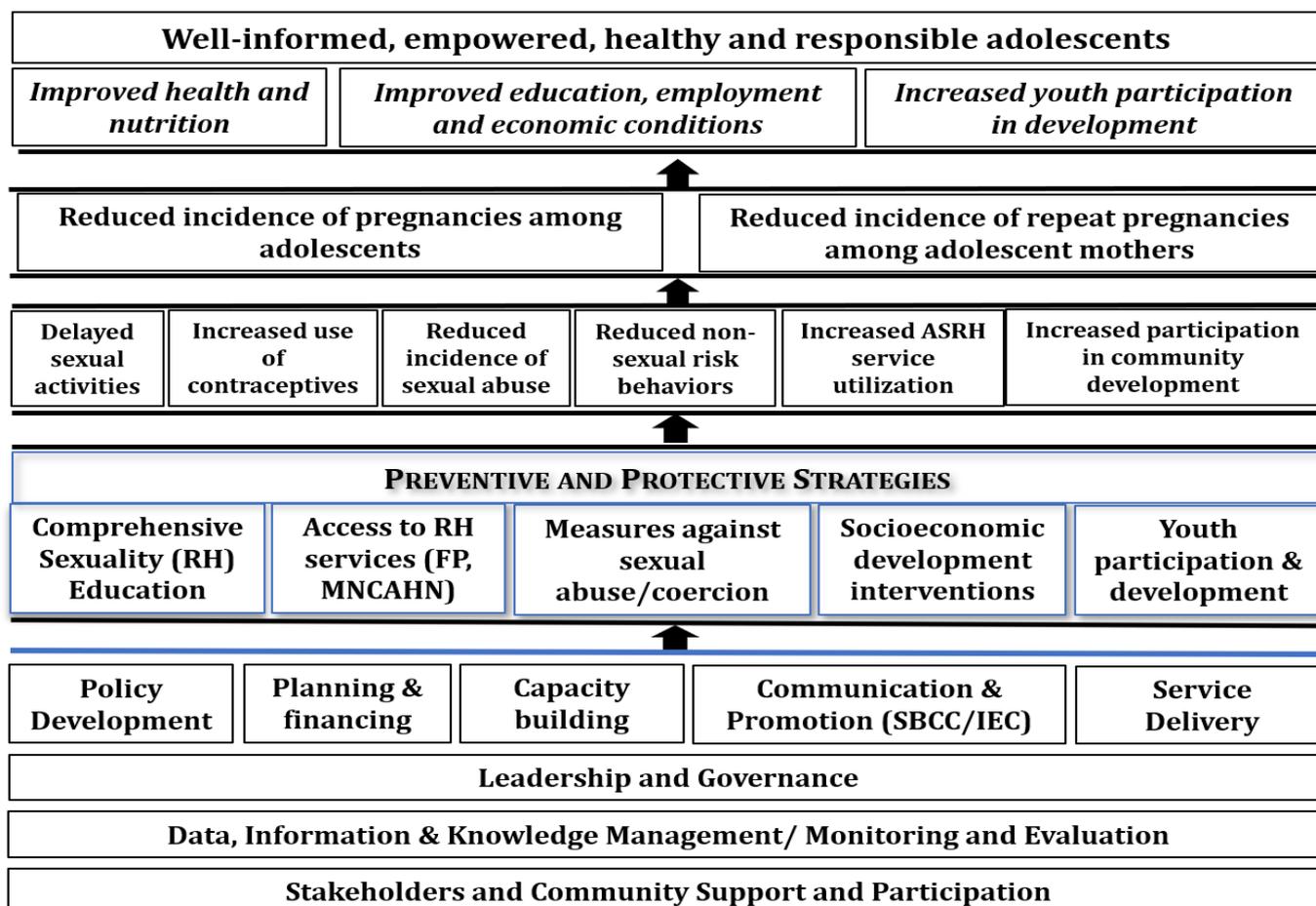
- *Able to able to make and exercise informed choices and decisions about their sexuality;*
- *Able to prevent and protect self from sexual abuse and exploitation;*
- *Psychologically, mentally, cognitively, physically and socially healthy;*
- *Able to attain their development tasks as adolescents and ready to have an enjoyable and productive adulthood;*
- *Able to pursue continuing education and skills development;*
- *Able to have income security as young mothers and for their children; and*
- *Able to positively contribute to the development of their family and community.*

These vision for Pinoy adolescents aims to contribute to the vision for children and youth identified in the National Plan of Action for Children (2017-2022) and in the Philippine Youth Development Plan for 2017-2022. Overall, it shall contribute to the goals and objectives of the Philippine Development Plan for 2017-2022 embedded in the Ambisyon Natin 2040 – *Matatag, Maginhawa at Panatag na Buhay para sa Lahat*. In particular, as articulated in Executive Order No. 141, it will contribute to strategies towards increasing growth potential, specifically the attainment of demographic dividend.

B. Expected Results and Strategic Framework

Figure 6 illustrates the expected results and the key strategic areas that will be pursued in addressing effectively the complex and interrelated factors of adolescent pregnancy in the Philippines. Overall, the identified key strategies shall be geared towards attaining the shared vision for Pinoy adolescents spelled out above.

Figure 6. Expected Results and Strategic Framework in Preventing Adolescent Pregnancies



Specific Goals

To contribute to the attainment of the shared vision for Pinoy adolescents, by 2025, the following goals would have been achieved:

- **reduce by half the number of adolescent pregnancies especially among minors based on its 2019 baseline data (62,510 live births);**
- **reduce by 75 percent the number of repeat pregnancies among adolescent mothers based on 2019 baseline data (4,333 live births);**

To attain these goals, strategies shall be implemented to build, develop and nurture the following behaviors among the primary target beneficiaries:

- Delayed sexual activities among adolescents in general;
- Increased used of contraception especially among adolescents who are sexually active or those who have ever engaged in sexual activities;

- Reduced incidence of sexual abuse, coercion and violence against adolescent girls and boys;
- Reduced proportion of adolescents who are engaging in risky activities such as smoking, drinking and use of illegal drugs or substance;
- Improved health or help-seeking behavior particularly for adolescent sexual and reproductive health services in public facilities; and
- Increased participation and engagement in youth development as well as community development initiatives.

Key Strategic Areas

In view of these goals and objectives, strategies shall be pursued in the following interrelated streams of actions:

Comprehensive Sexuality Education (CSE). As provided in the RPRH law and in Executive Order No. 141, relevant government agencies at all levels shall implement CSE as measures in informing adolescents about their sexuality and reproductive health concerns. CSE initiative shall include learning and communication strategies and activities that provide comprehensive information and skills about cognitive, physical, emotional and social aspects of human sexuality through scientific, age and development-appropriate, culturally and gender-responsive and rights-based approaches. It shall cover not school (e.g., curriculum-based) and out-of-school or community-based approaches for adolescents and adults who have influence over the attitude and behaviors of youth people (e.g., parents, service providers, local officials, and other adult groups).

Adolescent sexual and reproductive health (ASRH) and other social services. Access to ASRH and other social services shall be strengthened to enable adolescents to prevent pregnancies and other concomitant reproductive health issues such as sexually transmitted infections and other gynecological diseases. A wide range of family planning methods shall be made available for sexually active adolescents and young mothers and fathers to enable them to focus or continue with their education and economic activities. For pregnant girls, maternal health services shall be adequately provided. Other health and social services such as counseling and social protection interventions shall be provided within this stream of strategies.

Preventive and protective services and measures against sexual abuse and exploitation. To prevent and protect adolescents from sexual abuse and exploitation, a network of relevant services shall be provided to actual and potential victims of sexual abuse. These services shall be strengthened and provided through the existing service network (e.g., VAWC network and information and service delivery network for adolescent health and development). The package of support services shall include legal assistance, health services, and psychosocial interventions).

Socioeconomic interventions. These key actions shall include those that improve the socioeconomic capacities and conditions of adolescents in various circumstances. It aims to address intergenerational poverty by enabling adolescents to channel their energies to productive activities (e.g., education and employment) and/or to mitigate the economic shock of unintended pregnancies.

Youth development and participation. Youth development initiatives shall be implemented to create an enabling environment for young people to develop social, ethical, emotional, physical, and cognitive competencies. It shall also promote approaches to improve youth leadership and participation in the development of programs, strategies and activities that can help them achieve their aspirations and potentials.

These key strategic areas shall be pursued through the interlinked activities related to policy and plan development, data and information and knowledge management, social behavior change approaches, leadership and governance, investment programming, community support and participation, monitoring and evaluation.

Section III

COMPREHENSIVE SEXUALITY EDUCATION (CSE)

A. Basis for Action

As discussed above, adolescents in general have a low level of knowledge about their sexuality and reproductive health concerns resulting from risky sexual activities. While they are exposed to various information and contents about sexuality in the online and digital platforms, this information needs to be filtered and processed to put them into proper learning context. However, most teachers and parents who have the primary role to educate young people on healthy sexuality are not adequately equipped to effectively guide them, owing to the prevailing conservative view of Filipino families on topics about sexuality.

In view of this, addressing the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity and adequate knowledge to make responsible choices and decisions. In particular, information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and other reproductive health issues. This should be combined with the education of young men to respect women's determination and to share responsibility with women in matters of sexuality and reproduction.

Globally, CSE is gaining recognition to provide adolescents with the age- and developmentally-appropriate knowledge, values, and skills needed to make informed decisions about their health, particularly on sexual and reproductive health. The joint UN definition of CSE is "a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives" (UNESCO, 2021). CSE can be delivered in formal and non-formal settings and is proven to delay sexual initiation among learners and decrease risky behaviors among those who are already sexually active (reduce frequency of sex and number of partners).

The RPRH law and Executive Order No. 141 specifically mandates the need to promote comprehensive sexuality education to prevent adolescent pregnancies and promote reproductive health and rights. In response to this, the Department of Education (DepEd), the agency mandated by the RPRH law to integrate comprehensive reproductive health education in the school curriculum, has issued the overall policy guidelines for the implementation of CSE within the formal educational system. However, while batches of teachers in the primary educational level were already trained online, actual integration in specific subjects are yet to be fully implemented and measured. Moreover, challenges in terms of resources to operationalize the key strategic areas to reach more learners

especially those who were left behind or in the community (i.e., out-of-school youth, people with disabilities, indigenous people, etc.) were also identified as gap for the roll out of CSE in the country.

Furthermore, CSE activities being implemented by various institutions remain fragmented and limited in geographic scope. These initiatives are likewise not connected with service delivery mechanisms resulting in low level of access to appropriate ASRH services.

B. Objectives

The implementation and promotion of CSE in various learning modalities generally aims to equip adolescents with adequate, culture and gender-responsive, age and developmentally-appropriate information, knowledge and skills on sexuality and reproductive health that can enable them to make responsible choices and decisions about their sexuality. It specifically aims to:

1. Build critical thinking among adolescents in relation to risky reproductive health outcomes, enhance self-esteem, develop respectful interpersonal and sexual relationships, consider how their decisions affect their own wellbeing and that of others, and understand and ensure the protection of their rights throughout their lives;
2. Educate young men to respect women's determination and to share responsibility with women in matters of sexuality and reproduction;
3. Equip parents, teachers, guardians, and other adults with influence over the behaviors of adolescents with appropriate knowledge on sexuality and reproductive health concerns of young people to effectively guide them towards their growth and wellbeing;
4. Enable girls and boys to improve their reproductive health-seeking behaviors; and
5. Create an enabling policy and program environment for the efficient, integrated or harmonized and sustainable promotion of CSE initiatives at all levels.

C. Strategic Actions

The following strategies shall be pursued:

1. Full rollout and implementation of an effective, rights-based, evidence-informed, and gender transformative approach on CSE through the DepEd Order No. 031-2018 (i.e., policy guidelines for the implementation of the CSE in the school curriculum);

- a. Expansion and rollout of the training and continuing capacity building of teachers and educators of various formal and information educational programs or systems and mobilize them in the actual promotion of CSE concepts and skills;
 - b. Continuing development, enhancement and access to teaching and learning materials on CSE that can be effectively used by educators and learners;
 - c. Expand the implementation and adoption of the CSE in private schools;
2. Integration of CSE in other learning modalities to include technical and vocational training, alternative learning system, madrasah education program and in other institutionalized learning strategies such as the youth development session (YDS) of the *Pantawid* Program;
 3. Recognizing the rights, responsibilities and duties of parents and other persons legally responsible for adolescents and equipping them with necessary information and skills to provide, in a manner consistent with the evolving capacities of the adolescents, appropriate direction and guidance in sexual and reproductive health matters;
 4. Development, design, implementation and assessment of innovative and interactive and harmonized social behavior change interventions and materials on CSE;
 - a. Development and implementation of an interagency, integrated and harmonized communication and social behavior change strategy to promote unified messages and complementary activities and efficiently pool available resources at all levels;
 - b. Optimizing available and emerging digital and online platforms to reach adolescents and young people;
 - c. Mobilizing influencers and media personalities as role models, advocates and champions for the prevention of adolescent pregnancies and promoting reproductive health among adolescents;
 - d. Strengthening and expanding peer education program particularly through emerging online and digital platforms and their continuing capacity building and mobilization;
 - e. Mobilizing media institutions and the private sector through their corporate social responsibility programs to help promote CSE;
 5. Building the capacities of service providers, community volunteers and workers, and barangay officials on adolescent sexual and reproductive health to enable them to provide adolescent-friendly information and services;

6. Partnership and engagement of civil society organizations, youth associations and leaders, faith-based groups and people's organizations in the promotion of CSE at the community and grassroots level;
7. Development of appropriate learning and teaching modules or manuals and mobilization of itinerant educational hub or facility for the promotion of CSE among adolescents in the marginalized sectors including adolescent mothers, those belonging to the urban poor, indigenous communities, persons with disabilities, informal sector, persons deprived of liberty, those in social institutions, living in geographically isolated and disadvantaged areas (GIDA) and other groups and institutions that are deprived of capacities and means to access CSE;
8. Development and implementation of regulatory policies that deter the access of adolescents to pornographic materials or sexuality explicit contents;
9. Development and implementation of effective, interactive and innovative CSE strategy for adolescents, parents, teachers and other stakeholders during the pandemic and other crisis situations where access to ASRH information is limited;
10. Continuously create and promote forum or platforms for dialogue among stakeholders at all levels on emerging CSE issues and concerns and the corresponding actions that can be done collectively;
11. Establish and utilize an effective and integrated database and monitoring and evaluation system among all government agencies and other stakeholders to continuously enhance existing CSE interventions;
12. Develop and implement an effective mechanism to establish and generate community support and participation in promoting CSE;
13. Strengthening and improvement of the capacities of local government units in implementing CSE-related initiatives through the full devolution initiatives.

D. Scaling-up Existing Programs and Activities

The strategies identified above shall be implemented through the following existing programs and activities being led by concerned government agencies and other institutions:

- 1. Implementation and institutionalization of CSE in K-12 curriculum.** Pursuant to RPRH law (RA 10354), DepEd has issued DepEd Order No. 031-2018 which provided for the policy guidelines for the CSE in schools. The CSE policy aims to:

- a. enhance the overall wellness of the Filipino adolescents;
- b. contribute to the better learning outcomes, reduced dropout rate, increased completion rate, and improved quality of learning;
- c. ensure that adolescents have access to adequate and appropriate information and health care education;
- d. address the reproductive health care of adolescents, who are exposed to risky behaviors that may cause unfavorable and long-term consequences;
- e. promote healthy and responsible sexual and social behavior among adolescents;
- f. develop mature and responsible children and young adolescents;
- g. provide teachers with resource materials for developing life skills;
- h. enable teachers to integrate key concepts and messages on reproductive health concerns across the curriculum.

The CSE integration in the K-12 curriculum started in SY 2020-2021 with an initial estimate of 53,000 students receiving CSE according to the CSE Conference survey conducted this April 2021. In addition, 47.3 percent of the participants (regional and district supervisors and school personnel) of the said conference are in the process of completing their respective CSE action plans.

To strengthen the implementation of the CSE, the **Comprehensive Sexuality Education and Adolescent Reproductive Health (CSE-ARH) Convergence** initiative was launched. The CSE-ARH convergence aims to strengthen the referral pathway from school-based interventions to adolescent-friendly health services. The vital components to this convergence include endorsement and partnership; tools and materials development; training and capacity building; delivery of quality ARH services; and monitoring, evaluation, and learning (MEL) activities.

The following actions shall be implemented to strengthen and scale-up the CSE promotion and implementation:

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> ● Full rollout of training of teachers on CSE to ensure actual implementation in all public primary and secondary schools <ul style="list-style-type: none"> ▪ Integrating CSE in in-service training and pre-service training of teachers as proactive measures in capacitating teachers on CSE delivery ▪ Institutionalizing the CSE training program in National Educators Academy of the Philippines professional learning program 	DepEd (in collaboration with DOH and POPCOM and other relevant organizations)	School break, 2022

<ul style="list-style-type: none"> ● Full implementation of the CSE in K12 curriculum <ul style="list-style-type: none"> ▪ Strengthening of the curriculum and subject syllabi ▪ Developing and cascading a digital and modular platform to deliver CSE ▪ Integrating CSE learning concepts and messages into regular learners' assessment 	<p>DepEd</p>	<p>SYs 2021-2024</p>
<ul style="list-style-type: none"> ● Development, printing, distribution and utilization of CSE teaching and learning materials (for all public schools) <ul style="list-style-type: none"> ▪ This includes the development and access to online portal or network for existing materials on CSE and ARH 	<p>DepEd (in collaboration with DOH and POPCOM and other relevant organizations)</p>	<p>2021-2Q, 2022</p>
<ul style="list-style-type: none"> ● Full implementation of the CSE-ARH convergence initiatives and strategies 	<p>DepEd, DOH, POPCOM</p>	<p>SY 2021-2022</p>
<ul style="list-style-type: none"> ● CSE integration in the following: <ul style="list-style-type: none"> ▪ Alternative Learning System (ALS) ▪ Special Education (SPED) ▪ Technical and vocational training or courses; ▪ Youth Development Sessions of the <i>Pantawid</i> Program ▪ Madrasah educational curriculum (including enhancement or implementation of the Comprehensive Gender and Health Education for Youth [CGHEY] Module) 	<p>DepEd TESDA DSWD</p> <p>BARMM and DepEd</p>	<p>1Q-2Q, 2022</p> <p>2021-2022</p>
<ul style="list-style-type: none"> ● Launching and maintaining a national CSE communication campaign through the “I CHOOSE” platform to support promotional activities at all levels using various online and digital platforms and other types of media that can reach adolescents and other stakeholders <ul style="list-style-type: none"> ▪ The “I CHOOSE” core message focuses on the capability of young people to make responsible and enabling choices and decisions through access to accurate ASRH information, knowledge and skills. 	<p>DepEd, DOH, POPCOM, NYC, CWC</p>	<p>4Q 2021-2025</p>

<ul style="list-style-type: none"> ▪ These shall include the conduct of national online symposiums, fora and summit to maintain public discourse among stakeholder on CSE and ARH ▪ Influencers and media personalities shall also be recruited and mobilized as role models, advocates and champions for the prevention of adolescent pregnancies and promoting reproductive health among adolescents 		
<ul style="list-style-type: none"> ● Establishment and operationalization of harmonized monitoring, evaluation and learning system for the implementation of CSE 	DepEd	2022-2024

2. Adolescent Health and Development (AHD) Programs. The AHD program is being implemented by DOH and POPCOM as a health and population management strategy, respectively. These program aims to support the CSE particularly at the community and out-of-school settings, promote adolescent-friendly health facilities and capacitate service providers including teachers on CSE in close collaboration with national government agencies, CSOs and local government units. Various tools, training materials, guidelines and standards have been developed and implemented. As such, the key action needed to strengthen various AHD initiatives at all levels points to the integrated and harmonized implementation of existing AHD programs particularly at the local level within the context of full devolution.

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> ● To ensure harmonization of efforts, POPCOM, DOH and other relevant government agencies shall converge efforts through a national coordinative and collaborative structure/mechanism for AHD/ASRH to enhance effectiveness of initiatives, broaden coverage and ensure efficiency in pooling and mobilizing available resources. Collaboration will be guided by this Action Plan. 	DOH, POPCOM, HDPRC and other stakeholders	2021-2024
<ul style="list-style-type: none"> ● AHD and ASRH program strategies and services including support to CSE shall be integrated in the Devolution Transition Plan of DOH, POPCOM and LGUs within the 	DepEd, DOH, DILG, POPCOM	2021-2Q, 2022

<p>context of the full devolution policy or strategy of the national government.</p> <ul style="list-style-type: none"> ▪ Prototypes, templates, tools and guidelines will be developed to strengthen local capacity in promoting and institutionalizing CSE (e.g., KADA modules, SHAPE, U4U, ISDN manuals, etc.,) ▪ Capacity building and technical assistance will be continuously provided by the concerned national agencies to LGUs ▪ Institutionalization of various development-partners initiatives on AHD and ASRH with LGUs (e.g., The Challenge Initiative; KADA; etc.,) 		
<ul style="list-style-type: none"> • CSO engagement and mobilization in AHD and ASRH including CSE-related initiatives shall be supported through technical and financial assistance from concerned national government agencies 	<p>DepEd, DOH, POPCOM</p>	<p>2022-2024</p>
<ul style="list-style-type: none"> • CSO engagement and mobilization in AHD and ASRH including CSE-related initiatives shall be supported through technical and financial assistance from concerned national government agencies 	<p>DepEd, DOH, POPCOM</p>	<p>2022-2024</p>

3. CSE initiatives for parents/guardians. A number of initiatives to educate and build the competencies of parents, guardians and other adults who have direct influence over the sexual behaviors and decisions of young people through intergenerational dialogue strategies have been pursued by various government agencies, CSOs and LGUs at the community level. For example, POPCOM has the Parent-Teen Talk and its learning packages on parent’s education on AHD, the DSWD has its Parent Effectiveness Program, and some development partners have similar initiatives. To scale-up initiatives on this, the following shall be pursued:

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> • Gather, consolidate and include existing training and learning materials and resources on CSE for parents in an accessible online portal or hub for LGUs and other implementing organizations 	<p>DOH, POPCOM</p>	<p>1Q 2022</p>
<ul style="list-style-type: none"> • Continuing conduct of CSE activities for parents particularly at the community level through organized associations such as the 	<p>DSWD, DepEd, DOH</p>	<p>2021-2Q, 2022</p>

<p>Parent-Teachers Associations (PTAs) and similar groups.</p> <ul style="list-style-type: none"> ▪ CSE for parents will also be integrated in the family development sessions for Pantawid Pamilya beneficiaries ▪ Parents and guardians belonging to street families and urban poor shall also be reached through the itinerant or mobile CSE/ARH facility ▪ Organization of support groups and mechanisms to enable couples with appropriate information (e.g., KONEKTADO TAYO!) 		
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4. CSE initiatives for adolescents in marginalized sectors. Due to their lack of access to CSE information, there is a need to develop and implement affirmative action in promoting CSE among adolescents in the marginalized sector. These include the adolescent mothers and fathers, those belonging to indigenous people, persons with disabilities, in social service institutions, informal sector, street families and urban poor and those in GIDAs. Relevant initiatives shall be integrated within existing social protection programs in the country. For this, the following activities will be pursued:

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> ● Development and implementation of CSE program and activities for marginalized adolescents <ul style="list-style-type: none"> ▪ Development of social behavior change (SBC) materials for specific type of audience ▪ Organization and mobilization of itinerant facility on CSE/ARH to be deployed in communities where marginalized adolescent belong (at least per region) ▪ Integration of CSE sessions among adolescents as part of social protection interventions such as the Pantawid Program 	<p>DepEd, POPCOM, DSWD, NCIP, NCDA, PCUP, NAPC, DILG</p>	<p>2022-2024</p>

5. Resource generation and mobilization for CSE. The resources for the implementation of the CSE are currently generated and mobilized through the available funds from relevant government agencies such as DepEd, DOH and POPCOM. These resources are augmented by technical and financial assistance from various development partners such as the United Nations Population Fund (UNFPA) and the USAID, Plan International-Philippines, and other agencies. However, these available resources remain limited and unable to cover full implementation and promotion of CSE down to the community level.

With assistance from UNFPA, DepEd, in collaboration with other relevant agencies, was able to develop a Costed-Implementation Plan for CSE. The plan provides an estimate of the needed financing or budget for the effective and comprehensive implementation of the CSE. Based on this Plan, the following activities will be undertaken to generate and mobilize needed resources for CSE:

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> ● Pursuant to EO 141, program convergence budgeting (PCB) shall be pursued in FY 2023 among concerned national government agencies to pool needed resources towards the implementation of this unified Action Plan (to be guided by the CSE-CIP prepared by DepEd). <ul style="list-style-type: none"> ▪ This shall entail preparation of agency budget documents by relevant government agencies to be consolidated under the PCB for the prevention of adolescent pregnancies 	<p>HDPRC, POPCOM</p> <p>NYC, DOH, CWC, PCW, DSWD, and other agencies</p>	FY 2022
<ul style="list-style-type: none"> ● Integration of CSE implementation and services in the local devolution plans (DTPs) for institutionalization and local financing <ul style="list-style-type: none"> ▪ Training and technical assistance to SKs and the local youth development councils (LYDC) in integrating CSE-related initiatives or programs in the local youth development plans for funding in their annual investment program (AIP) – initially using the SK fund and other sources 	<p>DepEd, POPCOM, DOH, DILG, DBM</p> <p>NYC, DILG-LGA, POPCOM</p>	4Q, 2021
<ul style="list-style-type: none"> ● Program convergence for CSE among development partners through the CSE-CIP and this Action Plan 	<p>DepEd, POPCOM DOH</p>	4Q, 2021 or 1Q 2022

6. Enabling leadership, management and institutional partnership for CSE. In order to reach more learners, dedicated dialogues and activities have to happen in both national and regional levels. This is also to enable DepEd to monitor the inclusion of CSE in the Work and Financial Plans of schools and other concerned units and bureaus. For this, the following specific activities shall be undertaken:

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> ● Strengthening of interagency and multisectoral collaboration through existing coordinative bodies such as the National Steering Committee for Adolescent Health and Development (chaired by NYC) <ul style="list-style-type: none"> ▪ This shall entail preparation of agency budget documents by relevant government agencies to be consolidated under the PCB for the prevention of adolescent pregnancies 	<p>DepEd, NYC DOH</p> <p>NYC, DOH, CWC, PCW, DSWD, and other agencies</p>	2022-2024
<ul style="list-style-type: none"> ● Continuing advocacy and partnership building to include the private sector, development partners and CSOs in the implementation of CSE <ul style="list-style-type: none"> ▪ This shall include continuing training for CSOs and other organizations on CSE 	DepEd, DOH, POPCOM	2022-2024
<ul style="list-style-type: none"> ● Training and technical assistance on leadership and program management among SKs and LYDC in developing, implementing and managing local CSE-related initiatives 	NYC, DILG-LGA, POPCOM	2022-2024

7. Establishing community support for CSE. An equally important strategy for CSE implementation is the development and implementation of CSE advocacy and communication plan to ensure acceptability and support in the community. This specifically includes activities that aim to build the awareness, appreciation and skills of community leaders, workers, organizations and other stakeholders on CSE-related concerns. The following specific activities shall be implemented:

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> ● Orientations and capacity building of community leaders (e.g., barangay officials), workers and volunteers, people's organizations and other community-based stakeholders on CSE 	NYC, DILG	2022-2024

<ul style="list-style-type: none"> Continuing advocacy and partnership building to include the private sector, development partners and CSOs in the implementation of CSE 	DepEd, DOH POPCOM	2022-2024
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8. Data, Information and Knowledge Management for CSE. The effective implementation of CSE entails evidence-based decision-making processes. As such, there is a need to establish a useful and efficient data, information and knowledge base that can inform planning, strategy or program development and investment programming. To support this CSE implementation component, the following activities shall be pursued:

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> Support to the updating of the Young Adult Fertility and Sexuality Survey (YAFSS) and the National Demographic and Health Survey (NDHS) <ul style="list-style-type: none"> Further analysis and dissemination of the results of YAFSS and NDHS to inform the development and enhancement of CSE programs and strategies 	DOH, DepEd POPCOM	2021 2Q, 2022
<ul style="list-style-type: none"> Conduct of other ASRH or AHD-related researches to improve the knowledge base for CSE enhancement 	DepEd, DOH POPCOM	2021-2024
<ul style="list-style-type: none"> Establishment and maintenance of CSE monitoring and evaluation and learning mechanism <ul style="list-style-type: none"> This includes the establishment of a functional information management system to ensure the on-track implementation and mid-course adjustment or improvements of the CSE program 	DepEd	2022-2024

Section III

STRENGTHENING ACCESS TO ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH (ASRH) SERVICES

A. Basis for Action

Success of CSE programs in other countries is not only attributed in the implementation of stand-alone or integrated CSE in learning institutions but also to the presence of youth-friendly services. As learners become equipped with information, attitudes, values and skills in learning settings to make decisions for their sexual and reproductive health (SRH), they will be entitled to seek these SRH services as it is their right. Part of the CSE implementation is informing the appropriate learners which services they can avail. This is why health or social services which address specific needs of adolescents with respect and confidentiality should be available and accessible. The fulfillment of adolescent sexuality and reproductive health rights prevents adolescent pregnancy, but also unintended outcomes such as abortions, maternal mortality and other consequences in health, education, and employment. However, barriers of young people accessing these services in the context of both pre- and during pandemic should be clearly identified, recognized, and duly addressed.

Aside from making SRHs services available, it is equally important to address the hindering factors that continue to prevent adolescent girls from accessing these services. These include a lack of knowledge on family planning methods, sources where to obtain services, and their very own bodies and reproductive health. Young girls also fear being rejected by service providers, subjected to community stigma on contraception or adolescent sexuality, and the lack of confidentiality and privacy in consultations with service providers. For others, inconvenient locations or clinic hours, travel costs, and commodity costs also contribute to factors to poor access to SRH services.

While globally, ASFR has declined by 11 percent in the last 20 years, some regions including Southeast Asia continue to face insignificant decline in ASFR in some countries, including the Philippines. Rates are generally higher in rural countries and among the lowest socioeconomic quintiles.³ The NDHS data shows that adolescent girls aged 15-19 have the highest unmet need (25%) for family planning.⁴ Around 22 percent specifically needed FP services for birth spacing and 3 percent for limiting births. Unmet need translates to higher ASFR and could be attributed to adolescent girls having poor access to essential sexual and reproductive health services. High unmet need reflects the gap between service supply and demand due to persisting hindering factors.

Even if they wanted to limit or space their pregnancies, the lack of knowledge of adolescent girls on sources of FP services remains a barrier to realizing their pregnancy plans, and in effect, their sexual and reproductive rights. Poor knowledge on the source of FP services

³ *Adolescent Pregnancy* by World Health Organization on January 2020

⁴ *2017 National Demographic and Health Survey Report*

results in high unmet needs and poor SRH outcomes. The 2017 NDHS showed that almost all (97.22%) of women aged 15 to 19 did not know any source of FP services.

Young girls are also likely to have very limited knowledge on their own bodies, among all the age groups. Around 40 percent of women aged 15 to 19 have no knowledge on their ovulation cycle. Conversations about menstruation and sex remains a taboo to many girls despite efforts to spread awareness on menstrual hygiene. Girls also reported being ashamed talking about their period with others, especially with males. Both sexes also reported being timid in discussing their body parts, especially the reproductive parts.

Despite being sexually active, 11.2 percent of adolescent girls aged 15 to 19 years old do not make their own decisions for using family planning. Compared to other age groups, this is significantly high. Young girls need the opinion or consent of other influential people in their lives such as partners or husbands and parents in making decisions. Without the support of these people, it would be challenging for young girls to navigate other barriers including community stigma, rejection by service providers, and other costs associated with access to SRH services.

On top of the barriers cited, those who are below 18 are considered in high-risk childbearing ages as categorized by DOH to be too young to be pregnant. The 2019 Civil Registration and Vital Statistics (CRVS) data recorded the maternal mortality ratio (MMR) of 124 per 100,000 live births for young adolescents aged 10 to 14, second to the MMR of 189 per 100,000 live births among women 35 and above.

B. Objectives

Generally, this key strategic area aims to address sexual and reproductive health issues through improved availability and access of adolescent boys and girls to relevant and appropriate sexual and reproductive health services particularly from public health facilities and other delivery points. Specifically, it aims to:

1. Improve health-seeking behavior among adolescents especially for ASRH services;
2. Improve availability of quality ASRH services in health facilities; and
3. Increase access of all adolescents to quality and satisfying ASRH services including family planning and maternal health care services.

C. Strategic Actions

Generally, key strategies in improving access of adolescents to ASRH and other related services will be focused in removing legal, social, behavioral and institutional barriers to sexual and reproductive health care information and services. Given this, the following key strategies shall be pursued by concerned agencies and organizations:

1. Strengthening the linkage and referral pathways between CSE and other communication interventions and ASRH service delivery networks and systems;
2. Advocacy for the enactment of a national policy that removes the legal barrier for adolescents especially among young mothers, victims of sexual abuse and those sexually active to contraception or modern family planning services based on informed choice;
3. Promote effective social behavior change strategies that encourage or normalize visit to health facilities and access of sexual and reproductive health information and services among adolescents;
4. Ensure sustainable availability and accessibility of quality ASRH information and services in adolescent-friendly health facilities and other viable delivery points in normal and different crises situations such as those caused by pandemic and disasters and calamities; and
5. Strengthen capacities of parents and community support mechanisms to enable adolescents to access needed and appropriate ASRH services.

D. Scaling-up Existing Programs and Activities

The key strategies identified above shall be pursued by scaling-up existing programs and activities being led by concerned government agencies and other institutions:

1. Establishment and provision of adolescent-friendly health services in all health facilities and other service delivery points.

Based on DOH Department Memorandum No. 2017-0098 (Adolescent-Friendly Health Facility Standard Evaluation Tool), the DOH has accredited a total of 704 barangay/rural health centers as Adolescent-friendly Health Facilities (AFHF). Level 1 facilities (617 accredited) have systems in place to ensure that adolescents are aware of where and when to obtain information and health service in 2020. In level 2 (52 accredited), protocols are in place to provide information and health services, including training and demand generation activities. Level 3 (35 accredited) have established referral pathways to connect adolescents to other facilities in case services are not available in the center. Peer educators are present to assist with safe spaces and ensure confidentiality during counseling. A functional technical working group oversees the delivery of services for adolescents.

As a key strategy to ensure access to ASRH services among adolescents, the establishment of referral pathways such as the integrated service delivery network for AHD at the local level through the technical guidance from DOH and POPCOM shall also be pursued under this activity. This will also be aligned with the implementation of the CSE-ARH convergence strategy that aims to link communication and education strategies and ASRH services. In line with this,

the DOH has also piloted and developed materials on “The KADA Network” or the “Key Assistance for Developing Adolescent Network.” The KADA initiative includes the publication of health promotion playbooks and communication materials for adolescent sexual and reproductive health that provides LGUs with ready-to-use tools that promote and advocate community support for ASRH programs. It provides evidence-based interventions that aids the local decision makers in the implementation and drafting of more appropriate ASRH activities.

POPCOM, on the other hand, has initiated and promoted the establishment of Information and Service Delivery Network for AHD (ISDN for AHD) as a mechanism for the collective, harmonized, and efficient delivery of information and services on ASRH and other development concerns of adolescents within a locality or clusters of LGUs. A manual was developed to guide the LGUs in its establishment and operationalization.

Given this, the key actions under this activity will focus on increasing the number of health and other facilities as AFHF until all LGUs (provinces, cities and municipalities) have at least one AFHF by 2024. It will also focus on the establishment of integrated service delivery networks to ensure the continuum of care and services among adolescents. This will be pursued through strategies for full devolution. Specifically, the following activities will be conducted:

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> ● Inclusion of the provision of quality and adolescent-friendly ASRH services in the local devolution plans (DTP) as part of the services to be devolved <ul style="list-style-type: none"> ▪ Conduct of orientations and advocacy activities for the inclusion of ASRH services in the DTPs of LGUs 	DOH, POPCOM, DILG, LGUs	4Q, 2021
<ul style="list-style-type: none"> ● Conduct of training and capacity building activities for service providers and other concerned staff for the establishment and maintenance of AFHF <ul style="list-style-type: none"> ▪ Adolescent Job Aid (AJA) ▪ SHAPE-A ▪ ADEPT (<i>Adolescent Health Education and Practical Training</i>) 	DOH LGUs	Q1-Q3, 2022
<ul style="list-style-type: none"> ● Continuing provision of technical assistance to LGUs in the preparation of facilities for accreditation as AFHF 	DOH, POPCOM LGUs	2022-2024
<ul style="list-style-type: none"> ● Continuing provision of technical assistance to LGUs in setting-up referral pathways or systems such as integrated service delivery network for ASRH information and services 	DOH, POPCOM LGUs	2022-2024

at the local level where the AFHF shall be included		
<ul style="list-style-type: none"> Continuing development of materials, tools and capacities for the maintenance of local AFHF 		2022-2024
<ul style="list-style-type: none"> Continuing development of materials, tools and capacities for the establishment of other facilities that can improve access of adolescents to ASRH (e.g., adolescent centers) that are linked or integrated within the local health system or network 	DOH, POPCOM, LGUs	2022-2024
<ul style="list-style-type: none"> Setting-up and deployment of itinerant teams or mobile structures to deliver ASRH services to adolescents in the marginalized sectors and locations 	DOH, POPCOM, DILG, LGUs	2022-2024
<ul style="list-style-type: none"> Inclusion of accessible ASRH services for adolescent mothers and their children in the AFHF as part of a social protection program for them 	DOH, DSWD, DILG, NYC, CWC, POPCOM LGUs	2022-2024

2. Provision of modern FP and maternal health services among adolescent mothers and those who are sexually active. The RPRH law mandated the provision of universal access to reproductive health services including family planning without discrimination to sex, age and other characteristics. However, since the Supreme Court required parental consent from adolescents who are minor and who are to avail of modern family planning services, access to family planning among this group has been hampered even when they are already mothers and/or victims of sexual violence.

Several operational policies have also been issued to ensure access of adolescent to family planning and maternal health services. For example, the DOH Administrative Order 2013-0013 enjoins teenage mothers to seek prenatal care and postpartum care in DOH accredited health facilities. Deliveries should only be in a CEMONC (Comprehensive Emergency Obstetric and Newborn Care) accredited facility such as level II hospitals, this hospital is equipped to address any obstetric and infant emergency that high-risked adolescent pregnancy requires.

Some health facilities have dedicated programs to cater to the reproductive health of their adolescent clients. In 2018-2019 the USAID in partnership with DOH and POPCOM, converted the facilities to conduct a Program for Young Parents (PYP). This program aims to involve the male partner and/or the guardian of the adolescent in order to manage a healthy pregnancy through timely and complete prenatal, promotes facility delivery, proper postpartum

care, acceptance of modern family planning method and infant care and nutrition which includes proper and complete vaccination.

Recognizing the risks and vulnerabilities of adolescent mothers and their children, the 2021 General Appropriations Act mandated POPCOM and DSWD to develop a social protection program for adolescent mothers and their children. One of the risks and vulnerabilities of adolescent mothers is their exposure to high fertility through repeat and close pregnancies. As such, family planning and maternal health should be an essential part of interventions for the social protection of adolescent mothers especially those who belong to poor households.

Aligned with these existing interventions, the following activities shall be implemented:

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> ● Inclusion of family planning and maternal and neonatal health care services as part of the social protection floor among children and adolescents <ul style="list-style-type: none"> ▪ Inclusion of these services in the social protection framework for adolescent mothers and their children being development by POPCOM and DSWD 	DSWD, POPCOM, NYC, CWC NEDA	4Q, 2021
<ul style="list-style-type: none"> ● Continuous advocacy and technical assistance in setting-up mechanisms for the provision of FP services in all public hospitals to cover ASRH services <ul style="list-style-type: none"> ▪ Continuous training of service providers on the provision of family planning and maternal health care services and referral skills among community-based health and population volunteers and workers 	DOH LGUs	2022
<ul style="list-style-type: none"> ● Continuous advocacy and technical assistance in setting-up KADA and ISDN for AHD 	DOH, POPCOM, DILG	2022-2023
<ul style="list-style-type: none"> ● Expansion of the capacity of teen centers or independent adolescent hubs as service delivery points for family planning and maternal health care services <ul style="list-style-type: none"> ▪ Development of guidelines and conduct of appropriate training among concerned service providers 	DOH, DepEd, POPCOM, NYC, CWC	2022-2023

<ul style="list-style-type: none"> Strengthening of helpline/hotline at the national/regional and local levels to improve access of adolescents to information and referral services for ASRH, family planning and services related to gender-based violence 	POPCOM, LGUs	2022-2023
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3. Conduct of advocacy initiatives for the enactment of a national policy on the prevention of adolescent pregnancies.

With the existing legal barrier to the access of adolescents to appropriate modern family planning services, there is a need to enact a national policy that can remove this legal impediment. Various congressional bills have already been filed and discussed in public hearings which aimed to improve access adolescents to modern family planning services particularly removing the requirement for parental consent especially among adolescent mothers, those who are sexually active and victims of sexual abuse. For this initiative, the following advocacy activities shall be conducted:

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> Continuing provision of technical support to advocates and champions in Congress in all phases of legislation 	POPCOM, DOH, CWC, NYC	2022-2024
<ul style="list-style-type: none"> Continuing conduct of media activities to ensure maintain the policy agenda within the public discourse and to generate public support 	POPCOM, DOH, NYC, CWC, CSOs	2022-2024
<ul style="list-style-type: none"> Mobilization and support to LGUs in creating an enabling policy environment for improving access of adolescents to ASRH <ul style="list-style-type: none"> Promoting and sustaining initiatives that improve local governance in addressing adolescent pregnancy issues such as The Challenge Initiative and AHD localization strategies 	DILG, POPCOM, NYC, CWC	

4. Establishing and utilizing efficient information and knowledge base for ASRH services.

To generate empirical data and information needed for the enhancement of various mechanisms for the provision of ASRH including family planning and maternal health services at all levels, an efficient information and knowledge management system shall be established. This system will also include an efficient monitoring and evaluation system.

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> ● Support to the updating of the YAFSS and NDHS particularly in generating data and information related to access of adolescents to ASRH services <ul style="list-style-type: none"> ▪ Further analysis and dissemination of the results of YAFSS and NDHS to inform the development and enhancement of AHD and ASRH programs and strategies 	DOH POPCOM	2021
	POPCOM	2Q, 2022
<ul style="list-style-type: none"> ● Conduct of other ASRH or AHD-related researches to improve the knowledge base for the enhancement of ASRH services 	DOH, POPCOM, NYC, CWC	2021-2024
<ul style="list-style-type: none"> ● Strengthening existing M&E systems of ASRH services (e.g., FHSIS) and the POPCOM online RFPF information system 	DOH POPCOM	2022-2024

Section IV

STRENGTHENING PROTECTIVE MECHANISMS FROM SEXUAL ABUSE AND VIOLENCE AMONG CHILDREN AND ADOLESCENTS

A. Basis for Action

Sexual abuse including harmful practices against adolescent girls is one of the major contributors to adolescent pregnancy. For many girls, sexual abuse often leads to unwanted pregnancy as adolescent girls who have been forced into sex are less likely able to use contraception or are denied the opportunity to do so⁵. Meta-analysis of 21 studies worldwide suggested that 4.5 out of 10 pregnant adolescents may have a prior history of child sexual abuse⁶. Moreover, studies also show that sexual violence is consistently associated with increased probability of unintended pregnancy, with 54.4 percent among survivors of sexual violence compared to those who did not experience sexual abuse at 34.3 percent⁷.

Adolescents are engaged in sexual activities for different reasons. Adolescent girls are likely to be engaged in early sexual intercourse for love or affection. The 2013 YAFSS revealed that 72 percent of female respondents had their first sexual intercourse to express love or affection, while 31 percent of male respondents had first sex for the same reason. Among the male respondents, 28 percent reported it was to relieve sexual tension and 21 percent of them reported that it was out of curiosity and/or to experience something new. Even though 37 percent of Filipino adolescent girls who responded to the study reported that they voluntarily had first sexual intercourse, 27 percent of them did not want it to happen but went along with it, 31 percent did not plan but it happened anyway, and 3.8 percent happened against their will. This shows that Filipino girls experienced early sexual intercourse forcibly without consent.

This data is reinforced in the 2018 Baseline Study of Violence against Children which found that 17.1 percent of adolescents aged 13-17 experience sexual violence. The study also identifies that about 3.2 percent of children and youth in the Philippines experienced forced penetrative sex; whether vaginal, anal, or oral, during childhood. The study further revealed that the most common setting for sexual violence occurred is the home with the common perpetrators identified as the child's brother/stepbrother, sister/stepsisiter, cousin, father/stepfather. Moreover, the Women and Children Protection Units (WCPUs)

⁵ World Vision, 2019. The violent truth about teenage pregnancy - What children say. <https://reliefweb.int/report/world/violent-truth-about-teenage-pregnancy-what-children-say-september-2019>

⁶ Jennie G Noll, Chad E Shenk, Karen T Putnam (2009). *Journal Pediatric Psychology*,34(4):366-78. doi: 10.1093/jpepsy/jsn098. Epub 2008 Sep 15.

⁷ Anthony Idowu Ajayi & Henrietta Chinelo Ezegebe (2020). Association between sexual violence and unintended pregnancy among adolescent girls and young women in South Africa. <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-020-09488-6>

were able to document a total of 6,621 cases of violence against children in 2020, of which 62 percent of these cases are sexual in nature and mostly affecting 13-15 years old girls⁸.

Child marriage as a form of harmful practices also causes early sexual intercourse and early pregnancy among young Filipino girls. In the Philippines, the Family Code of the Philippines was further amended to set the legal age of marriage at 18 years. And yet, one out of six (16.5%) young women aged 20-24 years is married before they become 18⁹. It is also important to note that among the live births among 15-19 age group, only 3 percent were fathered by men of the same age group, which implies that most adolescent pregnancies may be a result of unequal power relations between older men and girls or worse, a result of sex without consent.

Given this context, addressing sexual violence and harmful practices against adolescents is crucial to prevent unintended pregnancy and ensure the protection of adolescents to long term negative consequences of sexual violence.

B. Objectives

This key strategic action aims to contribute to the country's goal of eliminating all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation to prevent unintended pregnancies and promote sexual and reproductive health of adolescents. Specifically, it aims to:

1. Enable young girls and boys to identify, refuse and protect self from sexually abusive relationships and behaviors within their homes and communities;
2. Improve reporting, responsive and protective or case management mechanisms within the community to provide timely and appropriate interventions; and
3. Improve existing mechanisms and networks in providing protective and rehabilitative services to adolescents who are victims of sexual violence.

C. Strategic Actions

Strategic actions towards the prevention and elimination of sexual abuse and violence against adolescent girls shall be aligned within the State's policy and strategies on women empowerment and gender equality as provided in the Magna Carta of Women (RA 9710), the Philippine Plan of Action to End Violence Against Children (PPAEVAC) for 2017-2022, and other laws related to the elimination of violence against women and children. Hence, this Action Plan shall be aligned along existing interventions with focus on preventing

⁸ Child Protection Network (2020). WCPU Statistics.

<https://www.childprotectionnetwork.org/wcpu-statistics/>

⁹ Philippines Statistics Authority and ICF (2018). Philippines National Demographic and Health Survey 2017. Quezon City, Philippines and Rockville, Maryland, USA: PSA and ICF.

sexual abuse to prevent unintended pregnancies among adolescent girls. It will specifically adopt the and strengthen the expected outcomes and key result areas of the PPAEVAC:

1. Enabling parents and caregivers in practicing effective parenting skills and positive discipline towards building a safe, nurturing and protective environment;
2. Enable adolescents to demonstrate personal skills in managing risks, protecting themselves from violence, reporting their experience of violence, and seeking professional help when needed;
3. Improved access of all adolescents in need of special protection to appropriate and quality protective, social, mental, health, legal, economic and judicial services, ensuring and that they are rehabilitated and reintegrated and that violence and trauma are prevented from recurring;
4. Effective management of reporting, referral and monitoring and evaluation system for initiatives to eliminate sexual violence;
5. Effective enforcement of all policies and laws related to violence against women and children; and
6. Strengthening functional and operational multi-stakeholder child protection structures and systems at the national, provincial, municipal, city and barangay levels.

D. Scaling-up Existing Programs and Activities

In pursuance of the key strategies identified above, the following programs and activities shall be implemented by specific government agencies and other institutions:

- 1. Integration of age-appropriate life skills and personal safety lessons in CSE for various segments of adolescents, parents and other stakeholders and conduct of capacity building programs.** Information and life skills in protecting one's self from sexual abuse and violence shall be made an integral part of the existing CSE modules and training programs particularly for pre-school, elementary and high school curriculums in public and private schools, out-of-school children and youth, and those in the marginalized sectors including those exposed to high risk of sexual abuse such those engaged in prostitution. Relevant concepts and life skills (e.g., refusal, communication, critical thinking, negotiation, gender sensitivity, contraceptive use, reporting abuse and other protective skills) shall also be emphasized in existing capacity building modules and programs of various agencies for adolescents such as the SHAPE-A and U4U (POPCOM), ADEPT (DOH), YDS (DSWD), and those from CSOs and development partners. Such life skills will also be integrated in capacity building modules and programs for adolescent mothers.

Concepts and skills in protecting children and adolescent from sexual abuse, reporting incidence, and providing initial care for the victims shall likewise be integrated in existing capacity building modules for parents and other significant adults (e.g., Parent-Teen Talk of POPCOM, Parent Effectiveness of DSWD, and those from CSOs and development partners). This will include information on existing laws and regulations against sexual abuse and violence.

Specific activities shall include:

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> ● Integration of age-appropriate concepts on protection from sexual abuse in CSE curriculum for pre-school, elementary and high school for public and private schools and for the technical and vocational training institutions <ul style="list-style-type: none"> ▪ Training of teachers and educators on concepts and life skills on protection from sexual abuse ▪ Actual roll-out of CSE modules with emphasis on concepts and life skills on protection from sexual abuse 	DepEd, CHED, TESDA	2021 2022 SY 2022-2024
<ul style="list-style-type: none"> ● Integration of age-appropriate and life skills-based concepts and knowledge on protection from sexual abuse in existing training modules and programs of different agencies and organizations <ul style="list-style-type: none"> ▪ Training of stakeholders particularly the LGUs on concepts and life skills on protection from sexual abuse ▪ Actual roll-out of various modules with emphasis on concepts and life skills on protection from sexual abuse 	DOH, POPCOM, DSWD, TESDA, CSOs	2021-2024

2. Expanding government capacities and mechanisms to identify and report incidence of sexual abuse among children and adolescents.

Currently, the Magna Carta of Women and other enabling and operational guidelines and policies to identify, report and respond to cases of sexual abuse and violence such as the Barangay VAWC Desks and Women and Children Protection Unit (WCPU) in hospitals (DOH) and in schools (DepEd - DO No. 003, s. 2021), and the various institutional centers and residential care facilities that provide

abuse and/or requesting for needed information and referral assistance		
<ul style="list-style-type: none"> Expanding tracking and reporting mechanisms for sexual abuse to include those perpetuated through online and digital platforms Training and deployment of additional staff and human resource to efficiently manage existing referral and response systems against sexual abuse 	<p>DepEd, DILG, DSWD, LGUs</p> <p>DSWD, DILG, PCW, LGUs</p>	
<ul style="list-style-type: none"> Strengthening monitoring and tracking mechanism including the provision of technical assistance to LGUs and other stakeholders in the efficient implementation of Barangay VAWC Desks, WCPUs and other mechanisms 	<p>NIAC-VAWC PCW, LGUs CSOs, DPs</p>	2021-2024
<ul style="list-style-type: none"> Promoting access of adolescents to existing mechanisms to report and manage incidence of sexual abuse through social behavior change interventions at the national and community levels 	<p>DILG, LGUs</p>	

3. Enhancing policy environment to eliminate sexual abuse among adolescents.

While there are already various laws and policies addressing sexual abuse among women and girls, the continuing incidence of abuses implies the need to further strengthen mechanisms to totally eliminate these abusive behaviors. Several notable bills addressing sexual violence against children and adolescents were already approved by the Senate and the House of Representatives, particularly the congressional bills on raising the age of statutory rape and prohibiting the practice of child marriage. Raising the age of statutory rape from 12 years old to 16 years old and prohibiting child marriages would significantly deter sexual activities and relations with minors and children. A codification of existing policies related to the prevention and response to sexual and other types of abuse and violence against women and girls shall also be pursued to provide a more efficient legal system in addressing such issue. The following activities shall be undertaken in relation to these initiatives:

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> Continuing provision of technical support to advocates and champions in Congress in all phases of legislation 	<p>PCW DSWD</p>	2022-2024
<ul style="list-style-type: none"> Continuing conduct of media activities to ensure maintain the policy agenda within the public discourse and to generate public support 	<p>NIAC-VAWC CSOs, DPs</p>	2022-2024

<ul style="list-style-type: none"> ● Mobilization and support to LGUs in creating an enabling policy environment for strengthening legal mechanisms in preventing and responding to cases of sexual abuse among women and girls 	DILG, LGUs	2022-2024
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4. Establishing and utilizing efficient information and knowledge base for ASRH services. To generate empirical data and information needed for the enhancement of various mechanisms for the prevention of sexual abuse and exploitation among adolescents, an efficient information and knowledge management system shall be established, maintained and utilized for program enhancement. This system will also include an efficient monitoring and evaluation system.

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> ● Support to the updating of the YAFSS and NDHS particularly in generating data and information related to sexual abuse among adolescents <ul style="list-style-type: none"> ▪ Further analysis and dissemination of the results of YAFSS and NDHS to inform the development and enhancement of preventing and protective services against sexual violence 	DOH, POPCOM, PSA, UPPI	2021 2Q, 2022
<ul style="list-style-type: none"> ● Conduct of other researches to improve the knowledge base for the enhancement of strategies against sexual abuse among adolescents 	DSWD, PCW	2021-2024
<ul style="list-style-type: none"> ● Strengthening existing M&E systems for cases of sexual violence and other similar acts 	NIAC-VAWC	2022-2024

Section V

IMPROVING THE SOCIOECONOMIC WELLBEING OF ADOLESCENTS

A. Basis for Action

Various institutions, sectors and participants during the *Kapit Kamay: A National Summit to Understand the Education, Health and Development Dimensions of Early Pregnancy and Forge Multi-Stakeholder Consensus on Ways Forward*, recognized and called for interventions to address in integrated manner the interlinked health, education and socioeconomic factors of adolescent pregnancies. As also shown in the situation discussed above, adolescent pregnancies interplay with factors related to health, education and socioeconomic variables. Hence, the need to address these concerns all together.

Currently, most of the existing socioeconomic interventions for adolescents are focused on the provision of jobs, livelihood, completion of education through scholarships or short courses, vocational and technical skills development, and direct provision of financial assistance (e.g., conditional transfer programs). On livelihood assistance programs, DOLE has contributed to the agenda of inclusive growth through massive job generation, poverty reduction, and to reduce the vulnerability to risks of the poor, vulnerable and marginalized workers by providing an access to grant assistance for capacity building on livelihood ventures either for individual or group through the DOLE Integrated Livelihood Program (DILP) or Kabuhayan Program. The Special Program for Employment of Students which is on youth employment-bridging program also aims to provide employment to poor but deserving students, out-of-school youth and dependents of displaced or would-be displaced workers during summer and/or Christmas vacation or any time of the year to pursue their education and increase employment opportunities for young people.

Other strategies in capacity building are being conducted by the Technical Education and Skills Development Authority (TESDA) and Department of Agriculture (DA) offering short- and long-term skill training courses that involve development in the said target markets. TESDA also includes street children and youth as a special client for their scholarship program on TESDA Skills - Courses.

Other initiatives that enhance the employability of the youth are: JobStart Philippines which aims to reduce the job-search period for young people and enhance their employability through training (life skills and technical skills required by industries), Training for Work Scholarship (TWSP) that seeks to support rapid, inclusive and sustained economic growth through course offerings in priority industries and Key Employment Generators (KEGs) such as automotive, other priority manufacturing industries, agri-fishery/agri-business/agro-industrial, tourism, information technology-business process management (IT-BPM), semiconductor and electronics, logistics, general infrastructure and new and emerging sectors, the Special Training for Employment Program (STEP) a community-based training program that addresses the specific skills needs of the communities and promotes employment, through entrepreneurial, self-employment, and

service-oriented activities. The Department of Agriculture also offers the Agricultural Competitiveness Enhancement Fund (ACEF) which provides support to students taking up agriculture/agribusiness courses and Mentoring and Attracting Youth in Agribusiness (MAYA), which is a mentoring program that will develop the youth into competent, skilled, and employment-ready young workforce.

Other assistance by the government which ensures funding for young peoples' initiatives include the Department of Science and Technology (DOST) Academe Technology-Based Enterprise Development (DATBED), which provides assistance through funding, training initiatives, access to facilities and latest technologies. The program develops entrepreneurial curriculum and technology business incubation among participating schools/organizations. The screening and selection of students will be performed by the school or a non-government organization.

There are also scholarships that aim to provide educational and financial assistance to deserving students. The Government Internship Program (GIP) provides three to six (3-6) months of internship opportunity for high school, technical-vocational, or college graduates particularly the poor/indigent and young workers to pursue and demonstrate their talents and skills in the field of public service either local or national government. Private Education Student Fund Assistance (PESFA) aims to extend educational grants/financial assistance to marginalized but qualified and deserving students in Technical-Vocational Education and Training (TVET) courses, that will contribute to the development of a competent skilled workforce and to assist private institutions in their development efforts by assuring a steady supply of enrollees to their course's offerings.

Various types of socioeconomic strategies and programs and good practices for adolescents and youth are likewise being implemented by local government units. They range from scholarships, employment and educational support, among others.

While there are a number of interventions that contribute to the socio economic wellbeing of adolescents, existing interventions are implemented in fragmented manner and in limited scope since there is no integrative framework that consolidates these initiatives to address a common goal and pool available resources to expand its reach specially to underserved sectors and communities. In addition, while the interconnection of reproductive health, education and socioeconomic factors in relation to adolescent pregnancy is well-established and recognized, these factors are addressed separately by concerned agencies.

B. Objectives

The Executive Order No. 141 emphasized the need to equally address the socioeconomic dimension of adolescent pregnancy. It specifically mandated the *Sanggunian Kabataan* to implement programs that aim to provide adolescent-friendly measures to support pregnant girls and young mothers to continue and complete their education. Moreover, the Philippine Youth Development Plan (PYDP) for 2017-2022, as also stated in the Philippine Development Plan (2017-2022), emphasized the goal of improving the

capacities and rights of adolescent and youth and their family to have good standards of living and better socioeconomic outcomes. Improving youth employment has also been identified as a key strategy in accelerating the country's capacity to achieve demographic dividend.

Furthermore, the prevention of adolescent pregnancy was also highlighted as a key strategic action area in the roadmap for the Human Development and Poverty Reduction Cabinet Cluster (HDPRCC). This explicitly recognizes the importance of preventing and reducing adolescent pregnancy in fostering human development and poverty reduction.

In addition, to also foster the overall well being of adolescent mothers and their children, the 2021 General Appropriations Act mandated DSWD and POPCOM to develop and implement a social protection program for this segment of adolescents. Within the existing social protection framework in the Philippines, this program aims to promote and protect the total wellbeing and capabilities of adolescent mothers and their children through reduction of poverty, inequality and vulnerability to risks and enhancement of their social status and rights.

Towards this, this Action Plan generally aims to promote and improve existing mechanisms for integrated implementation of interventions and programs that aim to improve the socioeconomic wellbeing of adolescents including the adolescent mothers and their children. It specifically aims to:

1. Increase the number of adolescents who have completed at least their basic education or vocational and technical skills training;
2. Reduced proportion of adolescents who are economically poor; and
3. Increased number of adolescent mothers who have benefitted from existing social protection interventions in the community;

C. Strategic Actions

Within the identified objectives, the following key strategies shall be coordinated and implemented:

1. Promotion of integrated policy and protective programs to ensure that school-aged adolescents complete their education or vocational and technical skills development;
2. Strengthening the PYDP and its implementing mechanisms as an effective, integrated and functional collaborative framework that promotes the overall socioeconomic well being of adolescents and youth and builds their capacities to exercise and fulfill their rights; and

3. Development and implementation of a social protection program for adolescent mothers and their children to prevent and protect adolescents from the socioeconomic shocks of adolescent pregnancies.

D. Scaling-up Existing Programs and Activities

With the objective of consolidating and strengthening existing socioeconomic interventions for adolescents, the following initiatives shall be pursued:

1. **Formulation and implementation of a collaborative framework for integrated socioeconomic interventions for adolescents.** Given the various socioeconomic interventions for adolescents that are being implemented across all levels, there is a need to align them towards the overall goal of preventing and reducing incidence of adolescent pregnancies. Conceptually, such framework can take-off from the inputs and strategic recommendations during the Kapit Kamay summit where the interrelationships of sexual and reproductive health, education and economic factors and adolescent pregnancy was highlighted. This undertaking can also be anchored on the current roadmap of the HDPRCC and relevant thrusts of the PDP and PYDP as well as the social protection framework for adolescent mothers to be initiated by DSWD and POPCOM. For this purpose, the following activities will be conducted:

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> ● Consolidation and integration of existing socioeconomic interventions under a unified framework for socioeconomic wellbeing of adolescents as an explicit strategy for the prevention and reduction of adolescent pregnancies <ul style="list-style-type: none"> ▪ Conduct of consultations among relevant government agencies and organizations in the formulation of an integrated framework ▪ Development and implementation of a unified monitoring and evaluation system for socioeconomic interventions for adolescents ▪ Promotion and implementation of the integrated framework to all national, regional and local stakeholders 	HDPRCC, NYC	1Q, 2021

<ul style="list-style-type: none"> Integration and adoption of the integrated framework in the local DTPs and localization strategies 	DILG and LGUs	2021-2024
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2. Development and implementation of social protection programs for adolescent mothers and their children.

Pursuant to the mandate under the 2021 GAA, POPCOM and DSWD shall expedite the development and design of the framework and specific programs and strategies for a social protection program for adolescent mothers and their children. A well-designed safety nets for minor parents can improve the health, nutrition, education and development of minor parents. Pregnant and parenting adolescents often find balancing their adolescent lives and being a parent. Minor parents have to receive adequate social, emotional, medical and academic support that are crucial to the future of both the minor parent and child.

The social protection for adolescent mothers shall be anchored on the existing social protection framework in the Philippines as approved by the Social Development Committee (SDC) through the DSWD. Thus, the social protection program for adolescent mothers shall include integrated interventions that provides beneficiaries access to health services like nutrition and mental health support, opportunity to return to school, and a social amelioration program for those belonging to the lowest socioeconomic bracket until they are able to find gainful work or livelihood. This will include policies and programs that seek to reduce poverty, inequality and vulnerability to risk and enhance the social status and rights of the marginalized by promoting and protecting livelihood and employment, protecting against hazards and sudden loss of income, and improving people’s capacity to manage risks (as adopted by SDC Resolution No. 1 Series of 2007).

For this purpose, the following activities shall be undertaken:

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> Development of social protection framework and program for adolescent mothers and their children <ul style="list-style-type: none"> Conduct of consultations among relevant government agencies and organizations in the formulation of an integrated framework Development and implementation of a unified monitoring and evaluation system for socioeconomic interventions for adolescents 	DSWD, POPCOM, NEDA (SDC)	4Q, 2021

<ul style="list-style-type: none"> ▪ Promotion and implementation of the integrated framework to all national, regional and local stakeholders 		
<ul style="list-style-type: none"> ● Integration and adoption of the integrated framework in the local DTPs and localization strategies <ul style="list-style-type: none"> ▪ Provision of technical inputs or tools and capacity building in the implementation of social protection program ▪ Mobilization of SKs to provide adolescent-friendly measures to develop interventions that support adolescents including pregnant girls and young mothers to continue and complete their education 	<p>DILG and LGUs</p> <p>POPCOM, DSWD, DILG</p> <p>DILG, NYC</p>	2022-2024

3. Enhancing policy environment to improve socioeconomic wellbeing of adolescents.

While there are already a wide range of socioeconomic interventions that benefit various types of adolescents, a policy particularly for the social protection of mothers and their children need to be instituted at all levels. Such a policy proposal has been integrated in the pending bills for the prevention of adolescent pregnancies. Hence, advocacy efforts shall be implemented to improve the policy environment for the socioeconomic wellbeing of adolescents especially those who are more vulnerable.

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> ● Continuing provision of technical support to advocates and champions in Congress in all phases of legislation 	<p>DSWD POPCOM, NYC, CWC and CSOs</p>	2022-2024
<ul style="list-style-type: none"> ● Continuing conduct of media activities to ensure maintain the policy agenda within the public discourse and to generate public support 	<p>DSWD POPCOM, NYC, CWC and CSOs</p>	2022-2024
<ul style="list-style-type: none"> ● Mobilization and support to LGUs in creating an enabling policy environment for strengthening legal mechanisms for social protection of adolescent mothers and their children 	<p>DILG, LGUs</p>	2022-2024

Section VI

PROMOTING YOUTH DEVELOPMENT AND PARTICIPATION

A. Basis for Action

When adolescents and young people are consulted and are able to participate, policies, programmes, and services are more likely to respond to their rights and needs. All adolescents and young people have the right to learn and practice their evolving capacities to make decisions for their own lives, their families, their communities, and their futures. This is also true across the development-humanitarian and peacebuilding contexts, where adolescents and youth are critical agents of positive change.

Adolescent and youth participation in development as one of the key pillars along EO 141 is expected to result in increased participation in community development towards the reduction of adolescent pregnancy. Studies show that when young people are involved in issues affecting their development, it will also increase their motivation to avoid both risky sexual and non-sexual behaviors. Youth participation also entails a balance between adult supervision and their involvement to ensure a safe space for development.

Developing adolescent and youth participation will enable them to be active key players in nation-building. This is being strengthened by RA 8044 otherwise known as the “Youth in Nation-Building Act of 1995 which states that “the State recognizes its responsibility to enable the youth to fulfill their vital role in nation-building and hereby establishes the National Comprehensive and Coordinated Program on Youth Development, creates the structures to implement the same and appropriate adequate funds to provide support for the program and implementing structures on a continuing sustained basis¹⁰.”

Furthermore, the Philippine Youth Development Plan (PYDP) 2016-2022 defined *participation* as “involvement in planning, implementing, monitoring and evaluating youth programs and projects as well as in integrating the youth agenda and concerns in local and national development plans¹¹.” Moreover, it is referred to as “Active Citizenship” under the nine centers for participation of the PYDP and for action of the Sangguniang Kabataan (SK). Hence, youth development and participation has thus become the overarching concept of PYDP 2017-2022.

The 2015 National Youth Assessment Study (NYAS) by the NYC revealed the recognition by the youth themselves in social and political issues and processes including their exercises of their right of suffrage. Having young people as true partners means active engagement. It means letting young people define what is needed and using adult skills to make it happen in a way that most benefits the teens. In this way, the adults in the program can become that special somebody in the life of an adolescent — someone who cares about

¹⁰ RA 8044, Youth in Nation Building Act

¹¹ Philippine Youth Development Plan 2017-2022

them, takes their opinions and feelings seriously, holds them accountable, and believes in them.¹²

However, adolescent and youth participation in development is being challenged even within the current reforms in Sangguniang Kabataan (SK). The SKs' main function is to promulgate resolutions necessary to carry out the objectives of the youth in the barangay in accordance with the applicable provisions of the Local Government Code. Moreover, the SK shall initiate programs designed to enhance the social, political, economic, cultural, intellectual, moral, spiritual and physical development of the members including adolescent sexual and reproductive health as a primary concern¹³.

The passage of RA 10742 or the SK Reform Act of 2015 brought a new spark of hope in youth participation after several years of no elections among SKs. One salient change was to increase the age of eligibility to run from 15-17 to 18-24 to allow them to process their own finances independently. The said act also ensures wide and multi-sectoral youth participation in local governance. This is channeled through Local Youth Development Councils (LYDC) in every province, city and municipality. These shall be called Provincial Youth Development Council (PYDC), City Youth Development Council (CYDC) and Municipal Youth Development Council (MYDC), respectively. The LYDC shall be headed by the concerned SK Federation President and composed of representatives of youth and youth-serving organizations at the provincial, city, and municipal level. The LYDC shall assist the planning and execution of projects and programs of the SK, and the Pederasyons in all levels.¹⁴

Even in disaster and risk situations, adolescents and youth must be well involved for the sake of their welfare and development. Young people can be parents, heads of household, and experience a wide range of impacts during humanitarian emergencies, such as increased rates of adolescent pregnancy, sexually transmitted infections, mental health and mental illness, trafficking, disruptions to education, and violence (Cahill et al., 2010).¹⁵

Young men and women are also vulnerable to different impacts during disasters, with young women experiencing a double burden in countries with high levels of gender inequality (Plan International, 2013). While the unique vulnerabilities and needs of adolescents must be considered, it is also important to recognize the ability of young people to participate in decision-making processes and to develop solutions (Cahill et al., 2010)¹⁶.

While several efforts are being done to strengthen adolescent/youth participation in development, the following are the identified gaps that limit their maximum participation:

¹² Focussing on kids Module

¹³ <https://nyc.gov.ph/republic-act-8044/>

¹⁴ SK Reform Act of 2015

¹⁵ <https://www.unicef.org/philippines/media/426/file/Adolescent%20Development%20and%20Participation%20in%20Humanitarian%20Response.pdf>

¹⁶

<https://www.unicef.org/philippines/media/426/file/Adolescent%20Development%20and%20Participation%20in%20Humanitarian%20Response.pdf>

2. **Unoptimized SK participation in development.** The SK Reform Act of 2015 limited political dynasties in principle, but the autonomy of SKs to lead their constituents towards youth development and participation within their locality remains challenged by some political factors. There is also a challenge in terms of the optimal use of the SK fund to cover other youth development activities beyond sports and cultural enhancement.
3. **Adult-led interventions.** While programs for participation are for young people, it is notable that adult's influence also limits young people's participation in programs and projects designed for them. In many instances, young people ended up as merely beneficiaries rather than key players of the programs, projects, and activities. This may limit their participation in development and how they can also explore their potential.
4. **Fragmented interventions.** Different agencies have different programs and individual promotional activities, this limits the young people to be aware of the different interventions that they may be able to participate in.
5. **Mostly school-based interventions for young people.** Most youth participation activities are being done in school-based organizations like clubs and student councils. Hence, it is not being sustained after graduation. Moreover, in-school adolescents and youth usually benefit from the different interventions.
6. **COVID-19 Pandemic.** Community quarantine protocols limit the capacity of young people, especially the minors, to actively participate in actions related to activities that require face-to-face approach.

The inclusion of adolescent and youth participation for development as one of the pillars of EO 141 in the reduction of teenage pregnancy will enable stakeholders to maximize their participation in nation-building. Their active participation in the planning, implementation, and monitoring and evaluation of interventions that affect their wellbeing ensures the responsiveness of these interventions to their actual needs and capacities to achieve their aspirations and potential.

B. Objectives

Within this context, this Action Plan shall contribute to the attainment of the PYDP's main goal of enabling, promoting, and ensuring youth's active, meaningful, and holistic participation in society in furtherance of their rights and welfare, particularly within the context of preventing and reducing adolescent pregnancies. Specifically, it aims to consolidate strategies and programs that enhance the actual and meaningful participation of adolescents in the various development initiatives in their localities – from the planning, design, implementation, monitoring and learning processes of various programs and projects concerning their wellbeing. It will also foster a meaningful, engaging and empowering youth-adult partnership and collaboration.

C. Strategic Actions

Pursuant to the mandates under EO 141, the following key strategic actions shall be promoted:

1. Capacitating and mobilizing the SKs and the local youth development councils (LYDCs) in the development and implementation of interventions to arrest and prevent all known causes of adolescent pregnancies, and support adolescent mothers, which shall be reflected in the LYDP and AIP of their respective localities (EO 141);
 - a. Capacitating and mobilizing SKs and LYDCs to identify and implement viable programs, activities and projects and allocate a portion of their budget, as necessary, towards the following objectives (EO 141):
 - Educating the youth on sexual and reproductive health, even in a non-formal education setting, and normalize respectful dialogue on sexual and reproductive health matters;
 - Providing youth-friendly and rights-based measures to support pregnant girls and young mothers to continue and complete their education;
 - Formulating retention strategies and life skills programs for pregnant girls and young mothers, which may include vocational training opportunities;
 - Following-up on pregnant girls or young mothers who have dropped out of school through targeted outreach and support programs; and
 - Ensuring the functionality of barangay anti-VAWC desks
2. Establish a forum for continuing dialogue between the government and youth sector on the proper planning and evaluation of policies, programs and activities affecting the youth, convening for the purpose representatives of all youth organizations and institutions, including SKs from barangay, municipal, city, provincial and national levels.
3. Strengthening mechanisms for the development, implementation and monitoring of the PDP and the LYDPs particularly those related to the prevention of adolescent pregnancies.

D. Scaling-up Existing Programs and Activities

1. **Capacitating SKs and LYDCs in developing and leading responsive interventions on preventing adolescent pregnancies.** Aligned with the guidelines in formulating the Local Youth Development Plans (LYDPs), SKs and the members of the LYDCs shall be capacitated and mobilized to identify and develop appropriate strategies and activities that can prevent and reduce incidence of adolescent pregnancies in their localities (as part of the centers of youth participation). They shall be capacitated on evidence-based root-cause analysis as

bases for the identification of appropriate interventions such as those mentioned in EO 141.

Provided that adolescent sexual and reproductive health and active citizenship are included in the nine centers for participation of the Sangguniang Kabataan (SK), the LYDC with direction from the National Youth Commission (NYC) shall see to it that appropriate budget allocations shall be used for ASRH activities in collaboration with DOH, POPCOM, DepEd, and other development partners.

Other activities may include capacitating SK officials and other adolescents as peer educators especially at the community level; management of community-based teen centers as referral points; passing of policies that will ensure adolescent and youth participation in development; and partnership with government agencies and other organizations working for the welfare of young people.

Activities	Lead Agency	Timeline
<ul style="list-style-type: none"> ● Development and dissemination of planning tools (e.g., including formulation of vision, vision-reality gap analysis, root-cause analysis and program development and M&E) <ul style="list-style-type: none"> ▪ Development and printing of the guidelines (or posting in the SK portal) ▪ Orientation and capacity building of SKs and LYDC members through structured training program ▪ Integration of the guidelines in the orientation module for newly elected SK and barangay officials ▪ Continuing provision of technical assistance in LYDP formulation 	<p>NYC</p> <p>NYC, DILG-LGA, POPCOM</p> <p>DILG-LGA</p> <p>NYC, DILG-LGA, POPCOM</p>	2022-2024
<ul style="list-style-type: none"> ● Implementation of youth-led interventions on the prevention of adolescent pregnancies as identified in the LYDP 	SK, LYDC, LGUs	2022-2024
<ul style="list-style-type: none"> ● Development and implementation of efficient monitoring and evaluation system to measure the implementation status and level of relevant interventions related to the prevention of adolescent pregnancies 	SK, LYDC, LGUs	2022-2024

2. Continuing implementation of forum and other platforms for dialogue between youth sector, government and other youth sector on issues related to the prevention of adolescent pregnancies.

The National Youth Commission (NYC) shall intensify its various capacity building and platforms for youth participation and dialogue through various initiatives such as: a) National Youth Parliament which provides the selected participants with skills on parliamentary procedures, advocacy and policy paper making, resource mobilization to the young parliamentarians, and capacity building for effective advocacy and lobbying; b) Ship for Southeast Asian and Youth Program (SSEAYP) that promotes friendship and mutual understanding among youths, improve practical skills, and develop leadership; c) National Youth Volunteer Program, an ongoing platform for volunteer training and mobilization nationwide Youth Organizations & Volunteer Program, d) Youth Organization Registration Program (YORP) which helps facilitate the establishment of youth organizations; and e) the Annual Search for Ten Accomplished Youth Organizations (TAYO) to recognize outstanding youth nationwide.

The SK shall also be mobilized to take the lead in the conduct of a “National Adolescent Pregnancy Prevention” Day alongside the celebration of Linggo ng Kabataan every year to raise public awareness on the issue and generate meaningful public discourse and dialogue among community stakeholders. This will also amplify the active participation of youth in nation-building through the conduct of various activities in close coordination with the LYDC and the Information and Service Delivery Network (ISND) as part of the special event.

The conduct of the annual Katipunan ng Kabataan (KK) Convention, as mandated by law, may be made more relevant and responsive to the needs of young people by encouraging active youth participation in the overall planning and implementation of the activity. By creating venues for them, young people may develop or innovate programs, projects and activities even policies that can be effective and efficient. It has to be ensured that in every committee or program where adolescent and youth concerns are being discussed, there should be a member coming from their sector.

Other noteworthy projects that encourage youth participation include the Department of Agriculture's Agricultural Competitiveness Enhancement Fund (ACEF). This provides support to students taking up agriculture/agribusiness courses and Kapital Access for Young Agriperenurs (KAYA), which provides uncollateralized loans of up to P500,000 at zero interest, to fund their agribusiness venture.¹⁷

The initiatives of various development partners like the UNFPA, USAID, and Red Cross Youth in helping young people participate in the development process shall also be scaled up and mainstreamed within the national and local interventions.

¹⁷ <https://www.da.gov.ph/da-holds-first-ever-youth-agri-summit-for-future-philipino-leaders-in-agri-fishery/>

These include the Youth Leadership and Governance Programme (YLGP) which aims to rapidly reduce adolescent pregnancies through a youth-led, gender-transformative and multi-sectoral approach led by the Zuellig Family Foundation (ZFF); YouthLed of the USAID Health Projects in various key places in the country which aims to increase youth leadership capacity, build networks for youth participation in governance, and improve civic education and civic engagement; and the initiatives of Red Cross Youth to include: a) Junior First Aiders Program, development of life-saving skills; clinic/training for youth, b) Annual International Youth Friendship, exchange program to promote solidarity and friendship among youth/peers, c) Red Cross Youth Star Volunteers, a training with role models who promote/endorse youth programs, d) National Youth Camp, teamwork enhancement; competitions and games to promote leadership and opinion-sharing in youth, and e) Basic HIV/AIDS Prevention Education (HAPE), training and dissemination course aimed to provide proper HIV/AIDS education.

- 3. Strengthening community-based youth organizations.** Accredited youth organizations and other groups that support the active participation of young people in community development activities shall also be mobilized as part of the integrated network of services and interventions for adolescents. This aims to expand activities of adolescents beyond the school to foster and nurture their leadership, nationalism, and other social skills as part of enriching their potential. The LYDC and SK may also create community-based organizations based on the nine centers for participation.

This will serve as an alternative vehicle for the young people to develop their potentials holistically despite the challenges of pandemic. Groups like peer educators, DRR responders, environmental protection advocates, talents-based organizations, even for the LGBT, PWD, and IP communities may be tapped.

- 4. Fostering youth participation and leadership in school.** Leadership skills and participation in community development can be fostered and nurtured within the school through curriculum and extra-curricular activities. Active participation may be part of the curriculum from kindergarten up to the tertiary level. Discussion of programs and projects offered by government, NGOs, CSOs, and other development partners offering adolescent and youth participation may also increase their active participation in development.

- 5. Development of One-Government Youth Development Portal.** The National Youth Commission in close collaboration with the Council for the Welfare of Children (CWC) and other relevant agencies shall initiate the development and maintenance of a unified online portal that can serve as a university for different approaches on youth development initiatives. The portal shall include tools, manuals and other materials on various strategies and approaches of government and non-government agencies. These materials shall be accessible to all youth groups and interested institutions including the LGUs. The portal may also serve as the platform for the sharing of good practices among SKs and youth organizations.

Section VII

COLLABORATIVE AND IMPLEMENTING MECHANISM

A. Whole-of-Nation Approach

Executive Order No. 141 explicitly called for a whole-of-government approach to the prevention of adolescent pregnancy. It specifically called for all government agencies and its instrumentalities to identify and implement interventions related to the prevention of adolescent pregnancies (Section 2, EO 141). However, with the complexity and multidimensional nature of the factors related to such social issues, it requires not only the government but other stakeholders including civil society organizations, private sector and the entire communities at large. Hence, a whole-of-nation approach shall be fostered and ensured in the implementation of this Action Plan.

Section 7 of EO 141 mandated the Human Development and Poverty Reduction Cabinet Cluster (HDPRCC) to provide overall coordination among all government agencies and instrumentalities and to monitor the implementation of interventions at all levels. As a mechanism to improve governance efficiency, Executive Order No. 24, series of 2017 reorganized the cabinet clusters and mandated to address concerns on population, reproductive health and sustainable development. In light of this mandates, the HDPRCC shall perform overall coordinative role in the implementation of this Action Plan. Currently, the National Anti-Poverty Commission (NAPC) provides the secretariat support to the HDPRCC.

In general, the various strategies and activities identified in this Action Plan shall be implemented within the existing mandates and programs of each concerned agency and institution. Collaboration and joint activities shall be organized through the HDPRCC as part of its coordinative and monitoring function. Sub-committees for each of the five (5) key strategic areas shall be organized and mobilized for more efficient and focused collaboration and coordination.

Moreover, EO 141 also mandates all members of the HDPR Cabinet Cluster (i.e, DSWD, DILG, DepEd, DOH, TESDA, NEDA) as well as NYC, PCW, POPCOM and other government agencies to extend all assistance necessary to enable SKs to implement program, activities and project within their localities.

Core Technical Working Group (TWG). To facilitate the preparation and coordination of this Action Plan, a core TWG was organized to include the following agencies:

1. Department of Health (DOH)
2. Department of Social Welfare and Development (DSWD);
3. National Economic and Development Authority (NEDA);
4. Department of Education (DepEd);
5. Technical Education and Skills Development Authority (TESDA);
6. National Youth Commission (NYC);

7. Commission on Population and Development (POPCOM);
8. Philippine Commission on Women (PCW);
9. Council for the Welfare of Children (CWC); and
10. National Anti-Poverty Commission (NAPC).

B. Specific Institutional Roles

1. **Department of Education (DepEd)** – Pursuant to RPRH law (RA 10354), the DepEd will take the lead in the coordination of strategies and activities related to CSE particularly within the school curriculum and alternative learning system as a key strategic area of this Action Plan.
2. **Department of Health (DOH)**- Pursuant to the RPRH law, the DOH shall take the lead in the coordination and mobilization of interventions and initiatives and development of standards in relation to the provision of ASRH services at all levels as a key strategic area of this Action Plan.
3. **Department of Social Welfare and Development (DSWD)** – The DSWD shall take the lead in the coordination of social protection programs particularly for adolescents in general and for young mothers and their children.
4. **Department of Interior and Local Government (DILG)** – The DILG shall provide overall supervision over LGUs and promote local autonomy and capacities in the provision of general welfare including among adolescents and children. This includes monitoring of the compliance of LGUs in the implementation of relevant laws such as the EO 141 and the RPRH Law.
5. **National Economic and Development Authority (NEDA)** – The NEDA shall provide support in the institutionalization and integration of goals and strategies related to the prevention of adolescent pregnancies in the regional and national development plans and socioeconomic development agenda.
6. **Department of Labor and Employment (DOLE).** The DOLE will support the implementation of EO 141 and this Action Plan through integration in its programs various interventions that enhance the employment and socioeconomic wellbeing of adolescents.
7. **National Youth Commission (NYC)** – The NYC shall take the lead in fostering and engaging youth participation and development as a key strategic area of this Action Plan. Specifically, under EO 141, NYC shall establish a forum for continuing dialogue between the government and youth sector on the proper planning and evaluation of policies, program and activities affecting the youth, convening for the purpose representatives of all youth organizations and institutions, including SKs from barangay, municipal, city, provincial and national levels. The NYC will also facilitate the integration of this Action Plan in the PYDP.

8. **Commission on Population and Development (POPCOM).** The POPCOM shall provide support in the implementation of strategies and interventions on the prevention of adolescent pregnancies and social protection for adolescent mothers and their children (2021 GAA) as part of its key strategy under the Philippine Population and Development Program (PPDP). Specifically, under EO 141, the POPCOM shall continue to educate leaders, parents and other community members about evidence-based strategies to reduce, if not eliminate, adolescent pregnancy, and to improve adolescent reproductive health.

It is also mandated to consolidate into a Comprehensive Action Plan towards the Prevention of Adolescent Pregnancies the different initiatives of all government agencies and institutions. For this purpose, it may call upon any department, bureau, office, agency or instrumentality of the government for assistance. The POPCOM shall submit such a plan to the HDPR Cabinet Cluster.

9. **Technical Education and Skills Development Authority (TESDA).** The TESDA shall provide support interventions in the integration and implementation of CSE in curriculum for technical and vocational courses or training programs. The TESDA will also support the implementation of EO 141 and this Action Plan through its programs that enhance the technical and vocational skills of adolescents.
10. **Council for the Welfare of Children (CWC).** The CWC shall coordinate the implementation and enforcement of all laws and national strategies related to the welfare of children or young adolescents including those that contribute to the prevention of unintended pregnancies among children.
11. **Philippine Commission on Women (PCW).** The PCW shall ensure the integration of gender and development dimensions in all ASRH strategies at all levels. It shall also take the lead in monitoring mechanisms to prevent gender-based violence especially against women and girls, as a contribution to the implementation of EO 141 and this Action Plan.
12. **Other National Government Agencies.** All government agencies shall identify and implement interventions within the mandates and programs to support the implementation of this Action Plan.
13. **Local Government Units (LGUs).** Within their mandate under the Local Government Code, LGUs are mandated to directly provide appropriate services for the general welfare and wellbeing of adolescents and children within the jurisdiction.
14. **Civil Society Organizations (CSOs).** The CSOs, within a collaborative and partnership arrangement, may support the national, regional and local government agencies in the implementation of the key strategies identified in the Action Plan.

15. **Private Sector.** The private sector, in partnership with national, regional and local government agencies, may support the implementation of the key strategies identified in the Action Plan particularly within its corporate social responsibility programs/initiatives.

C. Funding

Pursuant to EO 141, the Department of Budget and Management (DBM) shall ensure that the annual National Expenditure Program shall include initiatives for the prevention of adolescent pregnancies in the annual budget priority frameworks and its corresponding budget guidelines. The DBM shall likewise support Program Convergence Budgeting for these initiatives to ensure harmonized interventions and investment programming.

Moreover, the funding for the implementation of strategies and programs of each government agency shall be charged against the allocation for Gender and Development in the respective budgets of concerned agencies, and as may be warranted, against sources to be identified by the DBM as may be necessary.

Section VIII

MONITORING AND EVALUATION MECHANISM

The HDPR Cabinet Cluster is tasked under EO 141 to monitor the implementation of various interventions of government agencies and other stakeholders towards the prevention and reduction of the rising number of adolescent pregnancies. Within the context of the whole-of-nation approach, monitoring and evaluation activities will be basically geared towards measuring the effectiveness and efficiency of collective and orchestrated actions towards the attainment of common goals. The Monitoring and Evaluation (M&E) framework below provides the indicators for measuring collective performance.

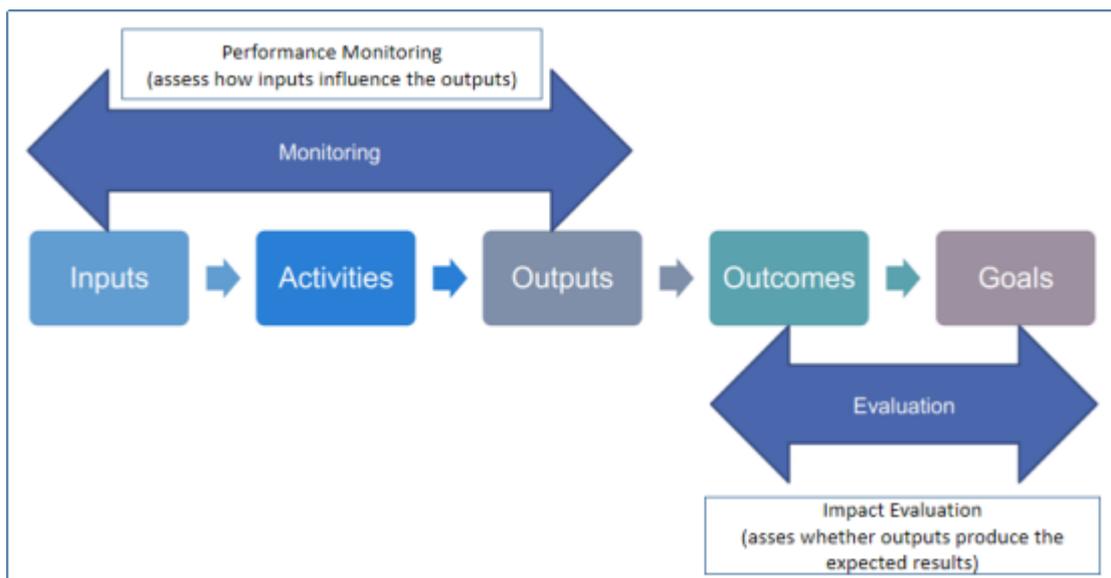
Monitoring and Reporting Mechanisms. The EO 141 tasked the HDPRCC to submit a report on the status of the government's initiatives in addressing adolescent pregnancies in the country. As such, to generate necessary information, all government agencies and participating CSOs and development partners shall provide periodic reports on the outcomes, outputs and activities they have implemented based on this Action Plan. The HDPRCC may task a member agency to lead in the consolidation of this information and in the preparation of the report. The findings of the monitoring reports will be presented to the regular HDPR Cabinet Cluster meeting for the issuance of necessary corrective actions.

Monitoring and evaluation activities will also include the periodic meetings of the HDPRCC and the TWG where status of the implementation of strategies and activities identified in this Action Plan, emerging issues and the corresponding doable solutions shall be discussed. Existing regional bodies will also be mobilized for the planning, monitoring and evaluation of initiatives related to the prevention of adolescent pregnancies at the regional level.

A mid-term review on 2023 shall be conducted to measure the Action Plan's success in achieving its outcomes. Evaluations such as operational research and case studies may be conducted as part of the assessment to improve efficiency and overall effectiveness of implementation of the Action Plan.

Monitoring and Evaluation Framework

To guide effective planning and implementation of relevant initiatives, the M&E Framework below provides the various key indicators at various levels of expected results. The key indicators will be further reviewed/refined as this Action Plan will be implemented. To operationalize the M&E framework, reliable baseline data will be collected by HDPR Cabinet Cluster, its member agencies, and other relevant stakeholders. Impact data will be collected when appropriate during the project implementation.



Components of the M&E Framework

Overall Theory of Change Statement. Assuming that national government agencies, local government units, civil society organization, youth development organizations, private sector, work together in the implementation of the Philippine Action Plan for the Prevention of Adolescent Pregnancy that provides key strategies in CSE, access to RH services, measures against sexual abuse/coercion, socioeconomic development interventions, and youth participation and development, it will result to desired behaviors among adolescents, specifically:

- delayed sexual activities;
- increased use of contraceptives;
- reduced incidence of sexual abuse;
- reduced non-sexual risk behaviors;
- increased ASRH service utilization;
- increased participation in development;

When these behaviors of young people are collectively demonstrated, adolescent pregnancies will be prevented and adolescents become well-informed, empowered, healthy and responsible persons. These behaviors and conditions among adolescents will significantly contribute to the attainment of demographic dividends that will lead to an inclusive growth, high-trust and resilient society, globally competitive knowledge economy (Matatag, Maginhawa at Panatag na Buhay) which will benefit the well-being of Filipinos.

Expected Results	Indicator	Definition	Baseline	Targets	Data Source/ Means of Verification
IMPACT LEVEL					
Well-informed, healthy, empowered, and responsible adolescents	Maternal mortality ratio (among adolescent girls)	The number of women who die as a result of complications of pregnancy and childbirth in a given year per 100,000 live births in a given year ¹⁸	0.9 : 1000 live births (under 15) 0.7 : 1000 live births (15-19) (2018)		PSA, FHSIS, CRVS
	Number of registered maternal deaths among adolescent mothers (10-19)		2019: 10-19 - 177 10-14 - 3 15-17 - 44 18-19 - 70		
	Number of newly diagnosed with HIV & AIDS among adolescents	The number of STI and HIV infections by age and sex in a given year ¹⁹	30% (15-24) (2019) 3,391 (15-19) (2020)		DOH, HIV/AIDS and ART Registry of the Philippines
	Incidence of STI or HIV infections by age-sex				
	Incidence of low birth weight among newborns	Low birth weight is a weight at birth of an infant, whether born full time or preterm, of less than 2,500 grams or 5.5 or 5 pounds and 8 ounces ²⁰	21.4% (2013) 15% (2017)	15% (PDP Outcome Indicator - HDPRC 2021 Three Strategic Initiatives)	
	Completion rate (junior high school)		85.8% (2019)		DepEd

¹⁸ POPCOM, 2014. Population and Development Integration: A Mentoring Guide for Providing Technical Assistance to Local Government Units.

¹⁹ POPCOM, 2014. Population and Development Integration: A Mentoring Guide for Providing Technical Assistance to Local Government Units.

²⁰ Republic Act 1118, An Act Scaling up the National and Local Health and Nutrition Programs through a strengthened integrated strategy for maternal neonatal child health and nutrition in the first 1,000 days of life, appropriating funds therefor and for other purposes, 2018.

Expected Results	Indicator	Definition	Baseline	Targets	Data Source/ Means of Verification
	Senior High School completion rate	The percentage of first grade/year entrants in a level of education who complete/finish the level in accordance with the required number of years of study. ²¹	Both sexes - 81.0% (2018), 76.7% (2019) Female - 84.8% (2018), 80.5% (2019) Male - 77.2% (2018), 73.0% (2019)	84% (PDP)	
	Elementary (until Grade 6)		16% (2018) 20% (2019)		
	Enrollment/ Participation rate (secondary and tertiary education) Primary (elementary and secondary) participation/ enrollment rate	The percentage of school age (5-12 in elementary and 13-16 in secondary) currently enrolled in elementary and secondary schools ²²	Secondary-74.19% (2016) Pre-baccalaureate - 82,490 (AY 2019-2020)		PSA
	Educational attainment	Highest educational attainment (by sex) – no education, elementary, secondary, college, post-graduate	(age 15 above) ²³		PSA - APIS
	Youth employment rate	The proportion of the labor force who are currently employed ²⁴	33.3% (15-24) (2018)		PSA - Labor Force Survey
	Proportion of youth (aged 15-24 years) not in education, employment or training (NEET)	Youth NEET rate refers to the proportion of young people in the age group 15 to 24 years old who are unemployed or economically inactive and those who did not receive any	2015 - 23.0% 2018 - 39.44% (15-24) 2019 - 18.4% 2020 - 18.4%	17-19% (PDP)	PSA

²¹ Philippine Statistics Authority Board Resolution 01, 2017 retrieved from <https://psa.gov.ph/content/completion-rate-1>.

²² POPCOM, 2014. Population and Development Integration: A Mentoring Guide for Providing Technical Assistance to Local Government Units.

²³ 1. College Graduate or Higher - 11.9; 2. College Undergraduate - 9.3; 3. Post Secondary Short Cycle Tertiary Graduate - 1.8; 4. Post Secondary Short Cycle Tertiary Undergraduate - 0.4; 5. Post Secondary Non-Tertiary Graduate - 1.0; 6. Post Secondary Non-Tertiary Undergraduate - 1.0; 7. Senior Highschool Graduate - 0.1; 8. Senior High School Undergraduate - 0.1; 9. Junior Highschool Graduate - 28.1; 10. Junior Highschool Undergraduate - 11.9; 11. Elementary Graduate - 14.8; 12. Elementary Undergraduate - 18.5; 13. No Grade Completed - 1.6

²⁴ POPCOM, 2014. Population and Development Integration: A Mentoring Guide for Providing Technical Assistance to Local Government Units.

Expected Results	Indicator	Definition	Baseline	Targets	Data Source/ Means of Verification
		education (formal or non-formal) during the reference period. ²⁵			
OUTCOME LEVEL					
Reduced first and repeat pregnancies among adolescents	Age-specific fertility rate for 15-19	The number of births to women of a given age group per 1,000 women in that age group ²⁶ .	47/1,000 women in the 15-19 age group (2017)	37 / 1,000 (PDP)	PSA, NDHS
	Number of live births among adolescent mothers (10-19)	The number of live births per year ²⁷	2019: 10-19 - 180,916 10-14 - 2,411 15-19 - 178,505		PSA, CRVS
	Proportion of adolescents (15-19) who have begun childbearing	Percentage of women age 15-19 and age 15-24 who have given birth or are pregnant with their first child ²⁸	8.6% (2017)	halve the proportion	PSA, NDHS
Delayed sexual initiation among adolescent	Median age at first sex		Data from 2013 YAFS ²⁹	increase the median age and decrease the proportion	YAFS
	Proportion of youth age 15-24 who had sex before age 15				
	Proportion of youth age 18-24 who had sex before age 18				
	Percentage of adolescents who have engaged in pre-marital sex	Percentage of adolescents who have sex before cohabitation or formal marriage ³⁰	32.2%		YAFS

²⁵ Philippine Statistics Authority (PSA), 2019. Youth Not in Employment or Education (NEE).

²⁶ POPCOM, 2014. Population and Development Integration: A Mentoring Guide for Providing Technical Assistance to Local Government Units.

²⁷ POPCOM, 2014. Population and Development Integration: A Mentoring Guide for Providing Technical Assistance to Local Government Units.

²⁸ Philippine Statistics Authority (PSA), 2017. National Demographic and Health Survey.

²⁹ Male: a. 15-19 age group: median age at first sex - 16.6; had sex before age 15 - 3.2%; had sex before age 18 - 25.4% b. 20-24 age group: median age at first sex - 18.7; had sex before age 15 - 3.7%; had sex before age 18 - 24.9%; Female: a. 15-19 age group: median age at first sex - 16.8; had sex before age 15 - 2.1%; had sex before age 18 - 26.9% b. 20-24 age group: median age at first sex - 18.8; had sex before age 15 - 1.8%; had sex before age 18 - 21.8%

³⁰ Demographic Research and Development Foundation (DRDF) and University of the Philippines Population Institute (UPPI), 2016. The Young Adult Fertility and Sexuality Study (YAFS) in the Philippines, 2013.

Expected Results	Indicator	Definition	Baseline	Targets	Data Source/ Means of Verification
	Proportion of women age 20-24 who were first married by age 18				
	Proportion of women age 15-19 who are currently married or in union	The total number of women aged 15-19 who are married ³¹			
Reduced engagement of adolescents in non-sexual risk behaviors	Proportion/number of adolescents who are using illegal drugs		0.7% (2013)		YAFS
	Proportion of adolescents who ever drank and currently drinking		Ever drank - 60.6% (Male - 68.8%, Female - 52.2%) Currently drinking - 30.1% (Male - 42.9%, Female - 17.1%)	decrease	YAFS
	Proportion of adolescents who ever smoked and currently smoking		Ever smoked - 32.6% (Male - 48.0%, Female - 16.9%) Currently smoking - 15.6% (Male - 28.0%, Female - 3.1%)	decrease	YAFS
Reduced incidence of unprotected sexual activities	Modern CPR among all women age 15-19, by method mix	Percentage of women who currently use any modern methods include female sterilization, male sterilization, intrauterine contraceptive device (IUD), injectables, implants, pills, condoms, standard days method (SDM), and lactational amenorrhea method (LAM) ³²	2.4% (15-19) 2013 2.9% (15-19) 2017		PSA, NDHS
	Unmet need for family planning among adolescents who are currently married or in union	Women who want to postpone their next birth for 2 or more years, or who want to stop childbearing altogether but are not using a contraceptive method,	17% (2017)		PSA

³¹ DRDF and UPPI, 2016. The Young Adult Fertility and Sexuality Study (YAFS) in the Philippines, 2013.

³² Philippine Statistics Authority (PSA), 2017. National Demographic and Health Survey.

Expected Results	Indicator	Definition	Baseline	Targets	Data Source/ Means of Verification
		are said to have an unmet need for family planning ³³			
Reduced incidence of sexual abuse and gender-based violence against adolescent	Number of reported cases of sexual abuse (e.g., rape, harassment, etc) among children/ adolescents	Number of reported cases of physical, sexual abuse (e.g., rape, harassment, etc) psychological/emotional and economic abuse reported against women and children to VAW Desks ³⁴	833 cases of VAWC 259 young girls with disabilities aged 0-17 (PNP 2020)		PNP
	Proportion of women age 15-19 who ever experienced different forms of violence	Number of women who have ever experienced physical, sexual, emotional, economic, and psychological abuse from their husbands or partners as well as by other family members or unrelated individuals ³⁵ .	14.7% (2017)		PSA
Increased utilization of ASRH services by adolescents	Proportion of municipalities/cities with Adolescent Friendly Health Facilities	An Adolescent- Friendly Health Facility provides equitable, accessible, acceptable, appropriate, effective, and quality comprehensive health care and services in an adolescent-friendly environment. These were categorized by the DOH through Department Memorandum 2017-0098: Level 1: system in place to ensure that adolescents are aware on where and when to obtain information and health service			DOH

³³ Philippine Statistics Authority (PSA), 2017. National Demographic and Health Survey.

³⁴ DOH, 2020. Responsible Parenthood and Reproductive Health (RPRH) Annual Report.

³⁵ Philippine Statistics Authority (PSA), 2017. National Demographic and Health Survey.

Expected Results	Indicator	Definition	Baseline	Targets	Data Source/ Means of Verification
		<p>Level 2: protocols in place to ensure provision of both information and health services, including trainings and demand generation activities outlined in an annual plan</p> <p>Level 3: referral pathway to link adolescents to other facilities in case services are not available in the center; peer educators available to assist with exclusive room or space to ensure confidentiality during counseling; functional technical working group to oversee the delivery of services for adolescents³⁶</p>			
	Percentage increase in the number of adolescents who have received ASRH services (e.g., FP and MNCHAN services)		345,522 adolescents availed of ASRH counselling and services from adolescent friendly health facilities + 36,617 from CSO-run health facilities	*need to validate whether there is a DOH target	DOH
Participation of adolescents in community development improved	Proportion of municipalities/cities with functional Local Youth Development Councils ³⁷	LYDC is a multi-sectoral youth association, which shall be called, Province Youth Development Council (PYDC), City Youth Development Council (CYDC) and Municipal Youth Development Council (MYDC), respectively, headed by the concerned		*need to validate with DILG and NYC	DILG, NYC

³⁶ DOH, 2020. Responsible Parenthood and Reproductive Health (RPRH) Annual Report.

³⁷ Functionality Criteria: LYDO Appointed; Local Youth Development Plan approved and allocated with budget; Regular meetings; Membership of Local Youth Organizations in the Council

Expected Results	Indicator	Definition	Baseline	Targets	Data Source/ Means of Verification
		SK Federation president and composed of representatives of youth and youth-serving organizations in the provincial, city, and municipality level ³⁸ .			
OUTPUT LEVEL					
<i>Comprehensive Sexuality Education (CSE)</i>					
Number/ proportion of adolescents provided with ASRH and other related information increased	Number and proportion of teachers trained in CSE				
	Number and proportion of public schools with teachers trained on CSE				DepEd
	Number and proportion of adolescents who have received ASRH information		2020 RPRH Annual Report ³⁹		POPCOM, DepEd, DSWD
	Percentage/number of parents who have received ASRH information, by sex, geographic areas (include online initiatives)				POPCOM, DepEd, DSWD
	Percentage/number of teachers who have received ASRH information, by sex, geographic areas (trained on CSE)				POPCOM, DepEd
	Percentage/number of service providers who have received ASRH information, by sex, geographic areas				POPCOM, DepEd
	Percentage/number of community leaders who have received ASRH information, by sex, geographic areas				POPCOM, DepEd

³⁸ Implementing Rules and Regulations of Republic Act No. 10742-Sangguniang Kabataan Reform Act of 2015, August 2016

Expected Results	Indicator	Definition	Baseline	Targets	Data Source/ Means of Verification
<i>Access to ASRH Services</i>					
Number/proportion of adolescents provided with ASRH and other related services increased	Number and proportion of municipalities/cities with adolescent and youth-friendly health, social and other facilities (e.g. teen centers)		704 barangay/rural health centers accredited		DOH
	Number and proportion of LGUs with functional integrated service delivery network for ASRH/AHD				POPCOM, DOH
<i>Measures Against Sexual Abuse and Violence</i>					
Number/proportion of adolescents protected from sexual abuse increased	Number and proportion of barangays and LGUs with functional VAWC Desks	Number of functional facilities that address VAW cases in a gender-responsive manner, managed by a person designated by the Punong Barangay. It is situated within the premises of the barangay hall. In the absence of a barangay hall, the VAW Desk shall be established within the premises where the punong barangay holds office ⁴⁰	As of June 2019, 37, 686 out of 42,045 barangays have established VAW Desks.		PNP, DSWD, PCW, DILG PNP,DSWD,PCW
	Number and proportion of rape and sexual abuse cases among adolescents responded to, treated and managed		852 cases acted by Barangay VAW Desks by issuing protection order 1,196 cases referred to Local Social Welfare		DILG (2020 RPRH Annual Report)

⁴⁰ DILG, 2017. Guidelines in Monitoring the Functionality of Violence Against Women (VAW)Desk in every Barangay (MC 2017-114).

Expected Results	Indicator	Definition	Baseline	Targets	Data Source/ Means of Verification
			and Development (LSWDO) 1,073 cases referred to PNP 738 cases were given medical treatment 123 cases referred for legal assistance 118 cases referred to court 13 cases referred to NBI 1,257 referred to organizations (NGOs and faith-based)		
<i>Socioeconomic Wellbeing of Adolescents</i>					
Number/proportion of adolescents provided with socioeconomic interventions increased	Number and proportion of adolescents who have received socioeconomic interventions (education and employment)				DSWD, TESDA, DOLE, DTI, PESO
	Number and proportion of LGUs with programs for socioeconomic interventions for adolescents, by type				NYC, DILG
<i>Youth Participation in Community Development</i>					

Expected Results	Indicator	Definition	Baseline	Targets	Data Source/ Means of Verification
Number/proportion of adolescents engaged in community development	Percentage/number of adolescents who have been engaged or have participated in community programs	Incidence of community program participation among youth ⁴¹			DILG, NYC
	Percentage/number of institutions or LGUs with programs and facilities for youth participation in development	Number of institutions at the local level with programs that maximize the participation of the youth in nation-building and development ⁴² .			DILG, NYC
	Number of ASRH Peer Educators (linked to Adolescent Friendly Health Facilities)				DOH
INPUT LEVEL					
Number of adolescents and institutions trained on various types of capacity building activities increased	Number of adolescents, institutions and stakeholders provided with various types of capacity building interventions (Include online capacity building activities)				
	Number of capacity building activities conducted		National = 2; Regional =29		
Number of government agencies and institutions with relevant interventions increased	Number of government agencies with relevant interventions (in plan and actually implemented)				
	Number of private institutions (CSOs, NGOs, INGOs, POs) with relevant interventions (in plan and actually implemented)				
Amount of allocation and	Amount of resources allocated for relevant interventions, by level				DBM, LGU

⁴¹ NYC, 2018. Philippine Youth Development Plan (PYDP) 2017-2022.

⁴²

Expected Results	Indicator	Definition	Baseline	Targets	Data Source/ Means of Verification
expenditure for relevant interventions	RPRH		Php 22.62 billion; PCW = Php3.45 million; PhilHealth, 14.89 billion ⁴³		
	Amount of resources spent for relevant interventions, by level		DOH = Php 11.87 billion; POPCOM = 6 million; PhilHealth, 14.89 billion ⁴⁴		POPCOM
Relevant policies enacted and implemented	Types and number of relevant policies enacted or issued and implemented, by level		National = 9 Regional = 18 ⁴⁵		POPCOM
	Number of LGUs with policies on protecting women and children from violence and harmful practices (child marriage)		5 Ordinances 1 Resolution		POPCOM
Number of advocacy, promotion and communication materials and	Number of communication materials and events developed, produced and disseminated, by type, by level		National = 3 Regional = 1		POPCOM

⁴³ 1. 2020 Implementation of RPRH Law - DOH allocated Php 18.72 billion a. FHRP (2.03 billion) b. EPI (7.54 billion) c. HFEP (8.35 billion)d. HIV/AIDS program (790 million). -POPCOM allocated 17 million. DSWD allocated Php 3.71 billion. The combined budget allocated by RPRH implementing partners is pegged at Php 22.62 billion with DOH remaining as the main source of funds; 2. 2020 PPAs Addressing Violence Against Women: PCW allocated Php3.45 million; 3. 2020 Reimbursements for reproductive health services: PhilHealth, 14.89 billion;

4. 2020 CSOs Funding Support: a. USAID (17.5 B) for FP, Maternal, Child Health and Nutrition, and Health System, Strengthening Initiatives, b. UNFPA (608 M) for SRH Program. c.UNICEF (675 M) for Child's Health Program. d. KOICA (288 M) for Child's Health Program. e.OXFAM (458 M) for Sexual Health and Empowerment. f. Global Fund to Fight AIDS (587 M) for the HIV/AIDS Program

⁴⁴ 1 . 2020 Implementation of RPRH Law DOH obligated Php 11.87 billion. Breakdown as follows: a. FHRP (1.11 billion), b. EPI (3.06 billion), c. HFEP (6.96 billion), d. HIV/AIDS program (740 million) while POPCOM obligated 6 million; 2. 2020 Reimbursements for reproductive health services PhilHealth, 14.89 billion; 3. LGUs expenditures for FP is 6.60 B

⁴⁵ National : 9 Bills issued in the Senate/House of Representatives on the prevention of teenage pregnancies. Regional: 10 Memorandum of Agreements with LGUs , 5 Memorandum of Understanding with other NGAs and other relevant institutions and 3 Resolutions with other NGAs and other Regional Population Committees .

Expected Results	Indicator	Definition	Baseline	Targets	Data Source/ Means of Verification
events developed, produced and disseminated increased	Number of advocates and champions mobilized in public events, by level				
	Number of organizations and institutions mobilized for relevant promotional and advocacy events, by level				
	Number of media events conducted, by level				
Number/ proportion of adolescents engaged in community development	Percentage/number of adolescents who have been engaged or have participated in community programs				DILG, NYC
	Number of youth-led initiatives to address adolescent pregnancy				Youth Organization
	Percentage/number of institutions or LGUs with programs and facilities for youth participation in development				DILG, NYC