Republic of the Philippines
Province of Samar
Municipality of Pinabacdao
OFFICE OF THE SANGGUNIANG BAYAN

MUNICIPAL ORDINANCE NO. 24-002

Series of 2024

AN ORDINANCE INSTITUTIONALIZING KEY ASSISTANCE FOR DEVELOPING ADOLESCENTS' HEALTH IN THE LGU

WHEREAS, the 1987 Constitution of the Republic of the Philippines declares that the State shall protect and promote the right to health of the people and instill health consciousness among them;

WHEREAS, the 1990 Convention on the Rights of the Child (CRC) recognizes adolescents as active rights holders who have the capacity to become full and responsible citizens, given appropriate guidance and direction;

WHEREAS, the 1990 CRC provides adolescents the right to be informed, to express and informed view, to have that view taken into account, and to be the main or joint decision-maker in all decisions directly affecting them;

WHEREAS, the Local Government Code of 1991 (Republic Act 7160) accords every local government unit power and authority to promote the general welfare within its territorial jurisdiction, including the promotion of health and safety of its constituents;

WHEREAS, the Responsible Parenthood and Reproductive Health Act of 2012 (Republic Act 10354), utilizes a rights-based approach to educate, disseminate information, and assess capacity to make informed decisions on sexual and reproductive health matters;

WHEREAS, RA 10354 mandates that "the State shall eradicate discriminatory practices, laws and policies that infringe on a person's exercise of reproductive health rights;"

WHEREAS, The Philippines HIV and AIDS Policy Act of 2018 (Republic Act 11166) ensures the delivery of non-discriminatory HIV and Aids services by government and private HIV and AIDS service providers, and develop redress mechanisms for persons living with HIV to ensure that their civil, political, economic, and social rights are protected.

WHEREAS, the Universal Health Care Act of 2018 (Republic Act No. 11223) embodies the principle of an integrated and comprehensive approach to ensure that all Filipinos are health literate, provided with healthy living conditions, and protected from hazards and risks that could affect their health, whereby directing local government units to issue and implement effective health promotion policies and programs that promote health literacy and healthy lifestyle among their constituents, prioritizing programs that address key risk factors to prevent and control disease as

well as to advance population health and individual well-being, inclusive of interventions addressing sexual and reproductive health matters;

WHEREAS, the Department of Health (DOH) Administrative Order (AO) No. 2011-0005 emphasizes that health service provides should provide accurate and complete information on family planning methods and services, crucial to informed choice and voluntary decision-making as well as individual rights to access quality family planning services;

WHEREAS, DOH AO NO. 2013-0013 aims to improve the health status of adolescents and to enable them to fully enjoy their right to health by ensuring that all adolescents have access to quality and comprehensive health care and services in adolescent friendly environments, and by enabling adolescent behavior changes, including increased service utilization, adoption of healthy behaviors, and avoidance of risky behaviors;

WHEREAS, the Health Promotion Framework Strategy (HPFS) takes a life course approach, and prioritizes health promotion for the youth, who, when encouraged to develop healthy, health-promoting, and health seeking behavior, can carry this to adulthood to become responsible citizens, and acknowledges sexual and reproductive health (SRH) as one of the seven priority areas of action for the next 10 years;

WHEREAS, the Municipality of Pinabacdao is aware of existing and emerging sexual and reproductive health concerns of adolescents, such as STI or HIV infection, early sexual initiation and unwanted or adolescent pregnancy, sexual, physical, and emotional abuse, and poorer health outcomes associated with these; and of various barriers that make sexual and reproductive health knowledge and services difficult to acquire;

WHEREAS, owing to the aforementioned, the Municipality of Pinabacdao acknowledges the need for a strongly supported, well-coordinated, multisectoral development approach to minimize environmental risk and risky sexual behavior and ensure adolescent sexual and reproductive health;

NOW, THEREFORE, on motion of Hon. Rosemarie T. Badenas, be it RESOLVED to enact the following:

CHAPTER I. GENERAL PROVISIONS

Section 1. Short Title. This Ordinance shall be known as the KADA Ordinance of 2024.

Section 2. Declaration of Principles and Policies. It is the policy of the Municipality of Pinabacdao to ensure that the rights of adolescents, their sexual and reproductive health, and their well-being are always protected, exercised, realized. Furthermore, the Municipality of Pinabacdao adheres to the belief that adolescents can practice healthy behaviors and avoid health risks, can access and utilize health services, and can freely participate in governance and policy decision making

processes affecting their health and development. Towards this end, the Municipality of Pinabacdao shall adopt:

1. A participatory approach toward the implementation of adolescent, health and development programs, that respects and encourages the practice of adolescents' rights, their participation in their communities, and their evolving capacity to make intelligent and responsible decisions, as guided by appropriate values;
2. A life course approach that recognizes the adolescents, like any other age group, have the right to achieve the highest attainable standard of health, among other rights; and that adolescents who are encouraged build healthy habits in an enabling environment early on can become healthy and productive members of society;
3. A adolescent-oriented approach that positively addresses adolescent's needs and concerns; that ensures privacy, confidentiality, flexibility, and non-discrimination and avoidance of stigma; and that seeks to eradicate conditions which aggravate sexual and reproductive health concerns of adolescents, including poverty, educational inequity, gender and aged-related inequality, and marginalization; and,
4. A settings-based approach that ensures adolescent friendly environments with comprehensive, quality, and trustworthy service providers and service-delivery networks to guide and enable the aforementioned.

Section 3. General Objectives. This Ordinance seeks to:

1. Promote among service providers and local government frontliners positive messages and practices that encourage trust among adolescent clients while providing them with clear, accurate guidance on sexual and reproductive health matters.
2. Mobilize the community to promote adolescent's sexual and reproductive health in accordance with their evolving capacities, by creating enabling integrated environments which promote healthy behaviors, the avoidance of risky behaviors, and the utilization of adolescent-oriented services;

Section 4. Definition of Terms. For the purpose of this Ordinance, the following are operationally defined:

1. Adolescents shall refer to people between the ages of 10 and 19 years, who are in transition from childhood to adulthood, and are the primary targets of this Ordinance, differentiated from 'youth' or 'young people';
2. Adolescent Health and Development shall refer to the state of complete physical and psychosocial functioning of persons aged 10-19 years and 20-30 years old;
3. Adolescents friendly facilities, also referred to as KADA Centers, shall refer to facilities that provide equitable, accessible, acceptable, appropriate, effective, quality, and comprehensive healthcare and services in an adolescent friendly environment;
4. Early or adolescent pregnancy shall refer to pregnancy in girls younger than 20 years old.

5. Discrimination shall refer to prejudiced or prejudicial actions, behaviors, or treatment that limit opportunities, resources, or well-being based on distinguishing characteristics of an individual, such as race, color, language, religion, political opinion, national or social origin, place of residence economic and social situation, health status, disability, age or marital family status, sex sexual orientation, or gender identity.
6. Frontliners shall refer to any government, private, or non-government working involved in healthcare and other essential public-facing work, and who, for the purpose of this Ordinance, work particularly with adolescents, and/or their parents and guardians;
7. Gender expression shall refer to the way in which individual outwardly presents their gender through the way one chooses to dress, speak, or conduct themselves socially;
8. Gender identity shall refer to each person's felt internal and individual experience of gender, which may or may not correspond to the sex assigned at birth, existing on a spectrum that does not confine an individual's identity to one that is completely male or female;
9. Health promotion shall refer to the process of enabling people to increase control over and to improve their health (Ottawa Charter for Health Promotion) by strengthening individual skills and capabilities and directing action toward changing social, environmental, and economic conditions that impact individual and public health;
10. Primary care providers shall refer to public or private facilities dedicated to the provision of services for health promotion, prevention, diagnosis, treatment, rehabilitation, and palliation of individuals suffering from illness, disease, injury, disability, deformity, or other care; health care professionals and practitioners duly licensed to practice in the Philippines; community-based, healthcare organizations; and pharmacies, drug outlets, laboratories, and diagnostic clinics;
11. Human Immunodeficiency Virus (HIV) shall refer to a virus that attack cells that help the body fight infection, making a person more vulnerable to other infections and disease, spread by contact with certain body fluids of a person with HIV, commonly through unprotected sex or sharing drug injection equipment;
12. Sexual and reproductive health (SRH) shall refer to a state of complete physical, mental, and social well-being in all matters relating to sexuality and the reproductive system and its functions, and processes, requiring a positive and respectful approach to sexuality and sexual relationships; the possibility of having safe and satisfying sexual experiences free of coercion, discrimination, and violence; and respect for all people's sexual and reproductive rights;
13. Sexual orientation shall refer to a person's physical, romantic, and/or emotional attraction toward others.
14. Sexually transmitted infection (STI) shall refer to infections spread predominantly by sexual contact, including, vaginal, anal, and oral sex, caused by more than 30 different bacteria, viruses and parasites, including HIV;
15. Stigma shall refer to negative attitudes and beliefs toward people, places, or things based on distinguishing characteristics of an individual, such as race, color, language, religion, political opinion, national or social origin,

ensure the availability, accessibility and efficient delivery of adolescent friendly health and social care information and services to all adolescents in the Municipality of Pinabacdao, through:

1. Identifying the needs of adolescents;
2. Mapping available health or social care providers that can serve the social, economic, cultural, spiritual, or health needs of adolescents in an adolescents' friendly manner;
3. Referring adolescents to the appropriate facilities and/or providing quality and adolescent friendly services or information to clients (See Annex 1A for Minimum Package of SRH Services to be provided); and, iv. Monitoring the provision of adolescent health and development services.
4. Ensure the development of enabling adolescent friendly and health-promoting environments in all frontline offices in the deliver of adolescent-oriented information and services, in adherence with the principles and policies outlined in Sections 2 and 3 of this Ordinance, as well as the relevant national guidelines, orders, and laws;
5. Ensure that service providers and human resources at all levels of health and social care are supported, trained, and do apply adolescent friendly approaches in the provision of information or services;
6. Ensure the smooth operation of the KADA NETWORK and the completion of itd functions through the creation of strategic three-year development, work, and financial plans for operations, an appropriate monitoring and evaluation scheme, and other efforts, as necessary; and,
7. Address the social determinants of poor adolescent physical, sexual and reproductive, and mental health, and adolescents' vulnerability to physical, mental, emotional, and sexual violence through the implementation of relevant commitments, including the Declaration of Commitment to End Violence against Children, the Convention on the Elimination of All Forms of Discrimination Against Women, and the Convention on the Rights of the Child, among others;
8. Ensure active, meaningful and maximum adolescent participation and mobilization in every stage of the KADA Network's operations.

Section 7. Specific Information and Services to be Provided. The KADA Network shall offer the following information and services:

1. Training and capacity-building for people working with and/or directly for adolescents, as needed, and as stipulated by Section 14 of this Ordinance;
2. Social behavioral change and advocacy activities on adolescents' issues, concerns, and needs;
3. Information, educational, and counseling services tailored for adolescents;
4. Health (including sexual and reproductive health, mental health, violence, and injury prevention, and substance use), social, economic, educational, legal, safety and protection (including violence against children, online and office sexual abuse and exploitation), and employment services tailored for adolescents.

4. Provision of customer satisfaction surveys, complaint forms, and noticeable, readable IEC materials outlining processes for complaint filling;
5. Space for information and education materials;
6. Space allowing for audiovisual privacy of clients;
7. Neat, clean, welcoming, and friendly ambiance;
8. Other structures as mandated by relevant laws, policies, or guidelines.

SECTION 11. Process Standards for KADA Centers. The KADA Network shall ensure the availability, implementation and standardization of the following across all KADA Centers:

1. Process and procedures for client flow, including for intake, consultation or counselling, treatment, or other provided service;
2. Processes and procedures for proper referral to the appropriate office, department, or facility;
3. Processes and procedures to ensure adolescent friendly, private, confidential, non-stigmatizing or discriminating, and trust-building environments and client provider interaction;
4. Processes and procedures for client satisfaction, as well as for adolescent-centered participation and decision-making;
5. Processes and procedures for processing and resolution of adolescent complaints;
6. Plans, processes, and procedures for social behavior change and advocacy activities and adolescents' issues, concerns, and needs;
7. Processes and procedures for records keeping that ensures ease of use across facilities, as well as privacy and confidentiality;

SECTION 12. Adolescent Friendly Health Facilities. In addition to the standards set out in the Ordinance, Adolescent Friendly Health Facilities (AFHFs) shall comply with National Standards on Adolescent Friendly Health Facilities, and the AFHF Checklist.

CHAPTER IV. DUTIES OF KADA NETWORK FRONTLINERS

SECTION 13. Human Resource Standards for KADA Centers. The KADA Network shall ensure adequate staffing in KADA Centers, and shall ensure that the Adolescent friendly service providers:

1. Are technically competent and have comprehensive background on adolescent-specific needs and concerns;
2. Offer health promoting, sensitive, and acceptable care that is relevant to each client's level of maturity and social circumstances;
3. Have appropriate interpersonal and communication skills relevant to adolescents, are non-judgmental, considerate, easy to speak with, and trustworthy, and treat all clients with respect and equal care;
4. Are motivated and supported to provide adolescent friendly services;
5. Devote adequate time to each client;
6. Act for the best interests of their client

4. Improve the provision of services or resources to other areas of adolescent concern, including education, sports and the arts, employment, or other areas of concern;
5. Improve family planning and sexual and reproductive health services fo other vulnerable groups and for the general public.

CHAPTER VII. MONITORING AND EVALUATION OF KADA NETWORK

SECTION 17. Adolescent Feedback. The KADA Network shall ensure that adolescents participate and take the lead in conduction KADA Network audit and providing regular feedback to improve KADA Network service provision, through the conduct of interviews and focus group discussion (FGDs) with adolescents who avail of KADA Network services, analysis of customer satisfaction surveys, on-site-monitoring or surprise visits, and others as adolescent representative to the KADA Network see fit.

SECTION 18. Complaints. Adolescent who avail of KADA Network services shall be provided with private and confidential means of filling complaints against KADA Network community front liners who did not adhere to adolescent friendly standards. The general guidelines for filling of complaints shall be as follows:

1. Processes for receiving and resolving complaints, as well as a Code of Ethics and Penalties for KADA Network members shall be developed by the KADA Network in accordance with Section 11 of this Ordinance;
2. Adolescent shall fill out a complaint form or provide a narrative complaint including the date and time of the incident, location of the KADA Center, name or description of adolescent friendly community frontliners involved. and a narration of incident/s
3. Complaint shall be submitted to the KADA Network Secretariat, which shall convene a panel of KADA Network members with no relation to the accused to hear and resolve the complaint.
4. All complaints shall be resolved to the satisfaction of the complainant and in accordance with the KADA network Code of Ethics and Penalties within 45 days of receipt.

SECTION 19. Monitoring and Evaluation. The KADA Network Secretariat shall take charge of the monitoring and evaluation of the KADA Network's activities and services, through tracking of work and financial plans and accomplishment reports, customer satisfaction surveys, and KADA Network audits and feedback provided by adolescents.

CHAPTER VII. APPROPRIATIONS

SECTION 20. APPROPRIATIONS. The funding and other resources necessary to implement the provisions of this Ordinance may be sourced from the local government's Annual Internal Revenue Allotment (AIRA); the funds of the Local Youth Development Council (LYDC); or gender and development (GAD) funds, provided requirements for use of these funds are satisfied. Subsides from the national government or Centers for Health Development (CHD) for related programs,

I HEREBY CERTIFY to the correctness of the foregoing ordinance.

MARY BERNARDETTE T. QUIJANO
Secretary to the Sangguniang Bayan

Attested by:

HON. EDGAR M. TONELETE
Municipal Vice Mayor

Approved:

HON. TEODORICO A. MABAG
Municipal Mayor

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CARRIED (UNANIMOUSLY OR ON A MAJORITY VOTE).

(If on majority vote)

In favor: HON. JOSE SANTIAGO T. QUIJANO, HON. ELISEO B. CABORNAY JR., HON. JOEL R. PACAYRA , HON. NESTOR C. OCENAR, HON. ARLYN C. MABUTE, HON. ROSEMARIE T. BADENAS, HON. NINO A. RAGA, HON. REYNALDO C. TUAZON, HON. WILMA P. ESOY, and HON. JOSEPH ULDANE O. GACULA

Abstention: none

Against: none

CERTIFIED TRUE AND CORRECT:

ATTESTED:

EDGAR M. TONELETE
Vice Mayor, Presiding Officer