



Republic of the Philippines  
Province of Isabela  
Municipality of San Isidro

**OFFICE OF THE SANGGUNIANG BAYAN**

EXCERPTS FROM THE MINUTES OF THE REGULAR SESSION OF THE SANGGUNIANG BAYAN DULY HELD AT SB SESSION HALL ON JUNE 3, 2024 at 9:00 am.

**ORDINANCE NO. \_\_\_\_\_**

Series of 2024

**AN ORDINANCE INSTITUTIONALIZING THE ADOLESCENT PREGNANCY PREVENTION PROGRAM OF THE MUNICIPALITY OF SAN ISIDRO, ISABELA AND PROVIDING FUNDS THEREOF**

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**WHEREAS**, Article II, Section 13 of the 1987 Constitution provides that “The State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual and social well-being. It shall inculcate in the youth patriotism and nationalism, and encourage their involvement in public and civic affairs”;

**WHEREAS**, the United Nations Convention on the Rights of the Child guarantees the right to education, health and autonomy. Adolescent pregnancy undermines these rights. For some girls, early pregnancy result in death – an ultimate violation of their right. Upholding these rights help eliminate conditions that contribute to adolescent pregnancy and can help break the cycle of intergenerational poverty, allowing them to contribute meaningfully to their household and community;

**WHEREAS**, adolescent pregnancy is intertwined with issues of human rights. The future of an adolescent pregnant girl changes radically and rarely for the better. She will be forced to drop out of school, thus denying her the right to an education. This will further limit her job prospects exposing her to vulnerabilities and further intergenerational poverty;

**WHEREAS**, material mortality and morbidity directly impair a women’s right to life, to be equal in dignity, to education, to her role in nation-building and to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health and rights. For adolescent pregnant mothers, these also impart their vital role in nation-building both as women and as young Filipinos;

**WHEREAS**, the focus should be on transformative interventions anchored on the empowerment of adolescents and the pursuit of their rights to health and development, thus building and supporting a girl’s agency, providing access to comprehensive reproductive health services and information, and removing the stigma on adolescent sex and pregnancy by providing psychosocial and community support, among others;

**WHEREAS**, there is a need to establish a local policy that addresses adolescents’ sexual and reproductive health needs and reduces the adolescent birth rate significantly through institutionalizing social protection programs for adolescent parents. Hence, the passage of this local ordinance is earnestly sought;

**WHEREAS**, the Department of Education (DepEd) issued Policy Guidelines on the Implementation of the Comprehensive Sexuality Education (CSE), which aims to establish common understanding of CSE key concepts and messages, and to ensure clear implementation of protocols in CSE to help address adolescent pregnancies;

**NOW, THEREFORE,**

Be it **ENACTED** by the Sangguniang Bayan during its regular session \_\_\_\_\_

Section 1. **TITLE**

This Ordinance shall be known as “**AN ORDINANCE INSTITUTIONALIZING THE ADOLESCENT PREGNANCY PREVENTION PROGRAM OF THE MUNICIPALITY OF SAN ISIDRO, ISABELA AND PROVIDING FUNDS THEREOF**”

Section 2. **DECLARATION OF POLICY**

It shall be the policy of the Municipality of San Isidro, Isabela to:

- 2.1 Recognize, promote and strengthen the role of the adolescent and young people in the overall human and socioeconomic development of San Isidro, Isabela;
- 2.2 Pursue sustainable and genuine human development that values the dignity of the total human person and afford full protection to people’s rights especially of adolescent women and men and their families;
- 2.3 Promote and protect the human rights of all individuals including adolescents particularly in their exercise of their rights to sexual and reproductive health, equality and equity before the law, the right to development, the right to education, freedom of expression, the right to participate in decision-making, and the right to choose and make responsible decisions for themselves;
- 2.4 Pursue an adolescent pregnancy reduction strategy anchored on the empowerment of adolescents and their rights to health and development that is cognizant of the structural barriers including, but not limited to, gender, poverty, age, ethnicity and disability that lead to adolescent pregnancy and that is based on adolescents’ need and preferences;
- 2.5 Provide full and comprehensive information to adolescents to help them prevent early and unintended pregnancies and their lifelong consequences;
- 2.6 Provide safe, quality and respectful maternal health care including antenatal, delivery, and postnatal care to adolescent women and enable their access to these services;
- 2.7 Ensure corresponding interventions that could respond to the socioeconomic, health and emotional needs of adolescent and youth especially young women with due regard for their own creative capabilities, for social, family and community support, employment opportunities, participation in the political process, and access to education, health, counseling and high quality reproductive health services;
- 2.8 Encourage and enable adolescent mothers and fathers to continue and finish their education in order to equip them for a better life, to increase their human potential, to help prevent early marriages, high-risk child-bearing and repeated pregnancy, and to reduce associated mortality and morbidity through comprehensive social protection interventions;
- 2.9 Recognize and promote the rights, duties and responsibilities of parents, teachers, health professionals and other persons legally responsible for the growth of adolescents to provide in a manner consistent with their evolving capacities of the adolescent, appropriate direction and guidance in sexual and reproductive matters.

Section 3. **DEFINITION OF TERMS**

- 3.1 **Adolescents** – refers to the population between the ages of 10-19.
- 3.2 **Adolescent Sexual and Reproductive Health (ASRH) Care** – refers to the access to a full range of methods, techniques and services that contribute to the reproductive health and well-being of young people by preventing and solving reproductive health-related problems. Following the WHO’s definition of sexual health, ASRH is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the sexual and reproductive system and to its functions and processes in individuals aged 10 to 19.

- 3.3 **Adolescent Sexuality** – as adapted from the World Health Organization's definition of sexuality, it is a central aspect of being human throughout life which encompasses sex, gender identifies and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction of individuals aged 10 to 19. It is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships, and is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.
- 3.4 **Comprehensive Sexuality Education (CSE)** – is a package of teaching and imparting information on cognitive, emotional, physical and social aspects of gender, sexuality and adolescent reproductive health. It aims to equip children and young people with age-appropriate 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. It is a rights-based, gender-focused approach to adolescent health education taught over several years with progressive appropriateness based on age-appropriate information consistent with the evolving capacities of young people and adolescents.
- 3.5 **Evolving Capacities of the Adolescent** – refers to the concept enshrined in Article 5 of the Convention of the Rights of the Child recognizing the developmental changes and corresponding progress in cognitive abilities and capacities for self-determination undergone by children as they grow up, thus requiring parents and others charged with the responsibility for the child to provide varying degrees of protection and to allow their participation in opportunities for autonomous decision making in different contexts and across all areas of decision making.
- 3.6 **Harm Reduction Principle** refers to interventions aimed at reducing the negative effects of behaviors. 'The goal is to address risk behaviors that occur alongside the harms of pregnancy to adolescent bodies.
- 3.7 **Information and Service Delivery Network for Adolescent Health Development (ISDN)** refers to the network of facilities, institutions and providers within the province, district, municipality city wide health and social system offering information, training and core packages of health and social care services in an integrated and coordinated manner.
- 3.8 **Local Youth Development Council (LYDC)** refers to the local body to be created based on Republic Act 10742 (SK Reform Law) which is composed of representatives of youth and youth-serving organizations in the provincial, city and municipal levels with the primary function of assisting in the planning and execution of projects and programs of the Sangguniang Kabataan and the Pederasyon ng Sangguniang Kabataan in all levels.
- 3.9 **Male Involvement and Participation** refers to the involvement, participation, commitment of and joint responsibility of men with women in all areas of sexual and reproductive health as well as reproductive health concerns specific to men.
- 3.10 **Mature Minor Doctrine** refers to the legal principle that recognizes the capacity of some minors to consent independently to medical procedures if they have been assessed by qualified health care professionals to understand the nature of procedures and their consequence to make a decision on their own.
- 3.11 **Normal Schools or Teachers College** refer to the learning institutions training or educating teachers.
- 3.12 **Public-Private Partnership (PPP)** is a cooperative arrangement between one or more public and private sectors, typically of a long-term nature, for various development programs or projects.

- 3.13 **Reproductive Health** refers to a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes.
- 3.14 **Risky Behaviors** refer to ill-advised practices and actions that are potentially detrimental to a person's health or general well-being.
- 3.15 **Social Protection** consists of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people's exposure to risks and enhancing their capacity to manage economic and social risks such as unemployment, exclusion, sickness, disability and old age.
- 3.16 **Adolescent Pregnancy Prevention Council**, hereafter referred to as the Council, is an inter-agency and inter-sectoral council that shall be formed through this Ordinance and shall serve as its implementing body.

Section 4. **ADOLESCENT PREGNANCY AND PREVENTION COUNCIL**

The Adolescent Pregnancy and Prevention Council of San Isidro shall be created with the following composition:

- Chair: - Municipal Mayor
- Vice Chair - Municipal Health Officer
- Members - Representative, POPCOM
- Representative, Committee on Health and Sanitation
- Representative, Committee on Women and Family
- Representative, Philippine National Police
- Representative, MSWDO
- Representative, Committee on Youth (SK)
- Representative, Department of Education
- Representative, Student Organizations
- Representative, Municipal Information Office
- (3) Representatives, Civil Society Organizations

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

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

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

- 6.1 Map and analyze the various factors contributing to pregnancies among adolescents at the local level.
- 6.2 Identify, harmonize, coordinate and implement local level interventions to address various issues related to adolescent pregnancies in the Municipality.
- 6.3 Capacitate ISDN for AHD agency-members in collaboration with relevant government agencies to ensure quality information and services to adolescents.
- 6.4 Provide, in collaboration with concerned LCDs, needed information and services for adolescent development.
- 6.5 Generate or share resources in the implementation of the joint strategic plan of the ISDN for AHD.
- 6.6 Monitor and evaluate the effectiveness of coordinative and referral systems and other interagency interventions jointly implemented by the ISDN.

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

Section 7. **Culturally-Sensitive, Age- and Development-Appropriate Comprehensive Sexuality Education (CSE).**

- 7.1 Agencies from the education sector with support from the Council, the Local School Board and in collaboration with relevant government agencies and civil society organizations shall develop and promote localized messaging and educational information that promotes adolescent reproductive health in schools, communities and other youth institutions. The Council must ensure that the messaging produced are included in local materials and that they are culturally-sensitive, age- and development-appropriate and have included adolescent and youth groups in the consultation for the development of messaging and information.
- 7.2 The messaging and information shall be made compulsorily carried in local education messaging and must be integrated in all levels of learning with the end goal of normalizing the discussions of sex and gender, adolescent sexuality and reproductive health, and to remove stigma on the discussion of these topics.
- 7.3 The materials and modules developed must be evidence-based, medically-accurate, rights-based, culturally sensitive and non-discriminatory towards adolescents of different sexual orientations, gender identifies and gender expressions.
- 7.4 The current modules should be regularly reviewed, updated and broadened with a view to ensuring adequate coverage of concerns such as gender sensitivity, sexual consent, reproductive health choices and responsibilities, and sexually transmitted diseases including HIV/AIDS. This curriculum shall be designed to strengthen respect for human rights and fundamental freedoms including those related to reproductive health, sexuality, population and development. The materials shall be complementary to the Responsible Parenthood and Reproductive --aw and should be based on the need for responsible human sexuality and must reflect the realities of current sexual behavior.

Section 8. **ASRH Training for Policy-Makers and Implementers.** The Local Health Center and Population Office shall be responsible for disseminating guidelines and providing training programs for policy-makers and implementers to enable a better understanding of ASRH as well as policies and practices to promote it. The guidelines shall be framed from a lens of

gender equality and women's human rights and shall be made in consultation with academic institutions and civil society organizations focused on gender and women's human rights.

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

Section 10. **CSE for Out-of-School Adolescents and those with Special Concerns.**

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

10.2 The Local School Board shall ensure similar delivery of CSE in a non-formal education setting through the DepEd with its Alternative Learning System by carrying localized messaging on adolescent health.

10.3 Community youth leaders through the SK, TFYD or LYDC shall invest in a concentrated effort in reaching these groups and encourage peer-to-peer counseling.

10.4 Volunteer groups and interested civil society organizations (CSOs) and non-government organizations (NGOs) shall be recognized for supplemental support to the local ISDNs including the religious sector.

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

Section 12. **Designated Day for Adolescent Health and Development.**

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

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

12.3 Services shall be managed and operated by the LGU and Barangay Health Center through the support of SK members, youth volunteers and workers, and other organized adolescent youth groups recognized by the LGU with the assistance of various adult service providers and youth-serving professionals including civil

society organizations (CSOs). The establishment and operationalization of designated Adolescent Health and Development Days shall be funded using the 10% SK fund and other relevant local budget sources.

- 12.4 To cater to the needs of adolescent health and development at any given time, a Municipal Teen Center and Hotline shall also be created under the joint supervision of the Municipal Health Office and the Municipal Social Welfare and Development Office.

Section 13. **Public Information and Media in ASRH Promotion and Adolescent Pregnancy Prevention.**

The Municipal Information Office which is the official arm of the municipal government in coordination with the Philippine Information Agency shall ensure that local issues on adolescent reproductive health are covered and widely disseminated. The municipality shall advocate for the adolescent pregnancy prevention through provided regular reports on the trend and incidence rates of adolescent pregnancy in the municipality.

Section 14. **Access to Reproductive Health Services.** Access and information to modern family planning methods with proper counselling shall be provided. The aforementioned counseling is carried out with the end in view of ensuring healthy practices through the promotion of optimal health outcomes and protecting minors especially those in vulnerable circumstances from possible predatory and sexually exploitative practices.

The information and services shall be made under the following circumstances:

- 14.1 Adolescents less than sixteen (16) years of age must secure the consent of their parents or guardian prior to the provision of any medical treatment or service;
- 14.2 In keeping with the principles of harm reduction and the mature minor doctrine as defined in Section 3 (h) of this Ordinance, adolescents who have had a previous pregnancy as proven by documentation through ancillary examinations such as ultrasound, written documentation by a doctor, parent or guardian shall be allowed access to modern family planning methods with proper counselling by trained service providers;
- 14.3 In keeping with the principles of harm reduction and the evolving capacities of the adolescent, adolescents proven to have been engaging in sexual activities shall be allowed access to modern family planning methods with proper counseling, provided that a skilled health professional provides consent to the same.

Section 15. **Reproductive Health Services and Health Service Providers.**

- 15.1 All health service providers in all health facilities shall be trained on providing adolescent friendly and responsive information and services.
- 15.2 It is their duty to provide complete and medically-correct information on possible reproductive health services including the right to informed choice and access to legal, medically-safe and effective family planning methods. Provided, that all health facilities shall be enhanced to become an adolescent-friendly facility by ensuring confidentiality, exclusive schedule for adolescents, availability of services, nonjudgmental, stigma-free and gender responsive health service providers.
- 15.3 The Council shall ensure that ASRH training is integrated in the pre-service curriculum training of Barangay Health Workers (BHWs), front-line health care providers and social workers. The said training shall include topics such as, but not limited to, consent, adolescent sexual and reproductive health, effective contraception use, disease prevention, HIV/AIDS and the more common STIs, hygiene, healthy lifestyles, and prevention of gender and sexual violence.
- 15.4 Linkages and referral systems shall be established in educational institutions in order to bridge gaps in between information and access to ASRH services for in-school adolescents. For Out-of-School Youths (OSYs) and other groups, a community

peer educator could be chosen to advocate accessing ASRH services and distribution of commodities.

- 15.5 In cases of pregnant adolescents, a wider spectrum of ASRH services shall be made available to them spanning the pre-natal, antenatal and post-natal stages of pregnancy and their respective health care requirements.
- 15.6 Provision of reproductive health services to adolescents shall be based on the principles of non-discrimination and confidentiality, the rights of adolescents, their evolving capacities and as a lifesaving intervention.
- 15.7 Further, it shall be ensured that adolescents are not denied the information and services needed to prevent future unintended adolescent pregnancies and are able to access treatment and care services without fear of stigmatization, discrimination and violence.

Section 16. **Social Protection for Adolescent Mothers or Parents.** In accordance with the Reproductive Health Law, a comprehensive social protection service shall be provided to adolescents who are currently pregnant and their partners in order to prevent repeat pregnancies and to ensure their well-being while assuming the responsibilities of being young parents. In this regard, the local chief executive shall come up with a comprehensive empowerment program for adolescent parents which shall include, but not limited to, the following:

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

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

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

Section 17. **Social Protection in Cases of Sexual Violence.** Strengthened social protection mechanisms against violence for adolescents, especially for girls, shall be provided. Expectant and current mothers whose pregnancies were the result of sexual violence shall be given access and support to legal, medical and psycho-social services. Further, the Council shall reinforce the capacities of health facilities in providing comprehensive care for adolescents in case of sexual violence.

Health service providers, particularly the BHWs, other primary health care providers and local population officers must ensure utmost confidentiality in handling cases of sexual exploitation and abuse. They shall be given confidentiality and safeguarding guidelines and tools for spotting sexual exploitation and abuse of adolescents. A local referral pathway shall be created by the Council to ensure that identified sexual abuse and exploitation survivors are assisted and properly handled.

Section 18. **Social Protection in Cases of Humanitarian, Armed Conflict and Emergency Situations.** The local ISDN shall be bolstered in the events of humanitarian crises, armed conflict or

emergency situations. It shall ensure swift and efficient delivery of ASRH services to vulnerable adolescents and young pregnant girls. Increased vigilance shall be practiced in cases of gender violence, sexual assault and exploitation in these situations. All incidences of the aforementioned situations shall be immediately addressed by the local ISDN through appropriate channels.

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

Section 19. Young Moms and Parents Empowerment Program. All pregnant adolescents, especially the poor and hard-to-reach groups, shall have access to skilled care throughout their pregnancy, delivery and postnatal periods. ASRH providers shall strive to provide as many adolescent mothers with their birth plans that detail their intended place of childbirth delivery, availability of transport to health care institutions and respective costs. Special attention shall be given to younger pregnant mothers during obstetric care.

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

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

Section 20. **Encouraging Male Involvement.** The Council shall develop programs that will promote male involvement in the prevention of early and unintended pregnancies. These programs shall include topics such as, but not limited to, responsible fatherhood, couples counseling, avoiding gender violence, life-skills and co-parenting strategies. These shall emphasize the roles and responsibilities of being a father and promote their active involvement. These shall also serve as an avenue to encourage the uptake of ASRH services and information of boys and young men.

Section 21. **Integration of Local Program for the Prevention of Adolescent Pregnancy in SK Programs.**

- 21.1 Strategies and programs which aim to prevent the incidence of adolescent pregnancies shall be integrated into the SK programs at the local and community levels using the ten percent (10%) SK funds. In the absence of the SK, the Task Force on Youth Development (TFYD) shall undertake the responsibility of integrating adolescent pregnancy prevention programs in the barangay youth council's activities. The Council shall issue guidelines to ensure the implementation of this provision.
- 21.2 The SK/TFYD shall likewise implement programs and activities that aim to develop the potentials and skills of adolescents to make them more productive members of society. The topics of the said programs and activities are inclusive of, but are not limited to, leadership training and life skills seminars that can be done by the teens and their families together.

- 21.3 It shall encourage youth participation in these activities as a means of diverting the focus and potentials of adolescents into more meaningful and productive endeavors.
- 21.4 Further, the participation of the Supreme Student Government, Sangguniang Kabataan and Student Government in colleges shall also be tapped for this purpose, hence, active coordination with schools and women group or sector shall be done. The SK/TFYD shall enlist the support of the local barangay council, the local Council for the Protection of Children and the barangay health center to be able to provide a more complete array of services, activities and programs.
- 21.5 The LGU shall provide Sangguniang Kabataan, CSOs, and other non-governmental organizations incentive and awards scheme who will comply with this Ordinance to recognize their efforts in limiting adolescent pregnancy incidences in the municipality.

Section 22. **Funding.** The local government shall provide additional and necessary funding and other necessary assistance for the effective implementation of this Ordinance from the allocated one percent (1%) budget allocated for the protection of children through the Local Council for the Protection of Children.

Section 23. **SUNSET REVIEW**

Three (3) after the effectivity of this Ordinance or as the need arises, the Sangguniang Bayan shall conduct a sunset review. For purposes of this Ordinance, the term “sunset review” shall mean an impact of the Ordinance, as well as the operations and performance of the organization herein provided, for purposes of determining remedial legislation.

Section 24. **SEPARABILITY CLAUSE**

If for any reason, a court of competent jurisdiction declares any provision, section or part of this Ordinance invalid, suspended, or revoked, for being unconstitutional or contrary to existing laws, or for any other legal jurisdictions, such judgment shall not affect or impart in any way or another remaining provisions, sections, or parts hereof, which shall remain or continue to be in full force and effect, as long as such decision or judgement will not affect or impair the intended purpose of this Ordinance or render the remaining provision inutile or a mere surplusage.

Section 25. **REPEALING CLAUSE**

All Municipal Ordinances, Executive Orders, Resolutions, other issuances, rules and regulations for part thereof which are found to be inconsistent, in conflict, or contrary to the provisions set by this Ordinance are hereby repealed, amended and modified accordingly.

Section 26. **EFFECTIVITY CLAUSE**

This Ordinance shall take effect immediately after having complied with existing rules in posting and publication.

ENACTED: \_\_\_\_\_, 2024

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*I hereby certify to the correctness of the foregoing ordinance which was duly enacted by the Sangguniang Bayan during its regular session on \_\_\_\_\_, 2024.*

**ATTY. KAREN MAE R. SERVAN**

Secretary to the Sanggunian

Attested and Certified to be

Duly Enacted:

**LEONARDO A. TUMAMAO**

Municipal Vice-Mayor/Presiding Officer

Approved by:

**VILMER B. BRAVO**

Municipal Mayor