

TEEN CENTER START-UP GUIDE

A Tool Kit for Creating Safe Spaces for Adolescents



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Note: The major contents of this Toolkit and its annexes were culled out from the published material of the Commission on Population and Development (CPD) entitled, "Information and Service Delivery Network for Adolescent Health and Development (ISDN) Guidebook (2019)".

GETTING STARTED

Rationale

The sexual and reproductive health of adolescents as an important factor for optimum well-being.

Filipino adolescents share the same challenges with the young people around the world. Living in an environment of dynamic change, they are also exposed to various kinds of vulnerabilities, particularly those related to sexuality and reproductive health (SRH). In such a life phase, adolescence is said to be the onset of sexual activity that may lead to early pregnancy and marriage, abortion, sexually transmitted infections (STIs) and HIV/AIDS among others. Though there may already be telltale signs of danger, their invincibility pushes them to engage in risky sexual behaviors nonetheless. With their usual lack of awareness on the possible implications of such behaviors, they are often put in complicated situations that may endanger their future in the long run.

Why do we need to address the SRH of our adolescents? It may already be a cliché but the young people are tomorrow's parents, leaders, game changers, and catalyst for development. The decisions they make today including their SRH concerns will affect their own wellbeing, of their communities and of the country for decades to come.

Improving the access of adolescents to SRH information and services is one of the most effective ways to ensure that they will remain unscathed despite the threats and risks that they encounter in their everyday lives. This means that accurate information is made available in all settings where the adolescents are moving around -- home, school and community. Moreover, appropriate services with clear referral pathways are also necessary whenever an adolescent is in need of help or care.

One of the viable sources of SRH information and services is a Teen Center. A Teen Center as a facility is seen as a space where adolescents can learn through less structured activities and be served with appropriate services by trained adult providers and peer educators.

But what is a Teen Center and what does it offer?

A Teen Center as a convergence facility for adolescent SRH information and services

A Teen Center is an integrated, comprehensive, and one-stop-shop facility that provides appropriate information, skills, and services to adolescents. It complements and reinforces the role of families, schools and communities in educating, counseling and empowering the adolescents. It forms part of the referral system for the information and service delivery network --- either as initiating, receiving or convergence facility especially for adolescents in distress or with concerns that require specific professional or special attention.

A Teen Center operates in the out-of-school time hours or what is usually called, “third space for learning”, which is any time when adolescents are not at home or attending school classes.

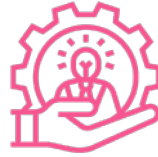


Why Teen Center Matters?



HAVEN

It could be a place of safety that provides protective factors for adolescents such as connectedness, friendships and mentoring among others which could be potent deterrents from engaging in sexual and non-sexual risky behaviors.



SKILLS BUILDING

It provides for opportunities for less structured learnings that could enable adolescents to acquire “soft” or “life” skills. These set of skills such as creativity, teamwork, empathy and self-awareness will directly benefit them in terms of employability.



PARTICIPATION & OWNERSHIP

In a Teen Center, adolescents are not just clients but they are the “core” of the center. It is and should be a place that promotes participation and ownership. They are served and they also serve other adolescents as “peer educators”.



SENSE OF COMMUNITY

A Teen Center provides for a supportive environment where adolescents can establish and cultivate meaningful bonds with adult providers and peers.

About the Tool Kit

This Tool Kit generally intends to assist local government units (LGUs) in planning and starting a Teen Center as they take on the leadership to create safe spaces for adolescents in their respective locality. This may also be useful for schools for setting up teen hubs.

Target Users of the Tool Kit

This Tool Kit is mainly for use of the following:

City/Municipal Staff as Advisory Group/ Technical Working Group

This is composed of City/Municipal lead offices staff who will work on the setting up and implementation of the Teen Center. This may be comprised of the following:

- Population Office
- Health Office
- Social Welfare Office
- Youth Development Office

School Staff as Advisory Group/Technical Working Group

This is composed of school staff who will set up and maintain the School Teen Hub — school principal, guidance counselor, and, nurse among others.

Teen Center Staff and Youth Volunteers/Peer Educators

These staff are adult full-time workers who will oversee the Teen Center (e.g. nurse, midwife and, counselors) and trained youth volunteers/peer educators.

The Teen Center Start-up Guide: Who, What and How

1

Know and Analyze the Issues and Needs of Adolescents in the Community

WHO

Primary Researcher

A baseline data on the various indicators of Adolescent Health and Development may be initiated by the office in-charge of Adolescent Health and Development (AHD) initiatives in the locality (e.g., local population or health office, youth development office). The researcher may also partner with other local or national government agencies in the region (e.g., CPD, DOH, NYC) or an academic institution particularly for technical assistance (e.g., development of data gathering tools, data gathering and processing, and analysis).

Respondents

Depending on the needed information, the primary respondents to the primary data gathering may be from the following groups:

- Adolescents (e.g., target beneficiaries);
- Significant adults (e.g., parents, teachers, service providers, barangay officials, youth organizations);
- Program implementers (e.g., local health facilities, etc.); and,
- Other type of respondents identified to provide necessary information in understanding the situation of adolescents in the locality.

WHAT

Formative Research is a study before the design and implementation of an intervention. It looks at the individual interests, attributes, characteristics, attitudes, and behaviors of young people within the locality. It also aims to generate information about the community and contexts within which the target beneficiaries are living. It helps in the following:

- Defining and understanding the segment of adolescents who are at greatest risk of emerging issues within the locality (e.g., teenage pregnancy);
- Providing information needed in the design of programs that are specific to the needs of adolescents;
- Ensuring programs are acceptable and feasible to clients before launching; and
- Building a sense of participation and ownership among potential beneficiaries of interventions to be implemented in the locality.

Formative research should be an integral part of developing or adopting programs and may be used while the program is ongoing to help refine and improve program activities.

The purpose of formative research is to establish a baseline data and information from which decisions involved in the design and development or continuing enhancement of a program are based. It can be done through qualitative and quantitative research.

HOW

Qualitative Research is a scientific method of observation that gathers non-numerical data. It aims to describe meanings, concepts definitions, characteristics, metaphors, symbols, nature, and events and not to their “counts or measures.” Two of the most common approach to qualitative research are Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs).

Focus Group Discussions

It pertains to the gathering of information about a certain topic from a selected group consisting of a number of participants usually with common characteristics. It uses focus questions to which every member of the group responds based on their opinions and experiences.

Key Informant Interviews

Also referred to as In-Depth Interviews are one-on-one discussions intended to generate a picture of the individual participant’s perspective or views about the area of interest.

Quantitative Research involves the use of computational, statistical, and mathematical methods to measure or quantify certain problems or phenomenon and understand how prevalent it is by looking for projectable results to a larger population.

Quantitative research may use primary and secondary data. Primary data is one which is collected for the first time by the researcher while secondary data is the data already collected or produced by others.

See Annex A for a sample analysis of the issues and concerns of adolescents.

2

Map the Providers of Adolescent Information and Services

WHO

The Advisory Group or Technical Working Group on adolescent health and development in the local government unit (LGU). This may be composed of the local population office, health office, social welfare office, and, youth development office, among others.

In a school setting, the Team who will lead in the setting up of Teen Hub may be composed of the school principal, guidance counselor, and nurse, among others.

WHAT

The initial listing of all AHD related organizations and facilities involves the identification of possible institutions that can provide necessary services and information that address the identified needs of the adolescents. This activity aims to have initial information on the number of institutions to be consulted as respondents to the inventory to be done. It also provides initial information on the coverage and comprehensiveness of available AHD information and services within the locality.

HOW

1. To gather comprehensive information from various facilities and institutions, develop a structured data gathering tool for the listed respondents. A sample tool for the inventory of available adolescent information and services in the locality is provided in Annex B.

2. Gather information from identified respondents. Gather information using the developed tool through an interview with the facility staff or person who can provide the needed information or through self-administration (e.g. respondents fill-in the needed information in the instrument by themselves). A focus group discussion may also be conducted as an alternative mode to gather information. Callbacks may be done if necessary. Ensure that all needed and accurate information are provided and clarified before encoding the information in the database.

3. Encode and make a database of the available adolescent services and interventions in the locality. As the accomplished forms are gathered, encode the information in a database to be used for analysis and development of directory. Any available application or software program (e.g., MS Excel or Word) can be used for the database. Annex C provides a sample encoding and consolidating matrix for the database.

4. Plot and analyze the available services vis-à-vis the adolescent issues and needs identified. Analyze the results of the inventory by comparing the identified critical issues and needs of adolescents with the available services. The result of this analysis provides information on the coverage and gaps of available adolescent services and programs in the locality.



5. Based on the analysis of the needs and issues of the adolescents and the available adolescent services within the locality, identify the specific type of services that will be provided in the Teen Center. The package of priority information and services to be offered in the Teen Center may focus on any or a combination of the following: information, referral, counseling, medical and clinical services, training, mentoring, and recreation.

3

Lock in Institutional and Policy Support

WHO

The Advisory Group or Technical Working Group on adolescent health and development in the local government unit (LGU). In a school setting, the Team who will lead in the setting up of Teen Hub. The Team may lead in consulting stakeholders and consolidating needed support for the establishment of the Teen Center.

WHAT

Gather and mobilize institutional support needed for the establishment of the facility. It aims to generate concrete support such as policy, institutional commitment, and resources, among others, from stakeholders within the locality.

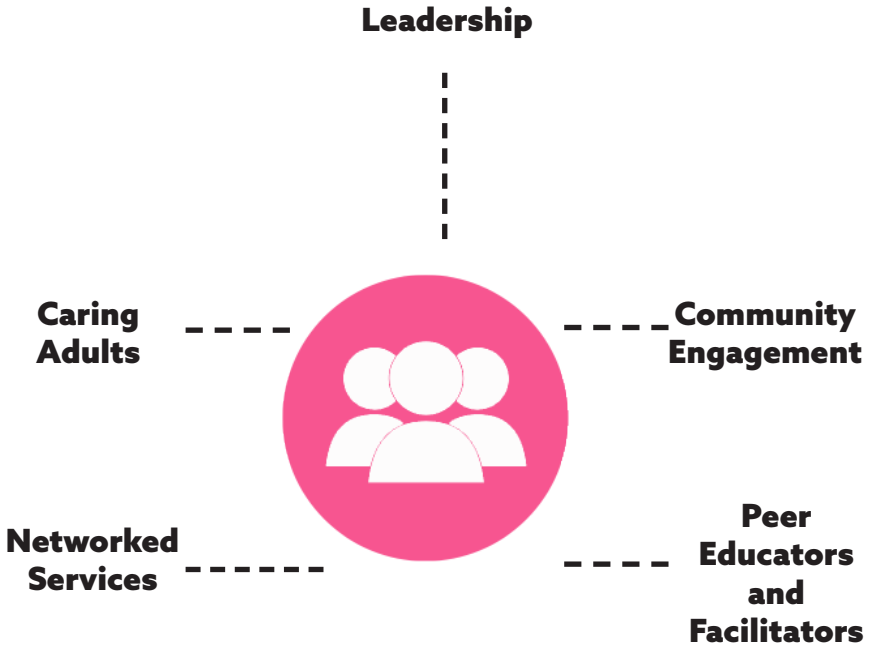
HOW

Collaborate with the LGU key officials and from NGAs in the region, Sangguniang Kabataan (SK) officials, school officials, community or barangay officials, civil society organizations (CSOs), and other relevant institutions that could support the establishment of the

Teen Center.

To strengthen the support for the establishment of the Teen Center, initiate the crafting of a local policy for approval and issuance by the local council. A Memorandum of Agreement (MoA) or a Memorandum of Understanding (MOU), may also be forged with the different stakeholders who will be involved in the implementation/operations of the Teen Center. Annex D provides the template for a local policy.

Illustration of the network of critical stakeholders for establishing and sustaining a Teen Center:



4

Design the Teen Center

WHO

The Advisory Group or Technical Working Group on adolescent health and development in the local government unit (LGU). In a school setting, the Team who will lead in the setting up of the Teen Hub. The Team may take the lead in designing the Teen Center in close collaboration with the key stakeholders identified above. In this phase, this may also include the identified/assigned Teen Center staff and youth volunteers/peer educators.

WHAT

Finalize the mechanism or structure of the Teen Center including operational, physical and programmatic designs.

HOW

Finalize the operational, physical, and programmatic design of the Teen Center. In designing the Teen Center, identify the following key concerns:

Programmatic Concerns

- What are the key issues and specific program objectives that the Teen Center aims to address or achieve?
- What specific information and services can be accessed in the facility based on the list of identified services providers?
- What are the specific activities and projects to be conducted in the facility including capacity building for staff and clients,

social and behavior change communication strategies such as seminars, fora, symposiums, Information Education and Communication (IEC) materials development and dissemination, peer education, counseling, and other activities that aims to provide accurate information?

- Who are the target audiences and beneficiaries?
- Who shall implement these strategies?
- Who are the partners in conducting these activities?
- How much resources are needed and where to source them out?

Operational and Physical Concerns:

- Who shall be involved in the management of the facility?
- Who are the service providers to provide the services?
- Will the staff serve in full-time, part-time, volunteer, or paid basis?
- What are their roles and functions?
- What time can the facility be accessed?
- Where will the facility be located?
- Who can access the facility?
- Are the services for free or with minimal payment?
- How are the services in the facility accessed?
- What are the service protocols?
- What is the design of the facility to make it adolescent-friendly?
- How will the operation of the facility be sustained?

Refer to the following annexes:

Annex E: Major services that the Teen Center may provide

Annex F: Roles of the Teen Center Staff

Annex G: Sample Teen Center Visit Protocol

Annex H: Basic layout and proxemics of a Teen Center



5 Operate the Teen Center

WHO

The Advisory Group or Technical Working Group on adolescent health and development in the local government unit (LGU). In a school setting, the Team who will lead in the setting up of Teen Hub. In this phase, this will include the Teen Center staff and youth volunteers/peer educators.

WHAT

Publicly open and operate the Teen Center.

HOW

The following are the key activities in the operation of the Teen Center:

Pre-operation activities

- Completion of the physical exterior and interior design of the facility;
- Procurement of office or facility supplies, materials, equipment, and fixtures;
- Posting of signage outside and inside the facility;
- Printing of promotional materials;
- Training of staff who will manage the facility on relevant skills and competencies;
- Development of immediate and long-term action plan (with corresponding budget requirements); and,
- Securing of budget and resource requirements.

Actual Operation

- Implementation of protocols for accessing the services;
- Continuing provision of services;
- Continuous recording of services rendered and addressing of emerging concerns; and,
- Regular monitoring and assessment of the quality of services being provided.

Annex I provides for a documentation of an actual operation of a Teen Center

6

Monitor and Evaluate the Teen Center

WHO

Teen Center Managers and Workers. The staff in the Teen Center takes the lead in monitoring and evaluating the quality of services and other agreed performance indicators for the operations of the Teen Centers. They may also involve other stakeholders such as clients and other partners in monitoring and evaluating the Teen Center programs and activities.

WHAT

This activity aims to gather information needed for the continual improvement of the operation of the Teen Center.

HOW

1. Design the Monitoring and Evaluation (M&E) framework or indicator system of the Teen Center. The monitoring and evaluation of the Teen Center provides information and justification on the efficacy of the program. When knowledge collected is integrated and communicated within the LGU health offices, the program impact is immense.

To guide the M&E activities for the teen centers, prepare a monitoring and evaluation plan which contains the indicators to be monitored and evaluated, data gathering methodologies, activities, sources of information or respondents, means of verifications, schedule of activities, and resources needed (e.g., funding and human resource).

2. Generate M&E data and information through the following methodologies:

- a. Focus group discussions (FGD);
- b. In-depth interviews;
- c. Exit interviews;
- d. Pre and post-tests questionnaires or other structured instruments to measure change in knowledge, attitude, and skills;
- e. Post-activity assessments;
- f. Financial reporting;
- g. Process documentation; and,
- h. Accomplishment report.

3. Encode and process the M&E data gathered in an electronic or manual format. Analyze and package the data and information for discussion with the Teen Center management and staff and other key stakeholders. Through analysis, identify what strategies are working effectively and what areas need some interventions.

4. Disseminate and use M&E results for continual improvement of the services in the Teen Center. Utilize the data for the identification and implementation of needed interventions to improve the processes and services in the Teen Center. Involve key stakeholders in the assessment as well as designing of needed interventions for continual improvement. M&E data and information may be used in the following:

- a. Regular meeting of the Teen Center staff and managers;
- b. Stakeholder consultation meetings and workshops;
- c. Advocacy activities including meetings with key local officials;
- d. Inter-agency meetings at the provincial or regional levels; and,
- e. Other venues where data can be used as inputs for the development of adolescent health and development interventions.

Refer to Annex J for a sample M&E results matrix of a Teen Center

References:

Commission on Population and Development (2020). [Unpublished] Policy Brief: Adolescent Pregnancy in the Philippines: What we know and what should be done? CPD, Welfareville Compound, Mandaluyong City.

YouthPower2: Learning and Evaluation (2020). Youth Center Toolkit: Creating Resources for Safe Spaces, Youth Centers, and After-School Programs. Washington, DC: YouthPower2: Learning and Evaluation. Making Cents International.

Commission on Population and Development (2019). Information and Service Delivery Network for Adolescent Health and Development (ISDN) Guidebook. CPD, Welfareville Compound, Mandaluyong City.

United Nations Human Settlements Programme (UN-HABITAT) (2010). Volume

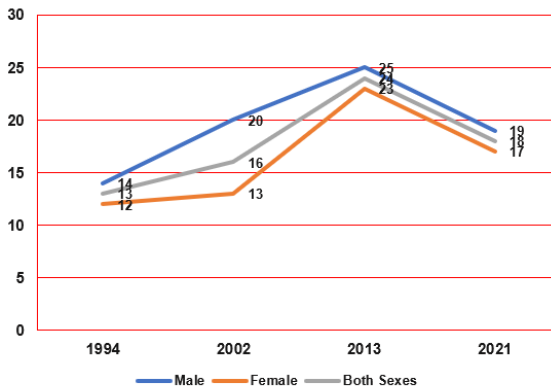
ANNEXES

ANNEX A: Sample Analysis of the Issues and Concerns of Adolescents

Prevailing sexual and reproductive health (SRH) issues among Young Filipinos

Concerns on sexuality and reproductive health continue to be one of the critical factors that define the total well-being of young Filipinos.

Figure 1. Percent of Filipino Youth who had Sex before Age 18 by Sex: 1994, 2002, 2013 & 2021



Results of the Young Adult Fertility and Sexuality Study (YAFS) through survey years from 1994 to 2013 reveal an upward shift in the proportion of young Filipinos who had their sexual initiation before the age of 18. Figure 1 shows the increasing pattern from 13 percent in 1994 to 16 percent in 2002 to 24 percent in 2013. The same trend is observable in terms of sex wherein the proportion is increasing for both young males and females over the same survey periods.

However, there was an observable downward shift in the incidence of sexual experience among minors, from 24 percent in 2013 down to 18 percent in 2021. The same decreasing pattern can also be observed among young males and young females.

Figure 2. Potentially high-risk sexual activities among Filipino Youth: 2013 and 2021



Source: 2021 Young Adult Fertility and Sexuality Study (YAFFS5), UPPI/DRDF

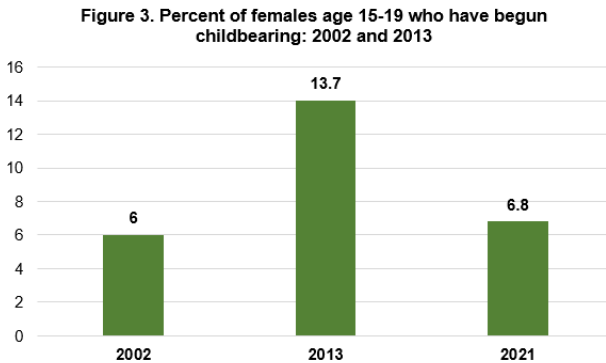
Figure 2 illustrates the proportion of young males and young females who have engaged in potentially high-risk sexual activities. Such sexual activities may lead to serious and harmful reproductive health problems like sexually transmitted infections (STI) or worse, HIV/AIDS especially if done without any protection.

One common high-risk sexual activity is “multiple sexual partners” or having sex with one person then later another or having more than one partner during the same time frame. The figure shows that there was an increase in the proportion of young females who experienced having multiple sexual partners, from 5 percent in 2013 to 6 percent in 2021. Such incidence decreased among young males, from 24 percent in 2013 to 19 percent in 2021.

Another risky sexual activity that the young males and young females experienced is “casual sex” or sex with the absence of commitment, emotional attachment, or even familiarity. One usual example of this is “one-night stand”. The proportion of casual sex experience has decreased for both young males and females.

The experience of sex with a “fuck buddy” (FUBU) or a friend or acquaintance with whom a person regularly has sex without the expectation of a committed romantic relationship, has likewise decreased for both sexes.

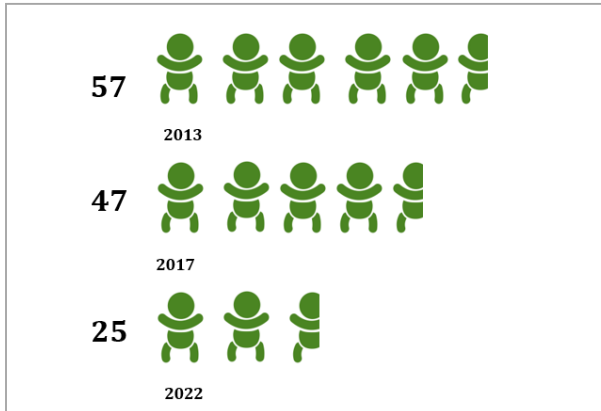
And finally, the proportion of young males who experienced having sex with another male or what is usually called, “MSM” has also decreased from 5 percent in 2013 to 4 percent in 2021.



Source: 2021 Young Adult Fertility and Sexuality Study (YAFS5), UPP/DRDF

Another consequence of unprotected sexual activity among young people is early pregnancy. Taking off from the YAFS findings, the survey reveals that the proportion of pregnancies among females age 15-19 more than doubled from 2002 to 2013 --- from 6 percent to 13.7 percent as shown in Figure 3. Nonetheless, the pattern has reversed from 2013 to 2021 wherein there was an observable 50 percent reduction in the incidence of young females age 15-19 who have begun child bearing, from 13.7 percent to 6.8 in 2021.

Figure 4. Number of Live Births among Mothers Age 15-19: Philippines, 2017



Source: National Demographic & Health Survey (NDHS), PSA & ICF
Note: Number of births per 1,000 women age 15-19

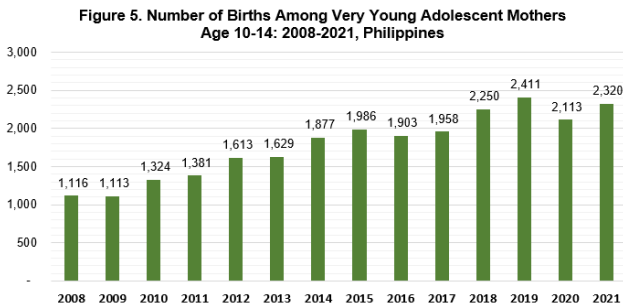
Parallel to the foregoing findings on adolescent births yielded by the YAFS, the National Demographic and Health Survey (NDHS) likewise yields a decreasing trend in births among mothers age 15-19. From 57 births in 2013 to 47 births in 2017, the reduction between the two survey year accounts for a 17 percent decrease in teen births. However, greater level of reduction is observed with the decrease in the adolescent birth rate from 47 births in 2017 to 25 births in 2022 which is 47 percent decrease in births among adolescent mothers.

Nonetheless, such reduction should not be a cause for complacency because of its still high numeric levels. As argued by former Secretary of Health and Chair of the Responsible Parenthood and Reproductive Health (RPRH) Law National Implementation Team (NIT), Dr. Esperanza I. Cabral, in her reaction to the key findings of the 2017 NDHS:

“Good news it’s declining but one pregnant teenager is still one pregnant teenager too many, and we are not even counting the unfortunate girls younger than 15 who have become pregnant. They are not many but each one has a tragic story behind them. They really need our help.”

Echoing the statement of Dr. Cabral about very young adolescent (VYA) who become mothers at their tender age, data from the Civil Registration and Vital Statistics (CRVS) of the Philippine Statistics Authority (PSA) reveals this telling information.

While the births among adolescents is decreasing generally over a ten-year period (2008 to 2018), the data on live births registered show a generally increasing trend in the number of births among very young mothers age 10-14 years old (Figure 4). A sudden downward shift is seen from 2015 to 2016. Nonetheless, it has reverted to its increasing pattern in 2016 to 2017 until 2018 wherein a total of 2,250 live births among the VYAs were reported. From its 2008 level, the livebirths among very young adolescents, who are still considered as children, doubled in 2018.



Source: Civil Registration and Vital Statistics, Philippine Statistics Authority

References:

Demographic Research and Development Foundation, Inc. and University of the Philippines Population Institute. 2013 and 2021 Young Adult Fertility and Sexuality Study in the Philippines. Quezon City: Demographic Research and Development Foundation, Inc. and University of the Philippines Population Institute.

Philippine Statistics Authority (PSA) and ICF. 2013, 2017 and 2022 Philippines National Demographic and Health Survey 2017. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF.

Special Tabulations from the Civil Registry and Vital Statistics. Philippines Statistics Authority

ANNEX B: Sample tool for the inventory of available adolescent information and services in the locality

Basic Information		
Name of Organization or Facility		TAÑONG HEALTH CENTER
Head of the Organization or Facility		DR. MARIA SHAREN P. GUEVARRA-REY
Contact Details	Address	7 Lopez Jaena St., Tañong, Marikina City 477-8843 (Tañong Barangay Hall)
	E-mail Address	tanong@gmail.com
	Contact No.	(02) 531-6650

Services and Programs/Projects for Adolescents (Aged 10-19) Provided by the Organization/Facility					
Adolescent Service/Programs	Schedule of Service	Geographic Area of Coverage	Target clients for beneficiaries	Cost	Remarks
Primary Health Care (e.g. dental, medical checkup, etc.)	Everyday 9:00am - 4:00pm	Barangay Tañong, Marikina City	Population aged 10-19	Free	
Family Planning	Tuesday 1:00pm - 5:00pm	Barangay Tañong, Marikina City	Women of Reproductive Age (WRA) (15-49)	Free	

ANNEX C: Sample encoding and consolidating matrix for the database

Name of Institution or Facility	Head of the Organization/ Facility	Contact Information			Adolescent Services/Programs Provided				
		Address	E-mail Address	Contact Number	Type of Service/ Program	Schedule	Coverage Area	Target Clients	Cost

ANNEX D: Template for a Local Policy Issuance

CITY or MUNICIPAL ORDINANCE

Republic of the Philippines
Province of [Name]
[City/Municipality] of [Name]

OFFICE OF THE SANGGUNIANG [PANLUNGSOD/BAYAN] EXCERPTS FROM THE MINUTES OF THE [FIGURE] REGULAR SESSION OF THE SANGGUNIANG [PANLUNGSOD/BAYAN] OF THE [NAME OF CITY/MUNICIPALITY] HELD ON [DATE] AT [LOCATION NAME].

PRESENT

[Name] [City/Municipal] Vice Mayor – Presiding Officer
[Name] [SP/SB] Member
[Name] [SP/SB] Member
[Name] [SP/SB] Member
[Name] [SP/SB] Member
[Name] [SP/SB] Member
[Name] [SP/SB] Member
[Name] [SP/SB] Member
[Name] [SP/SB] Member
[Name] [SP/SB] Member

ABSENT

[Name] [SP/SB] Member

ORDINANCE NO. _____
Series of _____

AN ORDINANCE CREATING A SAFE SPACE FOR THE ADOLESCENTS OF THE CITY/MUNICIPALITY OF _____ THROUGH THE ESTABLISHMENT OF A TEEN CENTER THAT WILL PROVIDE THE NEEDED INFORMATION AND SERVICES

WHEREAS, the Philippine Constitution declares as a State policy to recognize 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 State likewise declares that children and youth have rights to special care, education, health, and protection against all forms of abuse, discrimination, exploitation, corruption, and conditions affecting their moral development. The best interest of the child shall always take precedence in State policies and laws;

WHEREAS, the 1994 International Conference on Population and Development (ICPD) Programme of Action (PoA) declared in its objectives on adolescent sexual and reproductive health to: (a) Address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion and sexually transmitted infections (STIs), including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence, and the provision of appropriate services and counselling specifically suitable for that age group; and, (b) Substantially reduce all adolescent pregnancies;

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, 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;

WHEREAS, the City/Municipal Government of _____ recognizes the vital role of adolescents and youth in the human and socio-economic development of the city/municipality and the City/Municipal Government's primary responsibility to create an enabling policy and program environment for adolescent health and youth development;

WHEREAS, the full and integrative development of young people in _____ is critically challenged by existing and emerging concerns particularly those affecting their health including sexuality and reproductive health concerns including the issues on increasing teenage pregnancy, incidence of sexually transmitted infections and HIV/ AIDS, illegal drugs and substance use and abuse, smoking, and other related issues;

WHEREAS, the City/Municipality of _____ recognizes that addressing these critical concerns affecting young people entails the close collaboration and collective actions from all stakeholders including the concerned local government departments, civil society organizations particularly those

catering services for young people's concerns and the religious sector, and the private sector, for a more strategic and effective intervention;

WHEREAS, the City/Municipal Government of _____ adopts and promotes the establishment of a Teen Center to provide information and service delivery interventions for adolescents and youth and to foster partnerships that is well-coordinated and multi-sectoral.

NOW, THEREFORE, BE IT ORDAINED BY THE SANGGUNIANG PANLUNGSOD/BAYAN, IN SESSION DULY ASSEMBLED, THAT:

SECTION 1. The creation of a TEEN CENTER THAT WILL SERVE AS A SAFE SPACE FOR THE ADOLESCENTS OF THE CITY/MUNICIPALITY OF _____ AND WILL PROVIDE THE NEEDED INFORMATION AND SERVICES, is hereby authorized.

SECTION 2. The TEEN CENTER SHALL BE GOVERNED BY AN ADVISORY GROUP COMPOSED OF THE FOLLOWING: a) Population Office as lead; b) Health Office as co-lead; c) Youth Development Office; d) Social Welfare Office; e) Local Health Board; and f) Local School Board.

SECTION 3. The TEEN CENTER SHALL BE MANAGED by a) Trained adult counselor; b); Nurse or midwife; c) Visiting medical doctor; and d) Trained peer educators or youth volunteers.

SECTION 4. The TEEN CENTER SHALL BE GOVERNED BY SERVICE PROTOCOLS AND SHALL BE SUBJECT TO REGULAR MONITORING AND EVALUATION (M&E) OF ITS PERFORMANCE. Results matrices shall guide the M&E activities and the results shall be reported to the Advisory Group and shall be used as inputs in program planning for the continual improvement of the performance of the Teen Center.

SECTION 5. The TEEN CENTER SHALL BE FUNDED BY THE ANNUAL NATIONAL TAX ALLOCATION (NTA) OF THE LOCAL GOVERNMENT. Specifically, funds of the Local Youth Development Council (LYDC) and Gender and Development (GAD) funds may be the main source of funds for the operations of the Teen Center. Other sources of funds may be mobilized such as those subsidies coming from relevant national and regional government agencies and donations from development partners and civil society organizations (CSOs).

SECTION 6. Repealing Clause. All city/municipal ordinances, implementing rules and regulations, and executive orders, or parts thereof, which are

inconsistent with the provisions of this Ordinance are hereby repealed and/or modified accordingly.

SECTION 7. Separability Clause. If, for any reason or reasons, any part or provision of this Ordinance shall be held to be unconstitutional or invalid, other parts or provisions hereof which are not affected thereby shall continue to be in full force and effect.

SECTION 8. Effectivity Clause. This Ordinance shall take effect immediately upon its approval.

CERTIFIED CORRECT:

[SIGNATURE]
[PRINTED NAME]
[City/Municipal] Vice Mayor – Presiding Officer

ATTESTED:

[SIGNATURE]
[PRINTED NAME]
[City/Municipal] Secretary

ANNEX E: Major services that the Teen Center may provide

Some of the major services that the Teen Center may provide include the following:

MAJOR SERVICES THAT THE TEEN CENTER CAN PROVIDE	
For health care services:	For personal and psycho-social well-being and development services:
<ul style="list-style-type: none"> ○ Access and referral to primary and preventive health care services; ○ Diagnostic services (e.g., HIV/AIDS testing, pre- and post-natal check-up, pregnancy testing); ○ Family involvement in adolescent reproductive health and rights; ○ Health and well-being development; ○ Dental services; ○ Proper hygiene services; ○ Teen pregnancy and STI and HIV/AIDS prevention programs; ○ Mental health services (e.g., psychological counseling); ○ Comprehensive sexuality and reproductive health education; and ○ Primary health education and campaign (e.g., proper nutrition, anti-smoking, anti-drug use, etc.) 	<ul style="list-style-type: none"> ○ Socio-emotional skills improvement; ○ Peer and guidance counseling services or referral to professional counselors; ○ Coaching and mentoring on life skills and achieving developmental tasks; and, ○ Recreational and development of multiple skills and talents
For education and employment services:	For community participation services:
<ul style="list-style-type: none"> ○ Learning and academic support services (e.g., tutoring and group learning activities); ○ Referral for scholarship and training; ○ Computer and internet services; ○ Training on technical and vocational skills; and, ○ Employment referral and assistance 	<ul style="list-style-type: none"> ○ Referral to basic community-based services; and, ○ Involvement and mobilization of adolescents in community-based or outreach activities or projects (e.g., environmental clean-up drive; charity works; etc.)

ANNEX F: Roles of Teen Center Staff

Here below are the main roles/responsibilities of the Teen Center Coordinator/Manager and Peer Educators/Youth Volunteers:

RESPONSIBILITIES OF A TEEN COORDINATOR/MANAGER

1. Manages record keeping, database and reporting relative the Teen Center clients, programs and services;
2. Networks with stakeholders and partners to enhance the services provided by the Teen Center;
3. Participates in meetings related to Teen Center operation and inform the Immediate Supervisor of progress and/or changes to the Teen Center programs and goals;
4. Participates in output-based monitoring and evaluation processes;
5. Plans and implements the Teen Center activities in accordance with established standards;
6. Uses multimedia and social network to promote the Teen Center programs and encourage regular participation of peer educators and peer advocates; and,
7. Performs other tasks that may be assigned from time to time by the Immediate Supervisor.

RESPONSIBILITIES OF A PEER EDUCATOR/YOUTH VOLUNTEER

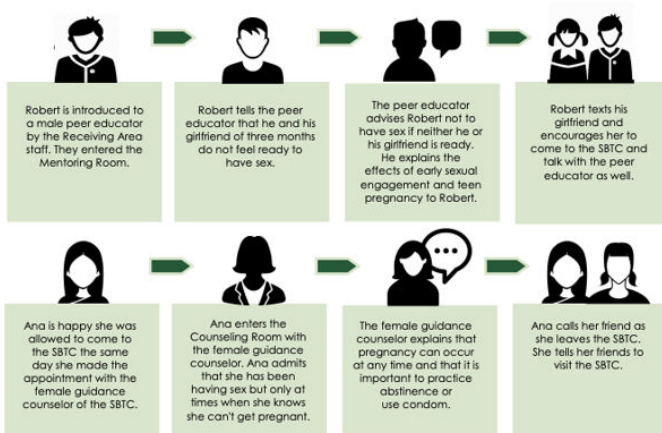
The Peer Educators/Youth Volunteers are the lifelines of the Teen Center. They assist the Teen Center Coordinator in the overall day-to-day operations of the programs on agreed upon days and times after school hours (third space for learning). The Peer Educators ensure a high level of teen participation in adolescent sexual and reproductive health and development programs in a positive way and participate actively in the planning, implementing, monitoring and evaluation of programs and services. They are under the direct supervision of the Teen Center Coordinator.

ANNEX G: Sample Teen Center Visit Protocol and Visit Process Flow

For the part of the Teen Center clients, here below are the guidelines when they avail of information and services in the center.

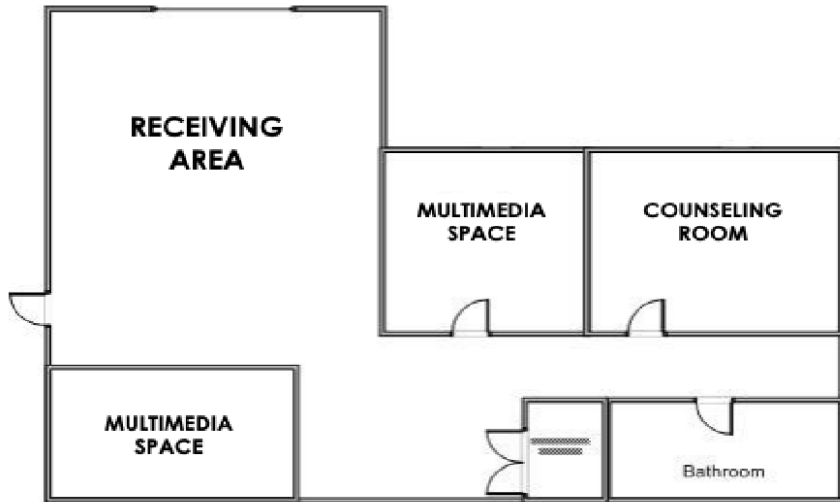
1. Abide by the Teen Center Code of Conduct and protocol at all times while at the Teen Center or during a Teen Center-sponsored activity;
2. Ask a staff member for permission before entering and leaving the Teen Center;
3. Be courteous and respectful of adults and peers at all times;
4. Be supervised by trained guidance counselor or teacher moderator; trained community youth workers or volunteers or peer educators;
5. Participate in all Teen Center activities in a safe and supportive environment;
6. Show respect for Teen Center property and personal property of others availing of the Teen Center; and,
7. Utilize the Teen Center computer or audio-visual equipment for homework purposes only.

THE TEEN CENTER VISIT PROCESS FLOW



ANNEX H: Basic Layout and Proxemics of a Teen Center

Below is the recommended physical design or floor plan of a Teen Center.



ANNEX I: Documentation of an actual operations of a Teen Center

Below is an example of an operation of a school-based Teen Center (based on documented experience).

The School-Based Teen Center or SBTC offers both unstructured and structured programs and activities for Grades 5 to 12 learners in an integrated school, Grades 7-12 learners for integrated secondary school and Grades 7-10 learners for basic secondary school free of charge.

The SBTC services and events are available for three (3) separate age groups: 10 to 12, 13 to 15 and 16 to 19. Teens won't spend time in a SBTC if there is nothing for them to do there. As such, teens want entertainment and recreation after or before classes start.

That is why most SBTC have at least one television set as well as a selection of age-appropriate movies (e.g., Crossroads, AHD Film Festival entries, etc.) for guided viewing. The SBTC may also keep a collection of board games and puzzles, books and IEC materials on adolescent sexual and reproductive health.

Most teens enjoy activities geared towards the arts. Hence, some SBTC keep paper and drawing materials as well as other arts and crafts supplies such as molding clays, crayons, water colors, plastic cups, ice drop sticks, bottle caps, etc. for more elaborate artworks. Learners may also be encouraged to engage in instrument ensemble, vocal ensemble, group dancing, improvisational theater, puppetry or shadow play as means of expressing themselves. Interacting with their friends after school is also a way of de-stressing for most teens.

Hence, SBTC may implement structured plays, games or sports activities into their operation. The equipment for these should be made available to enable them to play and have regular exercise. Jump ropes, hoola-hoops, chinese garters, badminton, volleyball and pingpong rackets and tables are strongly suggested in the SBTC.

An important component of a successful SBTC is a place for teens to simply sit down and relax, listen to music and spend time pursuing

quiet moments. This area allows teens to talk to each other or have private conversations with caring adults or staff in the SBTC.

The structured activities are usually offered on weekdays after classes and may include:

Movie Mondays - e.g., "Crossroads", winning AHD Film Fest entries

Tasky Tuesdays - e.g., tree planting, gardening, "Help-a-Friend Day"

Wacky Wednesdays - e.g., joke time, freedom wall writing, picture taking, "Face-Off Day"

Triumphant Thursdays – e.g., celebrating winning moments, birthdays, achievements

Freedom Fridays – e.g., creative writing, poetry reading, demonstration of multiple intelligences

Other structured activities may include:

- U4U teen trail or teen chat facilitators' workshop or further training;
- personality development and sexuality education;
- community service projects (e.g., coastal cleanup, mangrove planting, etc.);
- social events (e.g., tournaments, field trips, etc.);
- games and amusement activities;
- leadership skills development; and
- life skills and life planning training.

Learners can also sign up for activity series along the following themes:

- baking, cooking or basic food handling;
- volleyball, badminton, pingpong or basketball;
- basic drawing, photography or filmmaking;
- vocal or instrument ensemble or visual and installation arts;
- creative writing, campus news writing, cartooning or broadcasting;
- shirt-printing, photoshop/adobe skills; and,
- improvisational drama, street theater, puppetry or shadow play.

A Teen Center typically offers 26-30 hours per week of operation. The Teen Center observes local and national holidays as well. Hours and program schedules are subject to change but the adult staff makes every

effort to keep each client informed by maintaining an announcement board. During long breaks (i.e., summer break, Christmas, semestral breaks, etc.) special Teen Center activities are arranged (e.g., parent-child barbecue night or camp out, U4U, educational field trip, sports tournament, parent education on adolescent sexuality and reproductive health or Learning Package on Parent Education and Adolescent Health and Development (LPPEAHD), etc.).

In June of every school year, an orientation is conducted to promote the SBTC and its services to all learners and their parents. It is conducted during the school orientation program or simply by having peer educators hold room-to-room campaign sorties to familiarize the learners with the SBTC. If possible, involve the whole school community in promoting the SBTC by enlisting the participation of the alumni, security guards, maintenance personnel and non-teaching staff during the promotion period. This will help ensure that all the members of the school community (aside from the school head and teachers) are fully informed about the SBTC and its services and all are able to close ranks for the good of the learners.

ANNEX J: Sample M&E results matrix of a Teen Center

Here below is a sample results matrix that will guide the performance of a Teen Center:

Overall Goal: To improve the total well-being of adolescents in the locality or to enable them to achieve their potentials and aspirations

Long-Term Goals:

- To reduce the proportion of adolescents (10-19) who have begun childbearing from 32% in 2023 to 20% in 2026;
- To reduce the age-specific fertility rate (ASFR) of women aged 15-19 from 57 births/1,000 live births in 2023 to 35 births/1000 live births in 2026;
- To reduce proportion of adolescents who are living-in from 5% in 2023 to 2% in 2026;
- To improve completion rate in secondary level from 75% in SY 2023-2024 to 90% in SY 2025-2026;
- To reduce drop-out rate at the secondary level from 15% in 2023 to 5% in 2026 (Or to reduce the number of out-of-school youth from 300 in 2023 to 50 in 2026);
- To reduce the proportion of adolescents who are stunted from 10% in 2023 to 5% in 2026;
- To reduce the proportion of adolescents who are involved in crimes from 12% in 2023 to 5% in 2026; and,
- To reduce youth (15-24) unemployment from 35% in 2023 to 10% in 2026.

Expected Performance Indicators (in 2026)			
Impact	Outcome	Output	Input
20% of adolescents who have begun childbearing	10% (from 25%) of adolescents who have ever experienced pre-marital sex	75% of adolescents provided with Adolescent Sexual and Reproductive Health (ASRH) information.	All schools conducted ASRH communication strategies
ASFR of 25 births per 1,000 among women age 15-19	75% of adolescents have used contraception during their pre-marital sex		All schools established their AHD teen centers All Music Arts and Physical Education and Health (MAPEH)

Expected Performance Indicators (in 2026)

Impact	Outcome	Output	Input
	<p>5% of adolescents in living-in arrangement</p>	<p>50% of adolescents provided with appropriate ASRH services</p> <p>50% of parents with adolescent children able to provide ASRH information to their adolescents</p>	<p>teachers trained on ASRH</p> <p>All Officers of Parent Teachers Associations (PTA) oriented on ASRH</p> <p>All barangay officials oriented on ASRH</p> <p>All barangays have established community-based AHD teen centers</p> <p>All SK officials and members provided with ASRH information</p>
<p>5% of adolescents in living-in arrangement</p>	<p>100% participation rate at secondary level</p> <p>Less than 50 number of out-of-school youth</p>	<p>100% of OSYs enrolled in ALS</p> <p>100% of 4Ps families compliant to condition on education</p>	<p>All barangays with high school</p> <p>All barangays with ALS activities</p> <p>100% of indigent students enrolled in school-feeding program</p> <p>1:45 classroom to student (secondary) ratio</p>

Expected Performance Indicators (in 2026)

Impact	Outcome	Output	Input
			<p>1:45 teacher to student (secondary) ratio</p> <p>Families of indigent students enrolled in 4Ps</p> <p>___ of students supported with scholarship programs</p> <p>All students provided with appropriate ASRH information</p>
<p>5% of adolescents who are stunted</p>	<p>100% of adolescents taking nutritious food</p> <p>25% of adolescents eating junk foods</p>	<p>100% of adolescents provided with appropriate information on proper nutrition</p> <p>100% of person preparing food at home provided with appropriate information in preparing healthy and nutritious food</p> <p>100% of adolescents provided with vitamin supplements</p>	<p>All barangays with food and vitamin supplementation programs</p> <p>All barangays with sports and recreation programs involving adolescents</p>



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