

LOCAL HEALTH SYSTEM  
HEALTH PROMOTION PLAYBOOK  
FOR SEXUAL AND REPRODUCTIVE HEALTH

# The Key Assistance for Developing Adolescents (KADA) Network



Healthy  
Pilipinas



This Health Promotion Playbook for Adolescent Sexual and Reproductive Health provides local government units with ready-to-use tools to help promote and protect a critical determinant of health and well-being: community support for adolescent SRH. This present module of the Health Promotion Playbook provides an evidence-based intervention that local decision-makers may find useful for implementation at the level of the community; this intervention may be modified by local governments to more appropriately address the specific issues in the community. Likewise, the components included herein may be modified to local contexts, subject to a needs assessment of LGUs or authorized sub-units.

## TABLE OF CONTENTS

I.	<a href="#">Evidence Brief</a>	4
	A. <a href="#">Key Messages</a>	5
	B. <a href="#">Discussion</a>	5
	C. <a href="#">Recommendations</a>	9
II.	<a href="#">Template Policy</a>	10
	A. <a href="#">KADA Ordinance</a>	13
III.	<a href="#">Implementation Checklist</a>	23
IV.	<a href="#">Basic Resource Requirements</a>	29
V.	<a href="#">Capacity Building Outline</a>	32
	A. <a href="#">Guide for evaluating the effectiveness of training and capacity building sessions on adolescent sexual and reproductive health</a>	35
	B. <a href="#">Instrument for pre- and post-training KAP testing</a>	37
	C. <a href="#">Knowledge, Attitudes, and Practices (KAP) Monitoring Sheet</a>	46
VI.	<a href="#">Communication Plan</a>	48
	A. <a href="#">Overview of Communication Needs</a>	49
	B. <a href="#">Objectives</a>	50
	C. <a href="#">Key Messages</a>	52
	D. <a href="#">Communication Strategies</a>	55
	E. <a href="#">Communication Materials</a>	61
	F. <a href="#">Proposed Message Content</a>	62
	1. <a href="#">The Key Assistance for Developing Adolescents Network</a>	62
	2. <a href="#">Basic Information on Adolescent Sexual and Reproductive Health - Sexual Abuse</a>	64
	3. <a href="#">Basic Information on Adolescent Sexual and Reproductive Health – Contraception</a>	66
	4. <a href="#">Identifying and Preventing Stigma and Discrimination</a>	69
	5. <a href="#">Adolescent Friendly Approaches</a>	71
	6. <a href="#">Nudges for Adolescent Friendly Approaches</a>	73
VII.	<a href="#">Monitoring and Evaluation Plan</a>	75
	A. <a href="#">KADA Center Client Satisfaction Survey</a>	80
	B. <a href="#">KADA Center Complaint Form</a>	82
VIII.	<a href="#">Frequently Asked Questions</a>	84
	A. <a href="#">For Community Frontliners And The Community</a>	85
	B. <a href="#">For Adolescents</a>	88
IX.	<a href="#">Best Practices</a>	91
X.	<a href="#">References</a>	93

# Evidence Brief

ADOLESCENT FRIENDLY APPROACHES AND  
ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH



## KEY MESSAGES

1. Adolescents in the Philippines face a host of legal and social barriers that make them particularly vulnerable to various sexual and reproductive health issues. Their unique situation requires strengthened and tailored community support.
2. Contrary to the common assumption that adolescents are incapable of responsible decision-making, the concept of evolving capacities establishes that as adolescents grow and mature, they are able to take greater agency and responsibility for decisions which affect them, provided they are given reliable knowledge, good guidance, and support from trusted adults.
3. Community frontliners are respected members of the community who can positively influence attitudes and behaviors in relation to adolescent sexual and reproductive health.

## DISCUSSION

### SEXUAL AND REPRODUCTIVE HEALTH RISKS FOR ADOLESCENTS

Adolescents are particularly vulnerable to many forms of sexual and reproductive health risks: Increased exploration of their sexuality as well as a lack of adequate knowledge and skills for protection places them at a higher risk of STI or HIV infection; early sexual initiation and unwanted pregnancy; or sexual, physical, or emotional abuse by people known to and trusted by adolescents, the prevalence of which is alarmingly high for adolescents.

For example, the Philippines faces one of the fastest growing HIV epidemics (Gangcuangco, 2019), especially among the adolescents, with a 170 percent increase in the number of new HIV infections among those aged 15 to 24 years between 2010 to 2017 alone (Balibago & Villafranca, 2019). A decline in HIV awareness, a younger age of sexual initiation, and lack of access to and use of contraception among adolescents have made adolescents more vulnerable to acquiring HIV. In addition, inadequate sex and sexuality education, lack of knowledge on how or where to get assistance, as well as gender norms that promote stigma, discrimination, rejection, and violence in families, communities, schools, and even while availing of health services become barriers to adolescents' access to sexual and reproductive health services.

Teenage pregnancy is also an urgent concern, with an average of 64,000 minors giving birth every year (Gonzales, 2020). While there is an upward trend in the proportion of both male and female adolescent Filipinos who have had sexual initiation before the age of 18, there is also uptick in the number of children

born to teenage mothers and older fathers – 64 percent of children are born to couples like these, signaling a possible increase of exploitation and abuse of young women (PopCom, n.d.).

Contraction of STIs or HIV, pregnancy, and giving birth at a young age are risks for adolescents, who themselves are still developing, and can lead to poorer health outcomes for both the individual, and, if pregnant, the child. Malnutrition, poorer mental health, and tendency toward illness and non-communicable disease (NCD) are just some of the associated repercussions. In addition to these, poorer social outcomes, including poverty, social exclusion, and poorer educational or job outlooks can further harm their well-being.

## Box 1. Status of Youth Sexual Reproductive Health in the Philippines (2013 - 2019)

HIV/AIDS	Sexual Health and Protection	Access to Services
<ul style="list-style-type: none"> <li>• There was a <b>170 percent</b> increase in newly diagnosed HIV cases among young population between 2010 and 2017 (HARP, 2019)</li> <li>• <b>5 percent</b> of sexually active young women have tested for HIV (NDHS, 2017)</li> <li>• <b>30 percent</b> of all HIV cases are aged 15-24 (RPRH, 2020)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>24 percent</b> of Filipinos have had sex before age 18 (YAFS, 2013)</li> <li>• <b>18 percent</b> of women aged 25 to 49 have had sex before age 18 (NDHS, 2017)</li> <li>• <b>19.1 percent</b> (one in five) of children below 18 years old experience sexual violence in the hands of brothers, cousins, or other trusted people while growing up (CWC, 2020)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>56 percent</b> of women aged 15-49 receive contraception from public sources (NDHS, 2017)</li> <li>• <b>54 percent</b> of males / transexual males were not buying or receiving any free condoms</li> </ul>

### Use of Contraception

- **70.8 percent** of women aged 15-49 believe that minors aged 15-17 should seek written permission from their parents (NDHS, 2017)
- Only **31.4 percent** of sexually active women aged 15-19 use some form of contraception (NDHS, 2017)
- **29 percent** of males / transexual males were not using condoms (YKAP, 2013)
- **17 percent** of male PWIDS were not using condoms (YKAP, 2013)

### Unwanted, Mistimed, and Early Pregnancy

- There was a **7 percent** increase of live births for adolescents aged 14 and below. (Philstar, 2019)
- **9 percent** of teenagers aged 15-19 are already mothers or are pregnant with their first child (NDHS, 2017)
- **64 percent** of adolescent mothers' children are sired by men 20 years old or older (PSA Civil Registration & Vital Statistics, 2018)
- There was a **60 percent increase** in the number of "batang ama" (aged 15-19 years old) between 2010 and 2018 (PSA Civil Registration & Vital Statistics, 2018)
- **27 percent** of children born were wanted but at a later time, or not wanted at all (NDHS, 2017)

Adolescents in the Philippines face various barriers that make sexual and reproductive health knowledge difficult to acquire. Adolescent Filipinos often feel disempowered from seeking help with regard to sexual and reproductive health due to the stigma and shame that surrounds the topic, and existing legal barriers that prevent them from accessing contraception and other forms of sexual and reproductive health services. Thus, studies show that middle school-aged adolescents have low health literacy (Javier et. al., 2019). This necessitates stronger and more tailored community support (DOH EB, 2020) coupled with the use of technology (Javier et. al., 2019).

The COVID-19 pandemic has only further exacerbated the issues that adolescents face with regard to education, nutrition, health, and access to care, support, or help. The Council for the Welfare of Children (CWC) has described children and adolescents as “hidden victims of this pandemic” (2020). Hunger, lack of educational and economic opportunities, vulnerability to abuse at home and online, limited access to people or institutions they trust or seek help from, and emotional vulnerability and stress brought on by familial issues and pandemic-related issues can lead adolescents to engage in risky sexual behavior, with an expected 18,000 more Filipino teenage girls becoming pregnant due to quarantine measures and poor access to services (UNFPA, 2020; Pazzibugan, 2021).

## **EVOLVING CAPACITY OF ADOLESCENTS FOR INFORMED DECISION-MAKING**

Studies from psychological experts show that by age 15 or 16, adolescents' abilities for logical reasoning and understanding of information are generally indistinguishable from those of adults (Steinberg et. al., 2009; Halpern-Felsher et. al., 2016). These abilities develop separately from and faster than adolescents' capacities for emotional or psychosocial maturity, which tend to be in development until young adulthood. This has implications on adolescents' decision-making capacities: from age 16, adolescents are just as capable of mature decision-making as adults, as long as emotional and social influences on judgement are mitigated or minimized, and as long as adolescents are provided the information they need with regard to their available courses of action (Steinberg et. al., 2009).

The concept of "evolving capacities" is rooted in this. Contrary to the common assumption that adolescents are incapable of responsible decision-making, the concept of evolving capacities establishes that as adolescents grow and mature, they are able to take greater and greater agency and responsibility for decisions which affect them (Lansdown, 2005). Article 12 of the Convention on the Rights of the Child embodies this concept, mandating that parties "assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child." Adolescents must thus be involved in decision-making at four levels: they have the right to be informed, to express an informed view, to have that view taken into account, and to be the main or joint decision-maker.

This does not mean that adolescents can or should be given full independence and accountability for their decisions. Owing to adolescents' relative emotional immaturity, parents, health workers and teachers, and



other care-givers play a crucial role in providing guidance and direction, and in transferring responsibility to adolescents as they acquire the competence and willingness to exercise their rights and make more independent decisions. While most adolescents are comparable with adults with regard to making cognitively-based decisions, they still need heavy guidance in emotionally charged situations (Ballonoff & Brindis, 2014). It is recommended that trusted adults find a middle ground between encouraging adolescents' independence while taking into account their limitations, even with regard to decisions on sexual and reproductive health (Halpern-Felsher et. al., 2016). With reliable knowledge, good guidance, support from trusted adults, and a willingness to make decisions, adolescents have much higher odds of making good choices with regard to their sexual and reproductive health.

## **COMMUNITY FRONTLINERS AND ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH**

Adults and adolescents alike trust community leaders such as primary care providers, teachers, and other frontliners the most with regard to sexual and reproductive health information and services (Kimbobo et. al., 2008). While frontliners often have a positive attitude toward adolescent sexual and reproductive health in general, most not only have negative views regarding adolescent sexual experiences, but also are hesitant to speak with adolescents on sexual and reproductive health matters (Yabushita, 2019).

Frontliners' attitudes are a major barrier to adolescents seeking out their guidance on sexual and reproductive health (Onukwugha et. al., 2019). Adolescents frequently report that frontliners fail to provide adolescent friendly services or satisfy their concerns (Yabushita, 2019). Among other negative attitudes, adolescents report stigma; judgmental behaviors; reprimands or scoldings; unfriendliness; lack of privacy and confidentiality; not taking adolescent concerns seriously; refusal to provide counseling or other necessary services; or provision of incomplete or inaccurate sexual and reproductive health information (Onukwugha et. al., 2019; Chilinda, 2014; Tilahun et. al., 2012).

To contribute to adolescents' positive development, adults need to understand both adolescent development and adolescents' concerns, to take advantage of opportunities and avoid threats during this period of rapid development (Ador, n.d.). It is common for many adults to prefer warnings and negative topics over more positive topics when talking about sexual and reproductive matters. However, when these issues become linked with danger, stigma, victimization, or other negative connotations, adolescents' capacities for engaging responsibly, seeking help, and reporting abuse are reduced (Kelly, 2012). Many parents may fear that talking about sex too much or too positively may cause adolescents to experiment more (Ashcraft & Murray, 2018).

Research shows the opposite: clear, accurate, and sex-positive information and conversations about gender and sexuality, consent, pleasure, love and healthy relationships, pregnancy, STIs, and more reduce risky sexual behavior (Ashcraft & Murray, 2018; Burgess et. al., 2005). In addition, adolescents who spoke with people who had non-judgmental attitudes, directed or talked less, asked more questions, and listened more when talking about sexual and reproductive matters were more comfortable confiding in these adults, and more knowledgeable on these matters (Akers et. al., 2011). Overall, the involvement and comfort of trusted

adults in discussing sexual and reproductive health matters with adolescents reduced sexual behavior, especially risky sexual behavior, delaying sexual initiation and increasing contraception use (Akers et. al., 2011; Burgess et. al., 2005).

In summary, adolescents who are capable of mature and responsible decision-making face unique challenges and risks in navigating new experiences, including those on sexual and reproductive matters. These challenges can be overcome, and risks minimized, with adolescent friendly community support, including strengthened and tailored health and social protection systems for adolescents. An assessment commissioned by the DOH Adolescent Health Development Program recommended as much: a combination of comprehensive training, mentoring, coaching, and follow-up on LGU managers and technical assistance providers; more efficient data collection and maintenance; and the participation of programs beyond health directly and indirectly contributing to adolescent well-being will make for a successful adolescent health program (Ador, 2019).

There is thus a need to capacitate community frontliners (Denno et. al., 2020), address erroneous assumptions, and promote positive attitudes and behaviors to help them effectively and confidently speak with adolescents about sexual and reproductive matters (Ashcraft & Murray, 2018; Burgess et. al., 2005). By providing frontliners with information with regard to adolescent sexual and reproductive health, building their communication skills, and addressing personal and social attitudes and behaviors (Burgess et. al., 2005), implementers can help build adolescent's confidence and strengths in making good sexual and reproductive health choices (Kelly, 2012).

## RECOMMENDATIONS

Enhance health and social protection systems for adolescents in the LGU by:

1. Providing community frontliners with regular, participatory, and interactive training and capacity-building sessions on adolescent friendly approached and adolescent sexual and reproductive health:
  - a. Provide community frontliners with clear and accurate sexual and reproductive health information;
  - b. Build community frontliners' and key community members' communication skills and confidence in conversing with adolescents;
  - c. Promote positive attitude and behaviors in discussing adolescent sexual and reproductive health topics with adolescents and their communities.
2. Fostering community participation toward empowering and guiding adolescents to make responsible and appropriate sexual and reproductive health choices.

*Post-Note: This Playbook may be especially relevant for LGUs who wish to do well in the Child-Friendly Local Governance Audit, and those seeking to comply with DOH standards for Adolescent Friendly Health Facilities.*

# Template Policy



**[Number] Session**

**EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE [NUMBER] SANGGUNIANG [UNIT] OF THE [LGU] HELD AT [LOCATION] ON [DATE]**

Present:

<b>[Name]</b>	<b>[Position]</b>
<b>[Name]</b>	<b>[Position]</b>
<b>[Name]</b>	<b>[Position]</b>

On official business:

<b>[Name]</b>	<b>[Position]</b>
<b>[Name]</b>	<b>[Position]</b>
<b>[Name]</b>	<b>[Position]</b>

Absent:

<b>[Name]</b>	<b>[Position]</b>
<b>[Name]</b>	<b>[Position]</b>
<b>[Name]</b>	<b>[Position]</b>

**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 an 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 wellbeing, 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 providers 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 change, 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 [City/Municipality] 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 [City/Municipality] 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 [Name], seconded by [Name], be it **RESOLVED** to enact the following:

ORDINANCE NO. [ ]

Series of [ ]

**AN ORDINANCE INSTITUTIONALIZING KEY ASSISTANCE FOR DEVELOPING ADOLESCENTS IN THE LGU**

Authored by: [Name], [Position]

**CHAPTER I. GENERAL PROVISIONS**

**Section 1. Short Title.** This Ordinance shall be known as the KADA Ordinance of 2021.

**Section 2. Declaration of Principles and Policies.** It is the policy of the [City/Municipality] to ensure that the rights of adolescents, their sexual and reproductive health, and their well-being are always protected, exercised, realized. Furthermore, the [City/Municipality] 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 [City/Municipality] shall adopt:

- a. 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;
- b. A *life course approach* that recognizes that 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;
- c. 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 age-related inequality, and marginalization; and,
- d. 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:

- a. 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.
- b. 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:

- a. **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';
- b. **Adolescent Health and Development** shall refer to the state of complete physical and psycho-social functioning of persons aged 10-19 years and 20-30 years old;
- c. **Adolescent 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;
- d. **Early or adolescent pregnancy** shall refer to pregnancy in girls younger than 20 years old.
- e. **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, marital or family status, sex, sexual orientation, or gender identity.
- f. **Frontliners** shall refer to any local government, private, or non-government worker 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;
- g. **Gender expression** shall refer to the way in which an individual outwardly presents their gender through the way one chooses to dress, speak, or conduct themselves socially;
- h. **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;
- i. **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;
- j. **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, diseases, injury, disability, deformity, or other care; health care professionals and practitioners duly licensed to practice in the Philippines; community-based health care organizations; and pharmacies, drug outlets, laboratories, and diagnostic clinics;
- k. **Human Immunodeficiency Virus (HIV)** shall refer to a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases, spread by contact with certain bodily fluids of a person with HIV, commonly through unprotected sex or sharing drug injection equipment;
- l. **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;
- m. **Sexual orientation** shall refer to a person's physical, romantic, and/or emotional attraction toward others.

- n. **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;
- o. **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, place of residence, economic and social situation, health status, disability, age, marital or family status, sex, sexual orientation, or gender identity.

## CHAPTER II. THE KEY ASSISTANCE FOR DEVELOPING ADOLESCENTS NETWORK

**Section 5. The Key Assistance for Developing Adolescents Network.** The Key Assistance for Developing Adolescents Network, hereinafter referred to as the KADA Network, chaired by the Local Chief Executive, shall be designated as the steering and decision-making body, in charge of all policy, implementation, and resource-related decisions pertaining to address issues besetting adolescents in the [\[City/Municipality\]](#). The minimum composition of the Committee shall include representatives from relevant local departments, such as, but not limited to:

- a. The **Local Chief Executive** or representative as Committee Chairperson;
- b. The **Local Health Office**, as Deputy Committee Chairperson;
- c. The **Local Population Office**;
- d. The **Social Welfare and Development Office**;
- e. The **Local and Barangay Councils for the Protection of Children**;
- f. The **Regional Committee for the Welfare of Children**;
- g. The **Local Youth Development Office** and the **Sangguniang Kabataan**;
- h. The local **Department of Education** and **private schools** operating in the [\[City/Municipality\]](#);
- i. The local **Women and Children Protection Desk**;
- j. Relevant **public and private health facilities** and **other private companies providing services to adolescents**;
- k. Relevant **civil society organizations (CSOs)** and **youth organizations** operating in the [\[City/Municipality\]](#);
- l. Relevant **development partners**;
- m. **Adolescent representatives** not part of the current Sangguniang Kabataan or representative youth organizations.

Membership in the KADA Network shall not be exclusive. The KADA Network may include other partner institutions or facilities as deemed important in delivering needs and information to adolescents, as identified by the KADA Network<sup>1</sup>.

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<sup>1</sup> Other bodies such as the Local or Barangay Committee for the Protection of Children may be mobilized to fulfill the functions of the KADA Network.



**Section 6. Functions of the KADA Network.** The KADA Network shall have the following functions:

- a. Ensure the holistic and healthy development of adolescents by fostering a health-promoting and enabling community and environment; and by providing adolescent friendly information, services, and referral network to support adolescents;
- b. Identify, discuss, and resolve emerging health and social issues related to adolescents through its programs, policies, activities, advocacy and communication efforts, service delivery efforts, or through other means as agreed upon by the KADA Network;
- c. Develop, implement, monitor, and evaluate efficient, multi-sectoral, coordinative and collaborative referral and resource-sharing mechanisms to ensure the availability, accessibility, and efficient delivery of adolescent friendly health and social care information and services to all adolescents in the [City/Municipality], through:
  - i. Identifying the needs of adolescents;
  - ii. Mapping available health or social care providers that can serve the social, economic, cultural, spiritual, or health needs of adolescents in an adolescent friendly manner;
  - iii. 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.
- d. Ensure the development of enabling adolescent friendly and health-promoting environments in all frontline offices in the delivery 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;
- e. 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;
- f. Ensure the smooth operation of the KADA Network and the completion of its 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,
- g. 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;
- h. 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:

- a. Training and capacity-building for people working with and/or directly for adolescents, as needed, and as stipulated by Section 14 of this Ordinance;
- b. Social behavioral change and advocacy activities on adolescents' issues, concerns, and needs;
- c. Information, educational, and counseling services tailored for adolescents;

- d. 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 offline sexual abuse and exploitation), and employment services tailored for adolescents.

### CHAPTER III. KADA NETWORK FACILITIES IN THE LGU

**Section 8. Adolescent Friendly Facilities in Every Barangay.** There shall be an adolescent friendly facility, also known as a KADA Center, in every barangay of the [City/Municipality]. Any office or service-providing branch of any of the Departments or organizations represented in the KADA Network may be designated as the KADA Center in the barangay, provided that these are operated in line with the policies and principles set out in Sections 2 and 3 of this Ordinance.

**Section 9. Characteristics of KADA Centers.** KADA Centers should ensure that all services provided are:

- a. **Accessible** - All services should be provided or located at the right place, at the right time, at the right price, in the right style, and in a way that is easy to use.
- b. **Acceptable** - All services are provided in a non-stigmatizing, non-judgemental, private, and confidential manner and supported by the community. Influential community members such as parents, local leaders, and religious groups must understand the importance of adolescent friendly services.
- c. **Appropriate** - All services must address the concerns of adolescents in a way that is aligned to the needs of adolescents, and aligned to agreed-upon values.
- d. **Comprehensive** - KADA Centers provide an essential package of services to all adolescents.
- e. **Equitable** - All services must be inclusive and reach the most vulnerable groups of adolescents, and must not discriminate against any sector of adolescents on the grounds of race, color, language, religion, political opinion, national or social origin, place of residence, economic and social situation, health status, disability, age, marital or family status, sex, sexual orientation, gender identity, gender expression, or more.
- f. **Effective** - All services must be delivered by trained and well-motivated primary care providers who communicate in a non-stigmatizing, non-judgmental way, and supported by adequate equipment and supplies, as well as a system of monitoring, evaluation, and quality improvement.
- g. **Health Promoting** - All services must promote responsible, health-seeking, and healthy behaviors, discourage risky behavior, and foster healthy environments among providers, adolescents, and/or their families, peers, or support groups.
- h. **Participative** - All services closely involve adolescents in their planning, implementation, and monitoring, increasing the confidence that adolescents have in the quality of such services.

**Section 10. Physical Standards for KADA Centers.** The KADA Network shall ensure that all KADA Centers shall have the following physical structures available:

- a. Clear signage and indication that the facility is adolescent friendly, with clear work hours;
- b. Clear specification of services provided in a visible area of the facility;

- c. Clear specification of other facilities included in the network, as well as their locations, in a visible area of the facility;
- d. Provision of customer satisfaction surveys, complaint forms, and noticeable, readable IEC materials outlining processes for complaint filing;
- e. Space for information and education materials;
- f. Space allowing for audiovisual privacy of clients;
- g. Neat, clean, welcoming, and friendly ambiance;
- h. 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:

- a. Processes and procedures for client flow, including for intake, consultation or counseling, treatment, or other provided services;
- b. Processes and procedures for proper referral to the appropriate office, department, or facility;
- c. Processes and procedures to ensure adolescent friendly, private, confidential, non-stigmatizing or discriminating, and trust-building environments and client-provider interaction;
- d. Processes and procedures for client satisfaction, as well as for adolescent-centered participation and decision-making;
- e. Processes and procedures for processing and resolution of adolescent complaints;
- f. Plans, processes, and procedures for social behavior change and advocacy activities on adolescents' issues, concerns, and needs;
- g. 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 this 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 adolescent friendly service providers:

- a. Are technically competent and have comprehensive background on adolescent-specific needs and concerns;
- b. Offer health promoting, sensitive, and acceptable care that is relevant to each client's level of maturity and social circumstances;
- c. 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;
- d. Are motivated and supported to provide adolescent friendly services;
- e. Devote adequate time to each client;
- f. Act for the best interests of their client;

- g. Provide complete information and support to enable each client to make the right choice for their needs.

**Section 14. Regular Training for Adolescent Friendly Community Frontliners.** All frontliners must be motivated and supported in their provision of adolescent friendly services. Thus, the KADA Network shall ensure regular training or capacity building on adolescent friendly approaches for all KADA Center frontliners and primary care providers. These capacity building sessions must:

- a. Provide frontliners with clear and accurate information on adolescent-related needs, concerns, and issues on health, education, employment, social conditions, and more;
- b. Build frontliners' communication skills and confidence in conversing with adolescents;
- c. Address negative or stigmatizing attitudes and behaviors with regard to adolescent matters; and,
- d. Include topics such as adolescent behavior and vulnerabilities; adolescent communication and counseling; gender sensitivity; adolescent health, including sexual and reproductive health (Safe motherhood, family planning, HIV and other STIs); women and children protection (including specifically online sexual abuse and exploitation of children); factors driving adolescent risky sexual behavior (such as poverty, domestic violence, etc.); and more.

## **CHAPTER V. COMMUNITY PARTICIPATION IN THE KADA NETWORK**

**Section 15.** To ensure the smooth operation of the KADA Network and a supportive environment for adolescents who wish to access KADA Network services, especially sensitive services, the KADA Network shall engage the community, including religious, political, and social leaders, parents, teachers and school staff, and other community figures on the importance of adolescent friendly approaches, of evolving capacities, and of the KADA Network and its services, through forums, dialogues, volunteering activities, or other similar activities.

## **CHAPTER VI. AUXILIARY ACTIVITIES**

**Section 16. Auxiliary Activities.** To complement the services to be provided as part of the KADA Network's mandate, the [City/Municipality] shall endeavor to:

- a. Provide opportunities for adolescents to take an active and meaningful role in public life, governance, and the planning and implementation of programs, projects, and activities affecting them;
- b. Expand adolescent participation in services related to adolescent sexual and reproductive health, mental health, nutrition and physical activity, substance use, and immunization;
- c. Take into account the needs of adolescents with disabilities in the planning and implementation of programs, projects, and activities, and in the provision of opportunities for adolescent participation;
- d. 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;
- e. Improve family planning and sexual and reproductive health services for 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 conducting KADA Network audits and providing regular feedback to improve KADA Network service provision, through the conduct of interviews and focus group discussions (FGDs) with adolescents who avail of KADA Network services, analysis of customer satisfaction surveys, on-site monitoring or surprise visits, and others as adolescent representatives to the KADA Network see fit.

**Section 18. Complaints.** Adolescents who avail of KADA Network services shall be provided with private and confidential means of filing complaints against KADA Network community frontliners who did not adhere to adolescent friendly standards. The general guidelines for filing of complaints shall be as follows:

- a. 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;
- b. Adolescents 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 the adolescent friendly community frontliner/s involved, and a narration of the incident/s;
- c. Complaints 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;
- d. 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 (IRA); the funds of the Local Youth Development Council (LYDC); or gender and development (GAD) funds, provided requirements for use of these funds are satisfied. Subsidies from the national government or Centers for Health Development (CHD) for related programs, projects, and activities; and/or funding support or grants from other external development partners or non-government organizations (NGOs) may also be used.

## CHAPTER VII. MISCELLANEOUS PROVISIONS

**Section 21. Implementing Rules and Regulations (IRR).** The [City/Municipal] Mayor may issue appropriate and relevant rules and regulations, as necessary for the proper implementation of any and all provisions of this Ordinance.

**Section 22. Repealing Clause.** All other orders and issuances, or parts thereof, inconsistent herewith are repealed, amended, or modified accordingly.

**Section 23. Effectivity.** This Ordinance shall take effect three (3) consecutive weeks after its publication in a newspaper of local or general circulation, or posting in at least two (2) conspicuous places within the [\[City/Municipality\]](#).

**CARRIED (UNANIMOUSLY OR ON A MAJORITY VOTE).**

(If on a majority vote:

In favor:

Abstention:

Against:)

CERTIFIED TRUE AND CORRECT:

**[NAME]**  
Secretary

ATTESTED:

**[NAME]**  
Vice Mayor, Presiding Officer

**[NAME]**  
Mayor

Date of Approval : \_\_\_\_\_  
Date of Posting : \_\_\_\_\_  
Date of Publication : \_\_\_\_\_  
Date of Effectivity : \_\_\_\_\_

## **ANNEX 1A. MINIMUM PACKAGE OF SRH SERVICES**

*Recommended to be provided by the KADA Network*

**All KADA Network services are to be provided in accordance with Section 2 of the KADA Ordinance of 2021. Additional services may be provided by the KADA Network, as seen fit by the City/Municipality.**

- I. General SRH services
  - A. Service provision to key adolescent populations and/or referral to age- and gender-appropriate services
  - B. Information provision through multiple media channels and through counseling at every stage
  - C. Provision of comprehensive sexuality education, peer education, and parent education (incl. Relationships; values, rights, culture, and sexuality; understanding SOGIE; violence and staying safe; skills for health and well-being; the human body and development; sexuality and sexual behavior; and sexual and reproductive health)
  - D. Training and social behavior change activities for community members, parents, and adolescents to prevent sexual abuse, adolescent pregnancy, and adolescent STI or HIV infection
  - E. Screening for physical, mental, emotional, or sexual abuse; mental or psychosocial concerns; and malnourishment
  - F. Provision of Human Papillomavirus (HPV) vaccines for adolescents aged 9 to 14, following standard DOH immunization guidelines
  - G. Psychosocial and socio-economic support from multi sectoral stakeholders (incl. Social workers, health workers, educators, etc.) for adolescents who have experienced abuse, pregnant adolescents, adolescent fathers, and adolescents living with HIV (ALHIV)
- II. Teenage pregnancy
  - A. Social worker, maternal care physician, counselor as case managers
  - B. Information provision on family planning, pregnancy, and connected topics
  - C. Counseling at every stage (ex. Check ups before and after birth, parenting and care for the child) for adolescents who are pregnant and adolescent fathers
  - D. Referral of adolescent clients to appropriate facilities, when needed
  - E. Iron with folic acid supplementation
  - F. Dietary supplementation and nutrition counseling
  - G. Deworming
- III. HIV
  - A. Social worker, HACT physician, HIV counselor as case managers
  - B. Information provision on HIV/AIDS and connected topics
  - C. Counseling at every stage (ex. Self-testing, testing, ART initiation, PrEP initiation)
  - D. Family or peer session/s to build strong support system
  - E. Referral of adolescent clients to appropriate facilities, especially those with reactive results, when needed
  - F. Mechanisms for parental consent and for proxy consent
  - G. ART initiation
  - H. Pre-exposure prophylaxis offered to non-reactive at-risk adolescents, and those who are in serodiscordant relationships

# Implementation Checklist





## FOR THE KADA NETWORK

List of Activities	Target Date (To be identified by the LGU)	Responsible	Status (Ongoing or Completed)
<b>1. Scope for adolescent issues and concerns</b>			
1.1. Conduct interviews, FGDs, consultations, and surveys on adolescent issues and concerns			
1.2. Collect and review relevant statistics on adolescent key issues, including economic status, educational outcomes, nutritional status, incidences of violence and injury, adolescent sexual and reproductive health, mental health, and other identified issues			
1.3. Validate adolescent issues and concerns with youth groups and other adolescent-oriented stakeholders			
<b>2. Identify and map existing adolescent friendly services in the LGU</b>			
2.1. Evaluate existing activities, services, and protocols in place			
2.2. Map existing public or private adolescent service providers, youth groups, relevant government agencies, non-government agencies, development agencies, and other relevant agencies to join the KADA Network			
2.3. Evaluate adolescent client satisfaction with existing activities, services, and protocols			

<b>3. Plan for services and activities of the KADA Network</b>			
3.1. Invite identified potential members to join the KADA Network			
3.2. Ensure and organize the active involvement and participation of adolescents in planning, implementation, monitoring and evaluation of all KADA Network activities			
3.3. Determine the structure, roles, and responsibilities of each KADA Network member			
3.4. Jointly formulate standard operating procedures, guidelines for operations, resource-sharing mechanisms, public-private partnership terms, regulatory measures, a code of ethics and penalties, complaint mechanisms, and other necessary process and procedures of KADA Centers			
3.5. Jointly formulate the monitoring and evaluation plan and agree on targets and units responsible, ensuring that adolescent feedback			
<b>4. Map out KADA Centers in each barangay</b>			
4.1. Map out locations and determine human, capital, and financial resources needed for the operation of KADA Centers			
4.2. Identify sources of funding for operating expenses of KADA Centers			
<b>5. Finalize Ordinance and propose to the Sanggunian for enactment</b>			

<b>6. Ensure regular meetings of KADA Network members to facilitate smooth operations, resolve concerns, implement joint activities and community engagement activities, and more</b>			
6.1. Jointly agree on a schedule (i.e. monthly, quarterly, bi-annually) for meetings			
6.2. Jointly agree on a timeline and mechanism for submission of regular requirements such as work and budget plans and accomplishment reports			
6.3. Jointly agree on a timeline and mechanism for agenda setting and recording of KADA Network meeting proceedings			
6.4. Implement the aforementioned			
<b>7. Conduct annual training of adolescent friendly community frontliners and other KADA Network members</b>			
7.1. Conduct training needs analysis based on competencies as recommended in the capacity building outline			
7.2. Establish partnership with institution with capacity to provide the aforementioned training			
7.3. Organize schedule, budget, logistics, and registration of all adolescent friendly community frontliners and KADA Network members			
7.4. Conduct pre-test for all adolescent friendly community frontliners and KADA Network members			
7.5. Conduct actual annual training sessions			

7.6.	Collect feedback from and conduct post-test for training participants			
<b>8.</b>	<b>Roll out KADA Centers in every barangay</b>			
8.1.	Ensure that physical spaces, processes, and human resources comply with standards for KADA Centers			
8.2.	Ensure the implementation of standard procedures for day-to-day KADA Centers activities, including service delivery, counseling, referral, communication and community engagement, and feedback			
<b>9.</b>	<b>Implement community engagement activities</b>			
9.1.	Convene adolescent team to develop and implement a social behavior change communication plan on the KADA Network and other adolescent concerns and issues, including violence and injury prevention, sexual and reproductive health, mental health, educational issues, and others, as identified in the scoping of adolescent concerns			
9.2.	Set up programs, projects, and activities for the active involvement of adolescents in the KADA Network			
9.3.	Set up programs, projects, or activities on improving community support for adolescents and mainstreaming adolescent friendly approaches for key community members (i.e. religious groups, social leaders, political leaders, teachers and school staff, and parents)			

<b>10.</b>	<b>Monitor and evaluate KADA Network progress annually</b>			
10.1.	Ensure that monitoring and evaluation activities such as scoping (See A of this Implementation checklist), audits, submission and analysis of progress reports happen annually			
10.2.	Implement adolescent-led KADA Network audits and engage with adolescents in providing feedback on KADA Network services beyond the audits			
10.3.	Conduct a review of work and financial plans, accomplishment reports, customer satisfaction surveys, and the KADA Network audit report			
10.4.	Summarize key findings and provide recommendations for the improvement of the KADA Network			
10.5.	Adopt recommendations accordingly			
<b>11.</b>	<b>Repeat the implementation checklist regularly</b>			



# Basic Resource Requirements

The breakdown below comprises only components of a budget which would be friendly and responsive to the needs of children and adolescents. For more information on creating such budgets, the DOH Health Promotion Bureau may connect your LGU with UNICEF or the Commission for the Welfare of Children (CWC).

Budget sources for child- and adolescent-friendly budgets include the gender and development (GAD) fund, the Sangguniang Kabataan (SK) fund, and the Local Council for the Protection of Children (LCPC) fund.

Please see below a sample costing criteria for the implementation of specific KADA Network programs, projects, and activities:

<b>Item</b>	<b>Unit Cost in Php</b>	<b>No. of Units Based on local assessment</b>	<b>No. of Times In Day/Month</b>	<b>Total Cost in Php</b>
<b>Operating expenses (Per KADA Center per month)</b>				
Office Materials	Php 5,000.00 - 10,000.00			
Utilities	Php 5,000.00 - 10,000.00			
Honorarium (Adolescent volunteers)	75% of minimum wage in the locality (Equiv. to gov't interns)			
<b>Social and Behavior Change Communication Materials</b>				
Tarpaulins	Php 5.00 - 30.00/sq. ft.			
Paper materials (i.e. posters, leaflets, flyers)	Php 170.56/ream of paper			
Stickers	Php 19.00 - 45.00/10 sheets			
Ink Cartridge	Php 250.00 - 2,000.00/cartridge			
<b>Meetings and Forums</b>				
Kits for Training Participants	Php 100/kit			

<i>Inclusive of envelope, notebook, ballpen or pencil; training materials to be calculated under "Printing of Materials" below</i>				
Printing of Materials	Php 170.56/ream of paper			
	Php 250.00 - 2,000.00/cartridge			
<b>TOTAL</b>				



# Capacity Building Outline



## LEARNING OUTCOMES

By the end of these modules, community frontliners should be able to...

1. Provide clear and accurate sexual and reproductive health information to adolescents
2. Develop communication skills and confidence in conversing with adolescents on sexual and reproductive health
3. Promote positive attitude and behaviors in discussing adolescent sexual and reproductive health topics with adolescents and their communities.

## MODULES

- A. **Adolescent Health Education and Practical Training (ADEPT)** - *Recommended for health workers only; available % DOH Academy*
  - a. Adolescent Friendly Health Facilities
  - b. Appropriate and Inappropriate Practices for Adolescent Friendly Service
  - c. Characteristics of Adolescent Friendly Healthcare Providers at the Reception
  - d. Healthcare Providers' Attitudes
  - e. Steps in an Adolescent Friendly Encounter
- B. **Reproductive Health for Adolescents**
  1. The Nature of Adolescence
    - a. Biological and psychological changes
    - b. Desirable health status and adolescent reproductive health
    - c. Reproductive rights of adolescents
  2. Adolescent Vulnerabilities, Risk-Taking Behaviors, and their Consequences
    - a. Vulnerabilities of adolescents
    - b. Factors driving adolescents to engage in risky sexual behavior (i.e. poverty, domestic violence, dysfunctional family, abuse, dropping out from school, lack of knowledge, etc.)
    - c. Risk-taking behaviors
    - d. Consequences of risk-taking behaviors and vulnerabilities
  3. Adolescent Behavior and Life Skills
    - a. Psychological and behavioral concerns
    - b. Like skills necessary for health development
    - c. Safe online and offline engagement
  4. Communicating with the Adolescent Client
    - a. Establishing trust with the adolescent
    - b. Behaviors conducive to counseling adolescents
    - c. Counseling techniques to be used with adolescents
  5. Safer Sex and Protection for Adolescents

- a. Safer sex messages and techniques for prevention
- b. Reasons why adolescents may not practice safe sex
- 6. Contraceptive Options for Adolescents
  - a. Importance of delaying child-bearing
  - b. Contraceptive options
  - c. Common side effects and their impacts on adolescents
  - d. Responding to misconceptions and rumors
- 7. STI/HIV and Adolescents
  - a. Impact of STI/HIV on adolescents
  - b. Syndromic and clinical management of STIs
- 8. Counseling the Adolescent on Safer Sex
  - a. RH counseling and factors influencing counseling outcomes
  - b. How to counsel adolescents about safer sex and protections
  - c. Ways to counsel young men
- 9. Sexual Identity and Orientation
  - a. Different types of sexual expression and orientation
  - b. Issues of sexual expression or orientation
- 10. Physical, Emotional, or Sexual Abuse
  - a. Types of abuse
  - b. Sexual abuse as a reproductive health issue
  - c. Online sexual abuse and exploitation
  - d. Physical and behavioral indicators of abuse
  - e. How to screen for abuse
  - f. Responding to survivors of abuse
- 11. Pregnancy, Birth, and Postpartum Issues
  - a. Components of routine prenatal care for adolescents
  - b. Physical and emotional needs during labor and delivery
  - c. Adolescent needs during the postpartum depression
  - d. Parenting and infant feeding
- 12. Providing Adolescent Services
  - a. Ways to make programs youth-friendly
  - b. Evaluating and planning youth-friendly programs, projects, activities, and services

## APPENDIX 5A. GUIDE FOR EVALUATING THE EFFECTIVENESS OF TRAINING AND CAPACITY BUILDING SESSIONS ON ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

The effectiveness of training and capacity building sessions for KADA Center frontliners and KADA Network members shall be evaluated by measuring the improvement in the beneficiaries' nutrition-related knowledge, attitudes, and practices (KAP) before and after the conduct of these activities.

### *Operational definition*

- **Knowledge** refers to the degree with which beneficiaries understand essential adolescent and adolescent sexual and reproductive health-related information. This will be measured using a quiz-type knowledge assessment, wherein participants will provide answers to the knowledge area being asked.
- **Attitudes** refer to participants' emotional, motivational, and perceptive beliefs on adolescent and adolescent sexual and reproductive health-related matters that positively or negatively influence their behavior. This will be measured using a three-point scale – for every item, beneficiaries will indicate their perceived belief or level of agreeability to the statement given.
- **Practices** refers to the beneficiaries' observable actions, habits, or routines that could affect their adolescent clients' sexual and reproductive health. This will be measured in terms of frequency with which the practices are being observed: Always, sometimes, or never.

### *Design of effectiveness evaluation*

To determine the change in KAP, implementers will conduct a pre-test and post-test among training or capacity building session participants. The pre-test results will be considered the baseline KAP. The post-test results will comprise the outcome KAP. The difference between the pre- and post-test results may indicate whether training and capacity building sessions have been helpful in improving the KAP of KADA Center frontliners or KADA Network members.

### *Survey instrument*

A survey instrument will be used to measure the baseline and outcome KAP of KADA Center frontliners and/or KADA Network members. The same survey instrument will be administered for the pre- and post-test implementation.

The first section of the instrument will measure the participants' level of knowledge. Questions relevant to adolescents and adolescent sexual and reproductive health will be provided, and beneficiaries will be tested on whether or not they are knowledgeable of the statements by providing an answer.

The second section of the instrument will measure participants' attitudes towards adolescents and adolescent sexual and reproductive health. The beneficiaries will indicate their perceived level of agreement for each of the provided statements or questions.

Finally, the last section of the instrument will collect data specific to the participants' practices or patterns of nutrition-related behavior. Relevant statements will be provided and the participants will indicate whether they practice the said statements Always, Sometimes, or Never.

### **Simple analysis of results**

Pre- and post-test results of participants will be graded according to the **GRADING GUIDE** below. After all portions have been graded, scores for each portion of the pre- and post-test will be categorized according to the **SCORE SCALE** below. Improvements in knowledge, attitudes, and practices will be dependent on whether scores move upward across the score scale, i.e. from low to average, low to high, or average to high.

<b>TYPE OF QUESTION</b>	<b>GRADING GUIDE</b>	<b>SCORE SCALE</b>
<b>Knowledge</b>	Correct answer = <b>+1 point</b> Other or blank answer = <b>0 points</b>	8 to 10 points = <b>High</b> 3 to 7 points = <b>Average</b> 0 to 2 points = <b>Low</b>
<b>Attitudes</b>	Agree = <b>+1 point</b> Neither agree nor disagree = <b>0 points</b> Disagree = <b>-1 point</b>	7 to 10 points = <b>High</b> -6 to 6 points = <b>Average</b> -10 to -7points = <b>Low</b>
<b>Practices</b>	Always = <b>+1 point</b> Sometimes = <b>0 points</b> Never = <b>-1 point</b>	7 to 10 points = <b>High</b> -6 to 6 points = <b>Average</b> -10 to -7points = <b>Low</b>

## APPENDIX 5B. INSTRUMENT FOR PRE- AND POST-TRAINING KAP TESTING

### Cover spiel

Good day!

The local government of **[City/Municipality]** regularly provides training or capacity building sessions for members and frontliners of the Key Assistance for Developing Adolescents (KADA) Network. To complement service provision and community engagement activities of the KADA Network, regular training is provided to frontliners and other KADA Network members to update information and provide a refresher course on adolescent friendly approaches.

As a participant of the **[insert name of training]** capacity building session, you are requested to answer this short survey. The survey intends to determine the relevant knowledge, attitudes, and practices that KADA Center frontliners and members will need to focus on during and after the capacity building session.

Rest assured that the information you will be sharing will be treated with care and confidentiality, and will be used solely to improve KADA Network services, including current and future capacity building sessions.

Thank you.

### Socio-Demographic Questions

<b>What is your name?</b>	_____
<b>What is your sex?</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex
<b>How old are you?</b>	_____ years old
<b>What is your position?</b>	_____
<b>Where are you assigned?</b> <i>Indicate name and location of KADA Center</i>	_____
<b>How many other training or capacity building sessions on adolescent friendly approaches have you attended before this one?</b>	_____ sessions

## Survey Proper

**General Directive for Survey Implementers:** This is a **self-administered survey** targeted toward KADA Center frontliners and KADA Network members who will or have participated in your training or capacity building session. This test is designed to be answered **before and after the training or capacity building session**, and measures key knowledge, attitudes, and practices that training participants will need in the provision of day-to-day services and operations of the KADA Network. Note the mode of response and grading guide below:

QUESTION TYPE	MODE OF RESPONSE	GRADING GUIDE
<b>KNOWLEDGE</b>	<b>Open-ended</b> Allow participants to formulate their own answers for each question. Correct answers are provided in the guide below but are to be used for grading purposes only, and are not to be shown to participants	<ul style="list-style-type: none"> <li>• Correct answer = 1 point</li> <li>• Other or blank answer = 0 points</li> </ul>
<b>ATTITUDES</b>	<b>Scale</b> Allow participants to choose from one of three provided responses	<ul style="list-style-type: none"> <li>• Agree = +1 point</li> <li>• Neither agree nor disagree = 0 points</li> <li>• Disagree = -1 points</li> </ul>
<b>PRACTICES</b>	<b>Scale</b> Allow participants to choose from one of three provided responses	<ul style="list-style-type: none"> <li>• Always = +1 point</li> <li>• Sometimes = 0 points</li> <li>• Never = -1 points</li> </ul>

	TARGET INDICATOR	ITEM	RESPONSE	SCORE
<b>KNOWLEDGE</b>				
1	Frontliner competence - The nature of adolescence	Why is it important that services are adolescent-friendly?	<p>Leave blank for participant response</p> <p>Grading guide:</p> <p><input type="checkbox"/> Correct answer: Adolescents face specific risks and vulnerabilities, and need access to support, information, and services. Frontliners'</p>	

			<p>attitudes can deter or attract adolescents seeking help.</p> <p><input type="checkbox"/> Other or blank answer</p>	
<b>2</b>	<i>Frontliner competence - Adolescent vulnerabilities</i>	Provide two or more factors that can increase risky sexual behavior in adolescents.	<p><i>Leave blank for participant response</i></p> <p><i>Grading guide:</i></p> <p><input type="checkbox"/> Correct answer: Any two of the following:</p> <ul style="list-style-type: none"> <li>- Poor access to SRH information</li> <li>- Substance use</li> <li>- Parental neglect or domestic violence or abuse</li> <li>- Poverty and poor economic and social support</li> </ul> <p><input type="checkbox"/> Other or blank answer</p>	
<b>3</b>	<i>Frontliner competence - Adolescent behavior</i>	Provide two or more attitudes which would make adolescents feel welcome.	<p><i>Leave blank for participant response</i></p> <p><i>Grading guide:</i></p> <p><input type="checkbox"/> Correct answer: Any two of the following:</p> <ul style="list-style-type: none"> <li>- Openness</li> <li>- Friendliness</li> <li>- Ensuring privacy and confidentiality</li> <li>- Respect</li> <li>- Honesty</li> <li>- Empathy or understanding</li> </ul> <p><input type="checkbox"/> Other or blank answer</p>	
<b>4</b>	<i>Frontliner competence - Adolescents' rights</i>	True or False: According to the RH Law (RA 10354), adolescents are entitled to information on sexual and reproductive health through age- and development-	<p><i>Leave blank for participant response</i></p> <p><i>Grading guide:</i></p> <p><input type="checkbox"/> Correct answer: True</p> <p><input type="checkbox"/> Other or blank answer</p>	



		appropriate reproductive health education, counseling, and more.		
5	Frontliner competence - Adolescent protection from violence	Provide two or more signs that an adolescent is in an abusive relationship.	<p><i>Leave blank for participant response</i></p> <p><i>Grading guide:</i></p> <p><input type="checkbox"/> Correct answer: Any two of the following:</p> <ul style="list-style-type: none"> <li>- The partner tries to coerce or force them into sexual activity when they don't want it or aren't ready</li> <li>- The partner refuses to use contraception or protection against STIs during sexual activity</li> <li>- The partner is jealous, possessive, or controls their texts or social media</li> <li>- The partner doesn't want them to spend time with family or friends</li> <li>- The partner hits them or physically harms them in any way</li> <li>- The partner makes threats</li> </ul> <p><input type="checkbox"/> Other or blank answer</p>	
6	Frontliner competence - Communicating with adolescents	Provide two or more communication approaches that can prevent or deter adolescents from seeking help or confiding in adults.	<p><i>Leave blank for participant response</i></p> <p><i>Grading guide:</i></p> <p><input type="checkbox"/> Correct answer: Any two</p>	

			<p>of the following:</p> <ul style="list-style-type: none"> <li>- Judging</li> <li>- Unfriendliness</li> <li>- Not listening, scolding, or reprimanding</li> <li>- Disrespect</li> <li>- Dishonesty</li> <li>- Lack of privacy or confidentiality</li> </ul> <p><input type="checkbox"/> Other or blank answer</p>	
<b>7</b>	<i>Frontliner competence - Gender sensitivity and SOGIE</i>	What does SOGIE mean?	<p><i>Leave blank for participant response</i></p> <p><i>Grading guide:</i></p> <p><input type="checkbox"/> Correct answer: Sexual orientation, gender identity, and gender expression</p> <p><input type="checkbox"/> Other or blank answer</p>	
<b>8</b>	<i>Frontliner competence - Adolescent pregnancy</i>	Provide two or more of the repercussions of adolescent pregnancy.	<p><i>Leave blank for participant response</i></p> <p><i>Grading guide:</i></p> <p><input type="checkbox"/> Correct answer: Any two of the following:</p> <ul style="list-style-type: none"> <li>- Lower birth weight among babies</li> <li>- Higher neonatal mortality</li> <li>- Greater chances of post-partum depression</li> <li>- Pregnancy and childbirth complications</li> <li>- Poorer educational outcomes or economic opportunities</li> <li>- Greater chance of</li> </ul>	

			<p>experiencing violence in a marriage or relationship</p> <p><input type="checkbox"/> Other or blank answer</p>	
9	<i>Frontliner competence - Adolescent HIV or STI infection</i>	Aside from abstinence or not having sex, what is the best way for an adolescent to prevent STI or HIV infection?	<p><i>Leave blank for participant response</i></p> <p><i>Grading guide:</i></p> <p><input type="checkbox"/> Correct answer: Using a condom during oral, anal, or vaginal sex</p> <p><input type="checkbox"/> Other or blank answer</p>	
10	<i>Frontliner competence - Abuse of adolescents</i>	What are the two most common forms of adolescent sexual abuse?	<p><i>Leave blank for participant response</i></p> <p><i>Grading guide:</i></p> <p><input type="checkbox"/> Correct answer: Incest and online sexual exploitation and abuse</p> <p><input type="checkbox"/> Other or blank answer</p>	
<b>TOTAL</b>				
<b>ATTITUDES</b>				
11	<i>Frontliner attitudes - Adolescent capability for decision making</i>	I believe that adolescents can make responsible decisions	<p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Neither agree nor disagree</p> <p><input type="checkbox"/> Disagree</p>	
12	<i>Frontliner attitudes - Adolescents and diversity</i>	I believe that helping adolescents understand their sexual orientation, gender identity, or gender expression is part of my responsibility	<p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Neither agree nor disagree</p> <p><input type="checkbox"/> Disagree</p>	
13	<i>Frontliner attitudes - Willingness to talk about adolescent SRH</i>	I believe that adolescents are not too young to be thinking about sex, sexuality, or sexual and reproductive health	<p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Neither agree nor disagree</p> <p><input type="checkbox"/> Disagree</p>	

14	<i>Frontliner attitudes - Provision of information or services</i>	I believe that talking about sex, sexuality, or SRH to adolescents will not encourage sexual behavior	<input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree	
15	<i>Frontliner attitudes - Adolescents' privacy and confidentiality</i>	I believe that adolescents need privacy to feel comfortable receiving SRH information or services	<input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree	
16	<i>Frontliner attitudes - Sex positivity</i>	I believe that adolescents are more likely to engage in risky sexual behavior when they are too scared to talk to a trusted adult	<input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree	
17	<i>Frontliner attitudes - Non-judgmental communication</i>	I believe that adolescents who ask about sex, sexuality, or SRH are responsible, not promiscuous or reckless	<input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree	
18	<i>Frontliner attitudes - Stigma and discrimination against adolescents</i>	I feel comfortable providing SRH information or services to adolescents	<input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree	
19	<i>Frontliner attitudes - Abuse of adolescents</i>	I believe that most adolescents don't lie about being abused	<input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree	
20	<i>Frontliner attitudes - Active adolescent participation &amp; leadership</i>	I believe that it is important for adolescents and young people to participate in the KADA Network	<input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree	
<b>TOTAL</b>				
<b>PRACTICES</b>				
21	<i>Frontliner practices - Adolescent capability for decision making</i>	In the past 30 days, I have asked all my adolescent clients what their goal is in accessing adolescent friendly services	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	

22	<i>Frontliner practices - Adolescents and diversity</i>	In the past 30 days, I have openly conversed with adolescents on their sexual orientation, gender identity, and/or gender expression.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
23	<i>Frontliner practices - Willingness to talk about adolescent SRH</i>	In the past 30 days, I have felt comfortable discussing adolescent SRH	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
24	<i>Frontliner practices - Provision of information or services</i>	In the past 30 days, I have been able to provide complete, accurate, and appropriate information and services to adolescent clients.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
25	<i>Frontliner practices - Adolescents' privacy and confidentiality</i>	In the past 30 days, I have ensured adolescents' privacy and confidentiality by not speaking about what they told me to other people.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
26	<i>Frontliner practices - Sex positivity</i>	In the past 30 days, I have been honest when answering adolescents' questions, even if I did not necessarily agree with them.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
27	<i>Frontliner practices - Non-judgmental communication</i>	In the past 30 days, I have asked questions and listened more than I have spoken when adolescents seek information or counseling.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
28	<i>Frontliner practices - Stigma and discrimination against adolescents</i>	In the past 30 days, I have provided the necessary information, referral, or services to all adolescents who have sought help.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
29	<i>Frontliner practices - Abuse of adolescents</i>	In the past 30 days, I have treated adolescents who said they were abused with understanding and empathy.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	

30	<i>Frontliner practices - Active adolescent participation &amp; leadership</i>	In the past 30 days, I have encouraged adolescents to be more involved in our KADA Network volunteer activities.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
<b>TOTAL</b>				

# APPENDIX 5C. KNOWLEDGE, ATTITUDES, AND PRACTICES (KAP) MONITORING SHEET

[Name of City/Municipality]  
KADA Network

Knowledge, Attitudes, and Practices (KAP) Monitoring Sheet

Training Activity:	
Date:	

## Score Scale

KNOWLEDGE		ATTITUDES		PRACTICES	
If the total score is...	Then the rating is...	If the total score is...	Then the rating is...	If the total score is...	Then the rating is...
0 to 2	LOW	-10 to -7	LOW	-10 to -7	LOW
3 to 7	AVERAGE	-6 to 6	AVERAGE	-6 to 6	AVERAGE
8 to 10	HIGH	7 to 10	HIGH	7 to 10	HIGH

## Legend

<b>IMP (Improved)</b>	For scores which have moved <b>upward</b> from pre- to post-test (Ex. Low to average, low to high, average to high)
<b>N/C (No change)</b>	For scores which have <b>remained in the same range</b> from pre- to post-test (Ex. Low to low, average to average, high to high)
<b>REG (Regressed)</b>	For scores which have moved <b>downward</b> from pre- to post-test (Ex. High to average, high to low, average to low)

## Monitoring Proper

Name of Participant	PRE- AND POST-TRAINING KAP SURVEY RESULTS								
	KNOWLEDGE			ATTITUDES			PRACTICES		
	PRE	POST	DIFF	PRE	POST	DIFF	PRE	POST	DIFF
Name	Medium	High	<b>IMP</b>	High	High	<b>N/C</b>	Medium	High	<b>IMP</b>
Name	Low	Medium	<b>IMP</b>	Low	Medium	<b>IMP</b>	Low	Medium	<b>IMP</b>
Name	Medium	High	<b>IMP</b>	Medium	High	<b>IMP</b>	Medium	High	<b>IMP</b>
Name	Medium	High	<b>IMP</b>	Medium	Low	<b>REG</b>	Medium	High	<b>IMP</b>
Name	Low	High	<b>IMP</b>	Low	High	<b>IMP</b>	Low	High	<b>IMP</b>
Name	Low	Medium	<b>IMP</b>	Low	Medium	<b>IMP</b>	Low	Medium	<b>IMP</b>
Name	Low	Low	<b>N/C</b>	Low	Low	<b>N/C</b>	Low	High	<b>IMP</b>
Name	Medium	Medium	<b>N/C</b>	Medium	Medium	<b>N/C</b>	Medium	High	<b>IMP</b>
Name	High	Medium	<b>REG</b>	High	Medium	<b>REG</b>	High	Medium	<b>REG</b>
Name	Low	Medium	<b>IMP</b>	Low	Medium	<b>IMP</b>	Low	Medium	<b>IMP</b>
<b>% with improved (IMP) KAP</b>			<b>70%</b>			<b>50%</b>			<b>90%</b>

Prepared by:

Noted by:

\_\_\_\_\_  
Lead Facilitator

Signature over printed name

\_\_\_\_\_  
KADA Network Head of Secretariat

Signature over printed name



# Communication Plan



## OVERVIEW OF COMMUNICATION NEEDS

Adolescent sexual and reproductive health (SRH) is becoming a major concern in the Philippines, with a rising number of cases of adolescent pregnancy, HIV or STI infection among adolescents, and incidences of sexual abuse especially among adolescents. While information and some sexual and reproductive health or family planning services are available to adolescents in the Philippines, many are deterred from availing of the aforementioned due to cultural and social barriers.

Myths on adolescent sexual and reproductive health are common among those surrounding adolescents. These include the following:

1. Adolescents are incapable of making responsible decisions on their SRH;
2. Adolescents are too young to be curious about sex or to have sex;
3. Talking about sex or offering SRH or family planning services to adolescents will encourage sexual behavior.

These, in addition to general stigma and negative feelings associated with talking about sex, sexuality, SRH, and other related topics prevent trusted adults, whom adolescents wish to reach out to, from providing appropriate and adequate guidance, and from creating supportive environments in which adolescents can get the help they need.

As a result, adolescents experience much stigma and are unaware of their rights and services available to them. Adolescents must be empowered not only with complete and accurate information, but also with a supportive community to ensure that they are aware of their rights, and access the information and services available to them.

## OBJECTIVES

This communication plan has three overarching goals, as follows:

1. Encourage community frontliners to communicate effectively with adolescents on sexual and reproductive health
2. Equip community frontliners with the knowledge and skills to feel confident about the information they share to adolescents on sexual and reproductive health
3. Promote positive attitude and behaviors in discussing adolescent sexual and reproductive health topics with adolescents and their communities

Target Audience	Behavioral Objectives	Communication Objectives
Adolescent friendly facility frontliners (healthcare providers, social workers, etc.)	By the end of the communication activities, the target audience should be able to: <ol style="list-style-type: none"> <li>1. Confidently and positively advise adolescents with regard to their sexual and reproductive health; and,</li> <li>2. Act as community experts with regard to adolescent’s sexual and reproductive health.</li> </ol>	<ol style="list-style-type: none"> <li>1. Explain the importance of safe sexual and reproductive behavior for adolescents.</li> <li>2. Explain the crucial role of frontline workers in ensuring that adolescents make safe and healthy sexual and reproductive health choices.</li> </ol>
Community	By the end of the communication activities, the target audience should be able to: <ol style="list-style-type: none"> <li>1. Seek clear and accurate information from community experts on adolescent’s sexual and reproductive health</li> <li>2. Confidently and positively speak with adolescents on sexual and reproductive matters.</li> </ol>	<ol style="list-style-type: none"> <li>1. Explain the importance of safe sexual and reproductive behavior for adolescents.</li> <li>2. Improve community members’ knowledge of and attitudes regarding safe sexual and reproductive behavior among adolescents, and the importance of the KADA Network.</li> <li>3. Explain the crucial role of community in ensuring that adolescents make safe and healthy sexual and reproductive health choices.</li> </ol>

Adolescents age 15-17	<p>By the end of the communication activities, the target audience should be able to:</p> <ol style="list-style-type: none"> <li>1. Trust, ask, and confide in a trusted adult or adolescent friendly community frontliner on matters relating to sexual and reproductive health; and,</li> <li>2. Protect themselves by understanding risks and practicing safe sexual and reproductive behavior.</li> </ol>	<ol style="list-style-type: none"> <li>1. Explain the importance of safe sexual and reproductive behavior for adolescents.</li> <li>2. Improve adolescent's knowledge of safe sexual and reproductive behavior.</li> </ol>
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## KEY MESSAGES

### FRONTLINE WORKERS

**Your community respects you. With the capacity and network that you have, empower adolescents and their communities on adolescent sexual and reproductive health through the provision of adolescent friendly information and services – and appropriate case referral, if necessary**

**Adolescents are capable of making safe and responsible SRH decisions, when they are provided with reliable knowledge, good guidance, and support from trusted adults.**

1. As adolescents learn about themselves and the world, they become more and more capable of making good decisions. Families need to support this to ensure that they do not engage in risky sexual behavior.
2. Adolescents want adult guidance about SRH. Trusted adults are the biggest influence on adolescents' SRH practices – their involvement can prevent risky sexual behavior.
3. Despite the need and want to talk about SRH, adolescents often face a number of barriers to doing so, including *hiya*, lack of knowledge, and lack of communication skills to talk about SRH with trusted adults. You can reach out to them to ensure they make good SRH choices.

**It is important to approach conversations about sex, sexuality, and sexual and reproductive matters with facts, non-judgmental attitudes, and sex positivity.**

1. Fear- or threat-based, stigmatizing, or negative messages about sex discourages people, especially adolescents, from seeking guidance and advice from those around them.
2. Values are best practiced when they are mutually understood and appreciated. Helping adolescents articulate their values in relation to SRH helps them make decisions aligned with those values.
3. Sexuality is part of life. Teaching families, especially adolescents, to make responsible choices, respectfully communicate thoughts and feelings, and practice safety and consent will help prepare them for life.

**Frontline workers are in a unique position to advise and provide community members with resources to approach conversations on adolescent SRH with confidence.**

1. Healthcare and social workers are viewed as experts by the community. By ensuring that adolescents have complete and accurate information, frontliners can help adolescents prevent STI and HIV infection, and teenage pregnancy.
2. Providing community members with accurate and complete information on SRH can also give them the confidence they need to speak with adolescents on SRH, thereby building more trusting relationships which adolescents can rely on to make good decisions.
3. Help families achieve their family planning goals. Equipping parents with the information and skills they need helps not only adolescents, but the parents themselves.

**COMMUNITY MEMBERS**

**Equip adolescents for life by talking to them openly, honestly, and positively about SRH. Support them in making good decisions on their sexual and reproductive health by following the lead of adolescent friendly community frontliners.**

<p><b>Trust and openness are important in any adult-adolescent relationship. Help adolescents feel more comfortable speaking with you about sexual and reproductive matters.</b></p>	<p><b>Providing adolescents with clear and accurate information on sexual and reproductive matters will help prepare them for any scenario and protect them from unnecessary risk.</b></p>	<p><b>You can communicate positively with your children about sex while setting healthy boundaries and imparting values.</b></p>
<ol style="list-style-type: none"> <li>1. Adolescents who are more comfortable speaking with the people around them on sexual and reproductive health are also less likely to engage in risky sexual behavior.</li> <li>2. <i>Hiya</i> (shame or embarrassment) can often stop adolescents from speaking to those around them on SRH matters. Reaching out to adolescents on SRH matters can help them overcome “hiya” and have healthier conversations with you.</li> <li>3. Judging, dominating conversations, and preaching and nagging can push adolescents away. Listening more, asking more questions, and judging less can help adolescents feel more comfortable opening up to you.</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescents are able to make the best decisions for themselves when presented with clear and accurate information from people they trust. Community leaders and parents are in a unique position to help adolescents on this matter.</li> <li>2. Honesty is not the same as encouragement. Teaching adolescents about anatomy, puberty, sexual orientation, reproductive health and contraception, pornography, healthy relationships, and more can help them make safer choices, and experiment less.</li> <li>3. Your community frontliner can help you learn about adolescents’ SRH. Ask them questions or verify information before providing adolescents with advice.</li> </ol>	<ol style="list-style-type: none"> <li>1. Associating sexual and reproductive matters with danger, stigma, and negativity can push adolescents away from people who can guide them and toward risky experimentation. Avoid threatening, shaming, or embarrassing adolescents when talking about SRH.</li> <li>2. Sexuality is part of life. Teaching adolescents to make responsible choices, respectfully communicate thoughts and feelings, and practice safety and consent will help prepare them for life.</li> <li>3. Your values matter. Communicating them clearly so that adolescents understand them can help them make decisions on their SRH more aligned with your shared values.</li> </ol>

**ADOLESCENTS AGES 15-17**

**Curiosity about sexual and reproductive health is normal at your age. Your community, especially frontliners such as health workers, social workers, and more, are here to help you make good decisions on your sexual and reproductive health.**

<p><b>You have the right against discrimination based on your age or any other factor, to access complete and accurate information on sexual and reproductive health, and to make decisions on your SRH.</b></p>	<p><b>Sexual and reproductive health is not something to be ashamed about, but something to be seriously thought about and acted upon.</b></p>	<p><b>Prevent adolescent pregnancy, the spread of HIV or other STIs, sexual violence, or other risks through safe sexual practices.</b></p>
<ol style="list-style-type: none"> <li>1. Adolescents such as yourself have the right to make informed decisions on your sexual and reproductive health. Before deciding on anything related to your SRH, make sure you research your choices well. Your adolescent friendly community frontliners are here to help you!</li> <li>2. You have the right against stigma and discrimination by your adolescent friendly community frontliners. You should not be threatened, shamed, embarrassed, treated rudely, provided poor service, or turned away by adolescent friendly community frontliners.</li> <li>3. You have the right to actively participate in the planning and implementation of adolescent friendly services. Contact your Sangguniang Kabataan or adolescent friendly community frontliners to get involved.</li> </ol>	<ol style="list-style-type: none"> <li>1. Sexual and reproductive health is natural, not something to be embarrassed or ashamed about. Understanding your body, emotions, gender, relationships, and more is a part of SRH, and is an important part of growing up and making choices responsibly.</li> <li>2. All adolescents have the right to make decisions about their own SRH. Your SRH is important – decisions that you make must be based on well-researched information, your own values, and preferably, guidance from a trusted adult.</li> <li>3. Healthy relationships between parents and children, peers, lovers (regardless of gender), or more must be built on equality, respect for oneself and for others, and mutual consent. One should not feel forced into a relationship or into doing something they don't want to do.</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent friendly facilities, services, and community frontliners are in place to support your SRH needs. Consult with the LGU's KADA Center frontliners so you can make good choices about your SRH.</li> <li>2. Sexual partners must understand and respect each other's boundaries, and freely and clearly give consent before engaging in sexual behavior. Consent cannot and should not be forced or given by someone who is underage, intoxicated by drugs or alcohol, asleep, or unconscious.</li> <li>3. Protection from unintended pregnancy and STI or HIV infection is a mutual responsibility when engaging in sexual behavior. Always make sure to have and use condoms and/or other forms of contraception with a sexual partner to keep yourself and your partner safe.</li> </ol>

## COMMUNICATION STRATEGIES

**COMMUNICATION HANDLE:** #HealthyPilipinas #TunayNaKabarKADA

**ACTIVITIES/STRATEGIES:**

<b>Audience</b>	<b>Communication Objective</b>	<b>Key Message</b> <i>Please refer to the previous section for more specific messages</i>	<b>Material</b>	<b>Activity</b>
KADA Network Community Frontliners	Explain the importance of safe sexual and reproductive behavior for adolescents.	Adolescents are capable of making safe and responsible SRH decisions, when they are provided with reliable knowledge, good guidance, and support from trusted adults.	<ol style="list-style-type: none"> <li>1. Infographic, pamphlet, or flyer on youth leadership or peer mentoring or education programme, <i>to be supplied to and put up in schools and youth centers</i></li> <li>2. Call for participation of key adolescent and youth groups in joint planning in the form of posters or social media cards, <i>to be supplied to and put up in schools and youth centers, and on social media</i></li> </ol>	<ol style="list-style-type: none"> <li>1. Joint planning of KADA Network services with key adolescent groups in the community</li> <li>2. Youth leadership or peer mentoring or education programme sponsored by the SK in support of KADA Network services</li> </ol>
	Explain the crucial role of frontline workers in ensuring that adolescents make safe and healthy sexual and reproductive health choices.	It is important to approach conversations about sex, sexuality, and sexual and reproductive matters with facts, non-judgmental attitudes, and sex positivity.	<ol style="list-style-type: none"> <li>1. Guidebooks or booklets with information on adolescent SRH and adolescent communication strategies, <i>to be provided after regular training sessions</i></li> </ol>	<ol style="list-style-type: none"> <li>1. Regular and participatory training sessions on adolescent friendly approaches and services</li> </ol>



		Frontline workers are in a unique position to advise and provide community members with resources to approach conversations on adolescent SRH with confidence.	1. Adolescent friendly service provision reminders or “nudges” in the form of stickers <i>to be posted in areas</i>	1. Regular feedbacking with adolescents to flesh out points of improvement or points for appreciation
Communities	Explain the importance of safe sexual and reproductive behavior for adolescents.	Trust and openness are important in any adult-adolescent relationship. Help adolescents feel more comfortable speaking with you about sexual and reproductive matters.	<ol style="list-style-type: none"> <li>1. Infographics or social media cards on services and expected demeanor of adolescent friendly community frontliners (i.e consultations on how to talk to adolescents), targeted toward parents and community leaders</li> <li>2. Call for participation in dialogues or open forums in the form of posters, pamphlets, or social media cards, <i>to be distributed during town halls, through PTAs, or other ways, or through social media</i></li> <li>3. Infographics and social media cards on basic tips on adolescent friendly approaches (non-judgmental, open, etc.), <i>to be posted in schools, at community centers, or more</i></li> </ol>	1. Dialogues or open forums between community leaders and/or parents and adolescents on key issues identified by adolescents

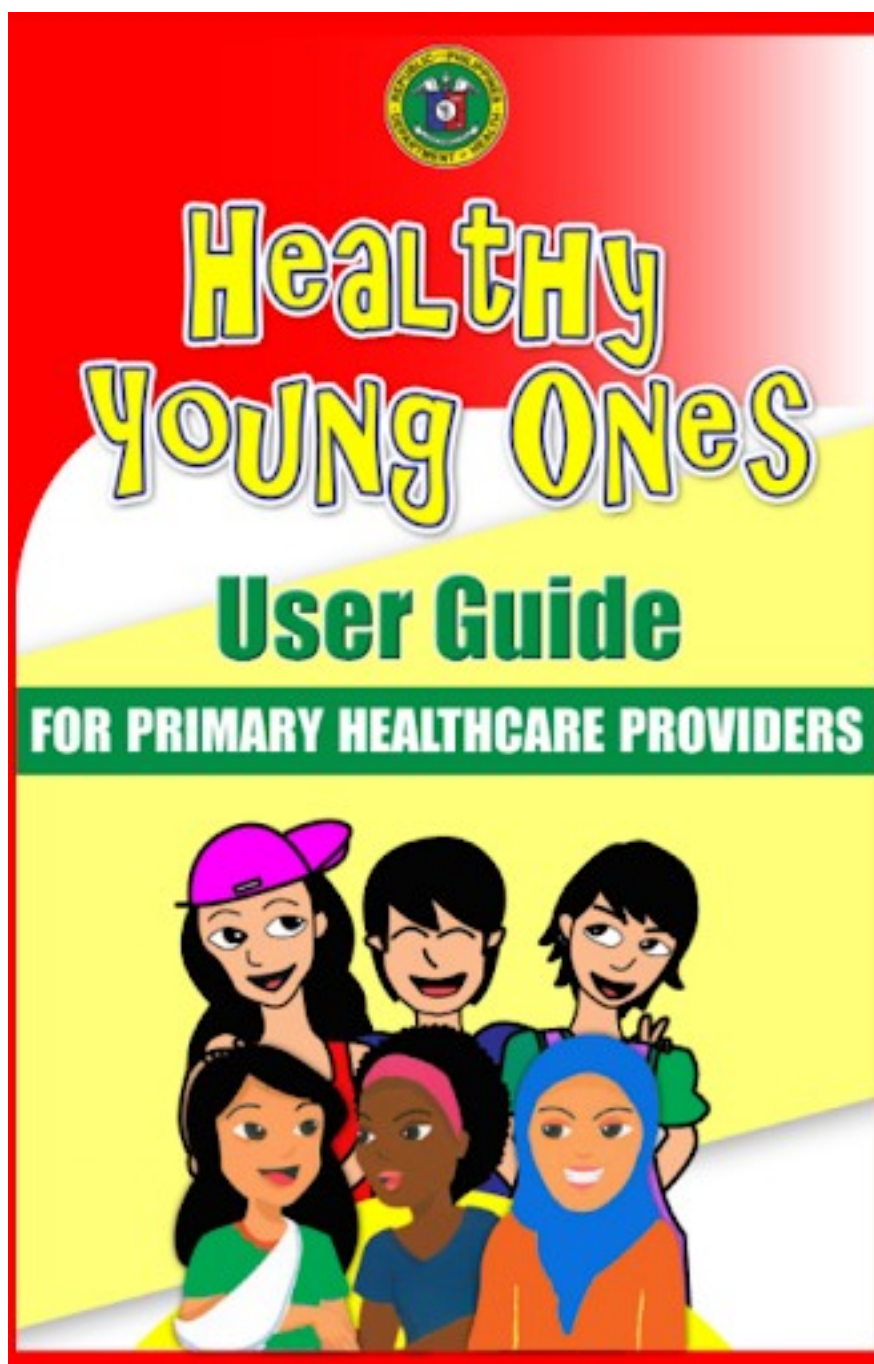
	<p>Improve community members' knowledge of and attitudes regarding safe sexual and reproductive behavior among adolescents.</p>	<p>Providing adolescents with clear and accurate information on sexual and reproductive matters will help prepare them for any scenario and protect them from unnecessary risk.</p>	<ol style="list-style-type: none"> <li>1. Guidebooks or booklets with information on adolescent SRH and adolescent communication strategies, <i>to be provided after training sessions</i></li> <li>2. Infographics and social media cards on basic tips on adolescent friendly approaches (non-judgmental, open, etc.), to be posted in schools, at community centers, or more</li> <li>3. Pamphlets or tear-off sheets on basic SRH information for adolescents, types of services available to adolescents, and details of the KADA Network facilities</li> </ol>	<ol style="list-style-type: none"> <li>1. Inclusion of community members and/or parents in regular KADA Network training sessions</li> <li>2. Parent-child communication workshops to promote conversations on SRH or other sensitive topics</li> </ol>
	<p>Explain the crucial role of community in ensuring that adolescents make safe and healthy sexual and reproductive health choices.</p>	<p>You can communicate positively with adolescents about sex while setting healthy boundaries and imparting values.</p>	<ol style="list-style-type: none"> <li>1. Call for community volunteers in the form of posters and social media cards</li> <li>2. Features on the experiences of previous successful community volunteers in the form of posters and social media cards</li> <li>3. Pamphlets or tear-off sheets on basic SRH information for adolescents, types of services available to adolescents, and details of the KADA Network facilities</li> </ol>	<ol style="list-style-type: none"> <li>1. Community volunteer programme in KADA Network service provision</li> <li>2. Guided values clarification exercise with community members and adolescents on SRH</li> <li>3. Guided development of youth engagement programmes (i.e. internships,</li> </ol>

				volunteer activities, etc.) among community institutions
Adolescents (Ages 15-17)	Explain the importance of safe sexual and reproductive behavior for adolescents.	Sexual and reproductive health is not something to be ashamed about, but something to be seriously thought about and acted upon.	<ol style="list-style-type: none"> <li>1. Pamphlets or tear-off sheets on basic SRH information for adolescents, types of services available to adolescents, and details of the KADA Network facilities</li> <li>2. Call for adolescent participation in local contests and/or Adolescent Innovations Lab, in the form of posters or social media cards, <i>to be supplied to and put up in schools and youth centers, and on social media</i></li> </ol>	<ol style="list-style-type: none"> <li>1. KADA Network awareness drive through school visitations and provision of consultation and services at schools</li> <li>2. Essay-writing or art contests on adolescent SRH</li> <li>3. Adolescent Innovations Lab: Call for and provision of support for adolescent-led initiatives with regard to SRH</li> <li>4. Adolescent-led development of ASRH SBCC plan</li> </ol>

		<p>You have the right against discrimination based on your age or any other factor, to access complete and accurate information on sexual and reproductive health, and to make decisions on your SRH.</p>	<ol style="list-style-type: none"> <li>1. Infographics or social media cards on services and expected demeanor of adolescent friendly community frontliners (i.e consultations on how to talk to adolescents), targeted toward parents and community leaders</li> <li>2. Pamphlets or tear-off sheets on basic SRH information for adolescents, types of services available to adolescents, and details of the KADA Network facilities</li> <li>3. Call for adolescent participation in KADA Network audit, in the form of posters or social media cards, to be supplied to and put up in schools and youth centers, and on social media</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent-led audit of KADA Network services, including vulnerable adolescents(i.e. LGBT+, low-income, PWD, out-of-school youth) in the activity</li> </ol>
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	<p>Improve adolescents' knowledge of safe sexual and reproductive behavior.</p>	<p>Prevent adolescent pregnancy, the spread of HIV or other STIs, sexual violence, or other risks through safe sexual practices.</p>	<ol style="list-style-type: none"> <li>1. Pamphlets or tear-off sheets on basic SRH information for adolescents, types of services available to adolescents, and details of the KADA Network facilities</li> <li>2. Call for adolescent participation in Adolescent Innovations Lab, in the form of posters or social media cards, <i>to be supplied to and put up in schools and youth centers, and on social media</i></li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent Innovations Lab: Call for and provision of support for adolescent-led initiatives with regard to SRH</li> <li>2. KADA Network awareness drive through school visitations and provision of consultation and services at schools</li> <li>3. Peer-to-peer sessions on adolescent SRH and violence against adolescents, through KADA Center adolescent volunteers</li> </ol>
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## COMMUNICATION MATERIALS



**Figure 1. Healthy Young Ones Flip Tarp**  
Download from [bit.ly/HealthyYoungOnes](http://bit.ly/HealthyYoungOnes).

## THE KEY ASSISTANCE FOR DEVELOPING ADOLESCENTS NETWORK

Download from [bit.ly/KADACollaterals](https://bit.ly/KADACollaterals).

<b>Material</b>	Poster or flyer
<b>Target Audience</b>	Adolescents, Communities
<b>Behavioral Objective</b>	<p>By the end of the communication activities, adolescents aged 10-19 should be able to: Trust, ask, and confide in a trusted adult or adolescent friendly community frontliner on matters relating to sexual and reproductive health.</p> <p>By the end of the communication activities, community members should be able to: Seek clear and accurate information from community experts on adolescents' sexual and reproductive health</p>
<b>Communication Objective</b>	<p>Improve adolescents' knowledge of safe sexual and reproductive behavior.</p> <p>Improve community members' knowledge of and attitudes regarding safe sexual and reproductive behavior among adolescents, and the importance of the KADA Network.</p>
<b>Key Message</b>	<p>Curiosity about sexual and reproductive health is normal at your age. Your community, especially frontliners such as health workers, social workers, and more, are here to help you make good decisions on your sexual and reproductive health.</p> <p>Your community frontliner can help you learn about adolescents' SRH. Ask them questions or verify information before providing adolescents with advice.</p>

Adolescence can be difficult. We understand and we're here to help.

# Need someone to talk to? Visit your KADA Center today!

The KADA Network is a City/Municipality-wide network of offices, facilities, and service providers who acknowledge the unique challenges facing adolescents today, and are committed to supporting and empowering adolescents.

Adolescent friendly services include:

1. Health services (sexual and reproductive health; mental health; violence and injury prevention)
2. Educational services
3. Safety and protection services
4. Employment services
5. Social services

Adults learning to support adolescents in their community are welcome to visit and volunteer. Schedule a consultation or see how else you can help by visiting your nearest KADA Center.



Your nearest KADA Center





## BASIC INFORMATION ON ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH - SEXUAL ABUSE

Download from [bit.ly/KADACollaterals](https://bit.ly/KADACollaterals).

<b>Material</b>	Flyer or leaflet
<b>Target Audience</b>	Adolescents, Communities, Adolescent Friendly Frontliners
<b>Behavioral Objective</b>	By the end of the communication activities, adolescents aged 10-19 should be able to: Protect themselves by understanding risks and practicing safe sexual and reproductive behavior.
<b>Communication Objective</b>	<p>Improve adolescents' knowledge of safe sexual and reproductive behavior.</p> <p>Explain the crucial role of community and frontliners in ensuring that adolescents are capable of making safe and healthy sexual and reproductive health choices.</p>
<b>Key Message</b>	<p>Prevent adolescent pregnancy, the spread of HIV or other STIs, sexual violence, or other risks through safe sexual practices.</p> <p>Trust and openness are important in any adult-adolescent relationship. Help adolescents feel more comfortable speaking with you about sexual and reproductive matters.</p> <p>Your community respects you. Empower adolescents and their communities on adolescent sexual and reproductive health through the provision of adolescent friendly information and services.</p>



# Break the Silence



Adolescent sexual abuse is any form of unwanted sexual contact between an adolescent or someone else. More than 7,000,000 children are sexually abused each year, and over 70 percent of these are adolescents aged 10-18. Those who sexually abuse adolescents are usually someone adolescents know and trust

The previously mentioned are not the only forms of sexual violence.

The most common forms of sexual abuse in the Philippines include:

1. Incest, or when family members, usually older, forcibly perform sexual acts on adolescents, or force adolescents to perform sexual acts on them; or,
2. Online sexual exploitation and abuse of adolescents, or when others force adolescents to perform sexual acts on camera, usually for profit.

**Everything from catcalling and repeated sexualized comments about one's body, to coerced or forced sexual activity can be considered sexual violence.**

## Consent

Consent is about communicating and understanding your own and your partner's boundaries. Consent is a freely and clearly given agreement to engage in any form of sexual activity. Sexual activity without the consent of one party can be considered sexual violence. Remember,

1. Consent can be withdrawn at any time. When you feel uncomfortable, don't be afraid to just say no.
2. Consent cannot be given by people under 12 years old. Philippine law says that sexual activity with children under the age of consent is rape.
3. Consent cannot be given by someone who is threatened, intimidated, or pressured to say yes. Consent must be freely given.
4. Consent cannot be given when one is intoxicated or incapacitated by drugs or alcohol, or asleep or unconscious.

## Remember to show care and compassion to others by:

1. **Believing survivors.** It takes a lot of strength for people who have experienced sexual violence to tell others. Accusing them of lying or asking them if they wanted it only hurts survivors.
2. **Avoiding victim blaming.** Nobody wants to be sexually abused. What somebody wears, says, or does is never an excuse to sexually violate them.
3. **Preventing sexual violence.** Respect others and their boundaries, and remind your friends to do the same. It's never cool to hurt others.
4. **Accompanying them to your nearest KADA Center.** Your adolescent friendly frontliners are here to support and help you or your friends. If you know someone who has been sexually abused, encourage them to get help.

Your nearest KADA Center



## BASIC INFORMATION ON ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH - CONTRACEPTION

Download from [bit.ly/KADACollaterals](https://bit.ly/KADACollaterals).

<b>Material</b>	Flyer or leaflet
<b>Target Audience</b>	Adolescents
<b>Behavioral Objective</b>	By the end of the communication activities, adolescents aged 10-19 should be able to: Protect themselves by understanding risks and practicing safe sexual and reproductive behavior.
<b>Communication Objective</b>	Improve adolescent's knowledge of safe sexual and reproductive behavior.
<b>Key Message</b>	Prevent adolescent pregnancy, the spread of HIV or other STIs, sexual violence, or other risks through safe sexual practices.



Healthy Pilipinas



# Know your options!

You are in control of your sexual and reproductive health – so knowing your options can help you make good sexual and reproductive health decisions and prevent STI or HIV infection, and unwanted pregnancy.

As you grow and mature, you may naturally become more curious about sex, sexuality, and sexual and reproductive matters. Understanding these topics can lead to fulfilling friendships, loving partnerships, and healthy families. Learn about the risks and responsibilities that come with protecting your sexual and reproductive health, so you can make the best choices for yourself.

## Know When You're Ready

The right time to have sex will be different for everybody, and waiting until you are ready is important. Here are some signs to watch out for:

### Your relationship is **not** ready if...

1. Your partner is jealous or possessive – they prevent you from spending time with friends or family or constantly check your cell phone or social media to see who you talk to.
2. Your partner pressures, manipulates, or bullies you into doing what they want, or into having sex.
3. Your partner refuses to respect your choices.

### You might feel ready if...

1. You can completely trust your partner, and your partner can completely trust you.
2. You can have meaningful conversations about using protection, STIs, and pregnancy where both you and your partner agree on what to do in each case.
3. You and your partner can respect each other's decisions not to have sex.



## Safer Sex

Learning to protect yourself by **practicing safer sex** is key to preventing risks, including:

1. **Sexual abuse**, or unwanted sexual activity between an adolescent and someone else;
2. **STI infection**, or infections spread through sexual contact, including vaginal, anal, or oral intercourse;
3. **HIV infection**, or infection with the human immunodeficiency virus (HIV), a virus which attacks the body's immune system, and which may lead to acquired immunodeficiency syndrome (AIDS)
4. **Unintended pregnancies**, or pregnancies which are unintended, mistimed, or carried by adolescent parents.



All forms of sexual contact carry some risk. You can prevent unintended outcomes with certain precautions and safe behaviors. Here are some tips for practicing safer sex:

1. **Consider other ways to express sexual feelings.** Not having sexual intercourse, or abstinence, is the only way to prevent any risk of adolescent pregnancy or STI or HIV infection. Other ways to share sexual feelings include hugging, holding hands, massaging, or sharing fantasies.
2. **Limit your sexual partners** to just one, who is also only having sex with you to reduce the chance of infection with STIs or HIV, which are spread through sexual contact with others.
3. **Always use protection** when engaging in oral, anal, or vaginal sex. Condoms and other barrier methods of contraception, when used correctly, can prevent both STI or HIV infection and unintended pregnancy. Other forms of long- and short-acting contraception can protect against unintended pregnancy, but not against STI or HIV infection.
4. **Keep yourself and your partner healthy** by practicing proper sanitation and hygiene, eating well, and exercising enough. Sores; blisters; rashes; or smelly, abnormally colored, or painful discharge from the genital area are signs of potential STI or HIV infection, so visit your nearest hospital or adolescent friendly health facility for help.
5. **Understand and respect your own and your partner's boundaries** by talking about what you are and are not comfortable with before having sexual intercourse. Discussing sexual, drug use, and STI histories are also important in protecting yourself.
6. **When in doubt, visit your nearest KADA Center.** Our adolescent friendly frontliners are here to guide you to a safe, satisfying, and healthy experience.

Your nearest KADA Center

## IDENTIFYING AND PREVENTING STIGMA AND DISCRIMINATION

Download from [bit.ly/KADACollaterals](https://bit.ly/KADACollaterals).

<b>Material</b>	Flyer or leaflet
<b>Target Audience</b>	Adolescents
<b>Behavioral Objective</b>	By the end of the communication activities, adolescents aged 10-19 should be able to: Protect themselves by understanding risks and practicing safe sexual and reproductive behavior.
<b>Communication Objective</b>	Improve adolescents' knowledge of safe sexual and reproductive behavior.
<b>Key Message</b>	You have the right against stigma and discrimination by your adolescent friendly community frontliners. You should not be threatened, shamed, embarrassed, treated rudely, provided poor service, or turned away by adolescent friendly community frontliners.



STAND UP TO

# STIGMA

Stigma and discrimination are negative beliefs, attitudes, and behaviors that people hold against a particular characteristic. They can affect people's physical, mental, and social well-being and standing: feelings of shame and embarrassment, reluctance to seek help, social isolation and fewer educational, economic, or social opportunities, and physical violence or harassment are just some of the effects of stigma and discrimination.

Adolescents often face stigma and discrimination when doing things which challenge adults' ideas of what adolescents can or should do. This is why every KADA Network frontliner has committed to stand up to stigma by:



### Being friendly and open

Feeling unwelcome is one of the most unpleasant feelings in the world. The KADA Network commits to welcoming you no matter what.



### Respecting your privacy

Embarrassment when talking about sensitive issues is natural. The KADA Network won't share what you tell us without your consent.



### Understanding your circumstances

Everyone has their own stories of struggle and triumph. No matter what your background is, the KADA Network will not judge, and will do its best to help you succeed.

So what are you waiting for? For any questions, visit your nearest KADA Center today.

For complaints, kindly reach [Name], Head of the KADA Network Secretariat at [Email] or [Phone number]. Include the date and time, name or description of community frontliner, KADA Center, and narration of what happened in your complaint.

Your nearest KADA Center

## ADOLESCENT FRIENDLY APPROACHES

Download from [bit.ly/KADACollaterals](https://bit.ly/KADACollaterals).

<b>Material</b>	Poster or flyer
<b>Target Audience</b>	Communities and Adolescent Friendly Frontliners
<b>Behavioral Objective</b>	By the end of the communication activities, community members and adolescent friendly frontliners should be able to: Confidently and positively speak with adolescents on sexual and reproductive matters.
<b>Communication Objective</b>	Explain the crucial role of frontline workers and community in ensuring that adolescents make safe and healthy sexual and reproductive health choices.
<b>Key Message</b>	<p>It is important to approach conversations about sex, sexuality, and sexual and reproductive matters with facts, non-judgmental attitudes, and sex positivity.</p> <p>Trust and openness are important in any adult-adolescent relationship. Help adolescents feel more comfortable speaking with you about sexual and reproductive matters.</p>



# TALKING WITH TEENS



Adolescents who can have open, trusting, honest, and comfortable conversations with trusted adults are less likely to engage in risky sexual behavior. To foster a good relationship with adolescents who rely on you, try to be:

### UNDERSTANDING

Like adults, adolescents have different personalities, backgrounds, struggles, and experiences. Avoid judging them for these – remember, you, too were once young.

### RESPECTFUL

Adolescents are learning to be their own person, so give them space to be who they are. Learn to respect and appreciate different choices, worldviews, or opinions.

### OPEN

Sensitive issues like sex, gender identity or sexual orientation, or abuse, are difficult to talk about. Don't shy away from these topics: helping adolescents understand them will reduce their need to experiment later on.

### HONEST

Practicing honesty will encourage honesty in adolescents. Be honest when you don't know the answer to their questions, and provide complete and accurate answers when you do.

### DISCREET

Adolescents may feel ashamed or embarrassed to talk about sexual and reproductive health matters with others. Respect their privacy by not sharing to others what they share with you.

### EMPATHETIC

Insensitivity and indifference will deter adolescents from opening up to you. Show genuine interest and concern in adolescents' lives by asking them questions and listening more than speaking.

Remember that a strong, trusting relationship is needed so that adolescents confide in you and listen to your advice. Adolescents are learning to become respectful, responsible, and well-adjusted adults – helping them navigate their sexual and reproductive health will equip them to reach this goal.

Got more questions? The KADA Network is here for you! Visit your nearest KADA Center for more advice on speaking with your adolescents.

Your nearest KADA Center



## NUDGES FOR ADOLESCENT FRIENDLY APPROACHES

Download from [bit.ly/KADACollaterals](https://bit.ly/KADACollaterals).

<b>Material</b>	Stickers
<b>Target Audience</b>	Adolescent Friendly Frontliners
<b>Behavioral Objective</b>	By the end of the communication activities, adolescent friendly frontliners should be able to: Confidently and positively advise adolescents with regard to their sexual and reproductive health
<b>Communication Objective</b>	Explain the crucial role of frontline workers in ensuring that adolescents make safe and healthy sexual and reproductive health choices.
<b>Key Message</b>	It is important to approach conversations about sex, sexuality, and sexual and reproductive matters with facts, non-judgmental attitudes, and sex positivity.

Healthy Pilipinas



Paano ba maging tunay na kabarkADA?

# MAKINIG AT MAGTANONG!

Intindihin ang pinagdadaanan ng ating kabataan.

Healthy Pilipinas



Paano ba maging tunay na kabarkADA?

# MAGING TAPAT!

Saguting nang kumpleto ang mga tanong ng kabataan.

Healthy Pilipinas



Paano ba maging tunay na kabarkADA?

# WALANG LAGLAGAN!

Huwag ilabas ang mga sikreto ng kabataan.

Healthy Pilipinas



Paano ba maging tunay na kabarkADA?

# WAG JUDGMENTAL!

Lahat naman tayo'y naging bata din.

Healthy Pilipinas




Paano ba maging tunay na kabarkADA?

# BE FRIENDLY!

Malaking bagay ang pagiging tunay na kaibigan para sa kabataan na may pinagdadaanan

Healthy Pilipinas



Paano ba maging tunay na kabarkADA?

# Monitoring and Evaluation Plan



## SUMMARY MATRIX OF PROPOSED MONITORING AND EVALUATION PLAN

This matrix is to be used in conjunction with the Monitoring and Evaluation indicators of the **Child-Friendly Local Governance Audit**. It is to be noted that the full implementation of this Playbook will feed into many indicators under *Protection, Participation, and Governance* outlined in the aforementioned document.

<b>ORDINANCE OBJECTIVE</b>	<b>PRIORITY INDICATOR/S</b>	<b>OVERALL TARGET</b> <i>To be filled up by LGU</i>	<b>SUGGESTED METHODOLOGY</b>	<b>DATA SOURCE</b>	<b>FREQUENCY OF COLLECTION</b>	<b>FREQUENCY OF REPORTING</b>	<b>PERSON RESPONSIBLE</b> <i>To be filled up by LGU</i>
Promote among service providers and local government frontliners positive messages and practices that encourage trust among adolescent clients while providing them with clear, accurate, and values-based guidance on sexual and reproductive health matters	Percent of KADA Network community frontliners provided regular training in providing adolescent friendly service provision	<i>100% of KADA Network community frontliners trained in adolescent friendly service provision</i>	Count	Training attendance sheets or certificates provided	<i>Yearly</i>	<i>Yearly</i>	
	KAP of community frontliners on capacitating adolescents on their SRH	<i>50% positive increase in KAP of KADA frontliners</i>	Trend analysis	Pre-test and post-test	<i>Yearly; before and after regular training is implemented</i>	<i>Yearly; before and after regular training is implemented</i>	

	Percent of adolescent clients who have experienced judgmental or discriminatory attitudes from KADA Network community frontliners	<i>50% decrease in adolescent clients who have experienced judgemental or discriminatory attitudes</i>	Trend analysis	Client satisfaction survey	<i>Yearly; before and after regular training is implemented</i>	<i>Yearly; before and after regular training is implemented</i>	
	Satisfaction scores of adolescents availing of SRH services at KADA Centers	<i>50% Improved satisfaction scores</i>	Trend Analysis	Client satisfaction survey	<i>Yearly; before and after regular training is implemented</i>	<i>Yearly; before and after regular training is implemented</i>	
Mobilize the community to promote adolescent sexual and reproductive health in accordance with their evolving capacities, by creating enabling integrated environments which promote healthy behaviors, the avoidance	Number of people given information on adolescent health <ul style="list-style-type: none"> <li>a. Adolescents</li> <li>b. Parents</li> <li>c. others</li> </ul>	<i>Increase in the number of people given information on adolescent health</i>	Count	Baseline and periodic data on KADA Center clients	<i>Yearly; before and after regular training is implemented</i>	<i>Yearly; before and after regular training is implemented</i>	

of risky behaviors, and the utilization of adolescent-oriented services	Number of adolescents availing of SRH services at KADA Centers	<i>Increase in the number of adolescents availing of services at KADA Centers</i>	Count	Baseline and periodic data on KADA Center clients	<i>Yearly; before and after regular training is implemented</i>	<i>Yearly; before and after regular training is implemented</i>	
	Adolescent pregnancy incidence rate	<i>Decrease in the number of adolescent pregnancies</i>	Trend analysis	Regular local demographic surveys	<i>Yearly or every three years</i>	<i>Yearly or every three years</i>	
	Number of new HIV infections among adolescents	<i>Decrease in the number of new HIV infections among adolescents</i>	Trend analysis	Regular local demographic surveys	<i>Yearly or every three years</i>	<i>Yearly or every three years</i>	

## REPORTING TEMPLATE

Table X. Summary of Implementation Monitoring for Period (e.g. January 2020 to December 2020)

ORDINANCE OBJECTIVE	INDICATOR	BASELINE <i>Data from previous monitoring period</i>	INTERMEDIATE TARGET <i>Target milestone for current period</i>	INTERMEDIATE ACHIEVEMENT <i>Actual data for current period</i>	PERCENTAGE OF TARGET ACHIEVED		REMARKS
					INTER-MEDIATE	OVERALL	
	<i>(Insert items as indicated in the Monitoring and Evaluation Plan)</i>						



## APPENDIX A. KADA CENTER CLIENT SATISFACTION SURVEY

*[insert header and logo of LGU]*

KADA Center Client Satisfaction Form					
Name of Facility:				City:	
Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Intersex			Gender:	
I am a/an: <input type="checkbox"/> Adolescent <input type="checkbox"/> Parent of an Adolescent <input type="checkbox"/> Others: _____					
1. What services did you avail? (list below)					
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>					
2 - 16. Check the box that corresponds to your answer.					
	<b>1</b> Strongly Disagree	<b>2</b> Disagree	<b>3</b> Agree	<b>4</b> Strongly Agree	
<b>Service providers / staff</b>					
Service providers made me feel welcome					
I did not feel judged or discriminated					
The service providers were respectful and friendly					
The staff respected me and my concerns					
I was offered time to talk alone					

with the service provider				
My questions and concerns were answered well by the service providers				
Explanations given by the service providers were understandable				
<b>Service</b>				
I was assured that my information would be confidential				
Everything was explained to me before the service happened				
Services provided were helpful				
I was informed of other services that I could avail				
I was properly referred to other services I needed				
I would avail of this service again				
I would recommend my friends to come here				

17. Anything else you would like to tell us about your visit?

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18. Anything you think we should do differently?

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## APPENDIX B. KADA CENTER COMPLAINT FORM

*[insert header and logo of LGU]*

KADA Network Complaint Form			
Name of Facility:		City:	
Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Intersex	Gender:	
I am a/an: <input type="checkbox"/> Adolescent <input type="checkbox"/> Parent of an Adolescent <input type="checkbox"/> Others: _____		Contact details (Cellphone number or email):	
Incident Details			
Date of Incident:		Name or Description of Frontliner:	
Time of Incident:			
I experienced: <input type="checkbox"/> Unfriendliness <input type="checkbox"/> Judging <input type="checkbox"/> Invasion or betrayal of privacy or confidentiality <input type="checkbox"/> Refusal to provide service <input type="checkbox"/> Provision of inadequate service <input type="checkbox"/> Other: _____			
Narration of Event (Use back side of this form if space is not enough)			

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

---

Signature and Printed Name

# Frequently Asked Questions



## FAQs FOR KADA NETWORK FRONTLINERS AND THE COMMUNITY

### **What is the Key Assistance for Developing Adolescents Network (KADA Network), and what does it aim to do?**

The Key Assistance for Developing Adolescents Network (KADA Network) is an LGU-wide network of government and non-government offices, facilities, and service providers who acknowledge the unique challenges that face adolescents today. Network members are dedicated to ensuring that adolescents are supported in the transition from childhood to adulthood, and that they can access key information and services they need to exercise their rights and their capacities in a responsible and guided way.

### **Who is included in the KADA Network, and what services do they provide?**

The KADA Network is comprised of the local Health, Population, and Social Welfare and Development Offices, the local Department of Education, the Women and Children Protection Desk, the Local Youth Development Office, the Sangguniang Kabataan, and other public and private facilities, companies, civil society organizations (CSOs), development partners, and youth organizations.

All KADA Network members are mandated to provide accessible, acceptable, appropriate, comprehensive, equitable, effective, health promoting, participative adolescent friendly information, services, or, when unable to provide the aforementioned, referral to others in the network who can provide these. The KADA Network should provide a range of services, including health (including sexual and reproductive health, mental health, violence and injury prevention, and substance use), social, economic, educational, legal, safety and protection, and employment services tailored for adolescents.

### **Why is adolescent sexual and reproductive health (SRH) important?**

Adolescence is a critical stage in life: adolescents experience new and more complex physical, intellectual, and psychosocial changes, and thus learn more about themselves, others, and the world around them. Because of these changes, adolescents are naturally curious about matters related to their sexual and reproductive health.

However, legal, and more often, social barriers such as stigma, discrimination, embarrassment or “hiya,” or fear of being reprimanded keep them from speaking about sensitive matters with adults they trust. These make them more susceptible to a host of risks, including adolescent pregnancy, HIV or STI infection, or sexual abuse, the incidences of which have been increasing in the Philippines.

As adolescents mature and become more capable of making responsible decisions on their sexual and reproductive health, they need non-judgmental, non-stigmatizing, discreet, and open guidance from the people around them whom they trust. Studies show that these interactions are vital in preventing risky sexual behavior and lowering susceptibility to abuse.

## **Why do adolescents need a different approach to service provision?**

Adolescents face a host of emerging issues which can be challenging to navigate alone, including bullying and peer pressure, substance use, mental health, sexual and reproductive health, and abuse. They need a strong support network to encourage healthy habits and prevent harm. However, adolescents often face:

1. Structural barriers, including restrictive laws and policies, distance from facilities, financial restrictions, long wait times and inconvenient facility hours, and lack of privacy and confidentiality;
2. Sociocultural barriers, including discrimination and judgement from those around them, gender inequalities, and stigma around the issues most pertinent to them; and,
3. Individual barriers, including lack of access to information, a belief in harmful myths, and a lack of confidence in seeking help or asking for guidance.

These barriers that often cause health and safety issues for adolescents are what an adolescent friendly approach seeks to address. Through an adolescent friendly approach, the community is empowered to advocate for and guide adolescents, access to high quality, age-appropriate, and potentially life-saving information and services is facilitated, and health-seeking behavior among adolescents is encouraged.

## **What approaches must be taken when speaking with adolescents on sensitive topics such as sexual and reproductive health? How can a community member or adolescent friendly frontliner build a trusting relationship with an adolescent?**

Studies and best practices locally and internationally show that the best health outcomes are attained when adults take adolescent friendly approaches. That is, risky sexual behavior such as early sexual initiation or unprotected sex is prevented, and sexual abuse is less likely to be reported by adolescents when adults practice the following:

1. **Nonjudgmental approach** → Adults should try to begin from trying to understand adolescents, and should try to avoid unfriendly, accusing, or reprimanding statements or tones. Listening more, asking more questions, and speaking less also help adolescents feel more comfortable.
2. **Honesty and openness** → Many adults are understandably worried that talking about sexual and reproductive health or other sensitive topics will encourage adolescents to experiment and rebel – the opposite is actually true. Being transparent and honest about risks and benefits means that they no longer have to engage in risky behavior to satiate their curiosity.
3. **Discretion** → Many adolescents feel embarrassed to ask questions about sensitive topics such as sexual and reproductive health because of experiences of stigma or discrimination. Ensuring privacy and confidentiality with regard to what adolescents have shared will help build their trust in those they have confided in.

## **What should be done about adolescents who refuse to listen to adults who wish to help them?**

Adolescents who refuse to listen to those who wish to help them have more likely than not had a difficult or hurtful experience with an adult they trusted in the past. Because these adolescents may be more vulnerable than usual to various risks, patience in building a relationship and gaining their trust is even more important.

Work through an adult with an established good relationship with the adolescent and build from there.

**Why is it important for the whole community to be involved when supporting adolescents?**

The structural barriers and cultural norms that often prevent adolescents from reaching out for support cannot be dismantled by a single individual or group. All members of the community must work together to help adolescents hone their capacity to make responsible choices.

To this end, the KADA Network is mandated to reach out to relevant local leaders, including political, social, and religious leaders, teachers, parents, and more, to help equip them with the necessary knowledge and skills to effectively guide adolescents. It does, after all, take a village to raise a child.

**Where can the LGU get funding for the operations of the KADA Network?**

The LGU may appropriate funding for the KADA Network from its own Internal Revenue Allotment (IRA). Subsidies from the national government or Centers for Health Development (CHD) for related programs, projects, and activities; and/or funding support or grants from other external development partners or non-government organizations (NGOs) may also be used to fund KADA Network activities.

**Who is responsible for the monitoring and evaluation of the KADA Network?**

The KADA Network Secretariat is responsible for the monitoring and evaluation of the KADA Network's activities and services. The KADA Network is also mandated to ensure that adolescents participate and take the lead in audits and feedback mechanisms to improve KADA Network frontline services.

**Why is it important for adolescents to take active participation and leadership in KADA Network activities?**

Since the KADA Network is geared toward providing adolescent friendly information and services, it is important that these are tailor fit for adolescents. Services that are not acceptable for adolescents will render the KADA Network incapable of fulfilling its duties. In addition, allowing adolescents to play an important role in community engagement and public governance activities will help them become more responsible citizens and decision-makers.



## FAQs FOR ADOLESCENTS

### **What is the Key Assistance for Developing Adolescents Network (KADA Network), and what does it aim to do?**

The Key Assistance for Developing Adolescents Network (KADA Network) is an LGU-wide network of government and non-government offices, facilities, and service providers who acknowledge the unique challenges that face adolescents today. Network members are dedicated to ensuring that adolescents are supported in the transition from childhood to adulthood, and that they can access key information and services they need to exercise their rights and their capacities in a responsible and guided way.

### **Who is included in the KADA Network, and what services do they provide?**

The KADA Network is comprised of the local Health, Population, and Social Welfare and Development Offices, the local Department of Education, the Women and Children Protection Desk, the Sangguniang KABataan, and other public and private facilities, companies, civil society organizations (CSOs), development partners, and youth organizations.

All KADA Network members are mandated to provide accessible, acceptable, appropriate, comprehensive, equitable, effective, health promoting, participative adolescent friendly information, services, or, when unable to provide the aforementioned, referral to others in the network who can provide these. The KADA Network should provide a range of services, including health (including sexual and reproductive health, mental health, violence and injury prevention, and substance use), social, economic, educational, legal, safety and protection, and employment services tailored for adolescents.

### **What are my rights with regard to my sexual and reproductive health (SRH) and other similar matters?**

All people, regardless of any factor, have the following rights:

1. The right to life, liberty, and security → No person's life should be put at risk due to lack of access to SRH services. No person should be forced into pregnancy, sterilization, and abortion. All people have the right to a safe and satisfying sex life.
2. The right to equality → No person should be subject to discrimination due to their age, sexual and reproductive health choices, or any other factor.
3. The right to privacy → All sexual and reproductive health care information and services should be confidential – information on the individual should not be shared without their consent.
4. The right to information and education → All people should be able to make informed choices based on full information on the benefits, risks, and effectiveness of these choices. All information and decisions made must be made on the basis of full, free, informed consent.
5. The right to development → All individuals must have access to decision-making that affect their lives, and to development opportunities and benefits.

These are five of the most salient sexual and reproductive rights for adolescents.

## **Where can I find information on my sexual and reproductive health? What are some trusted sources I can check out online?**

Information on your sexual and reproductive health is best obtained if you can talk to a trusted adult, or an adolescent friendly community frontliner such as a healthcare worker.

However, if, for any reason, you can't talk to a trusted adult or frontliner about your sexual and reproductive health, you can look for information from the World Health Organization (WHO), the Philippine Department of Health (DOH), or other sources such as USAID's Konektado Tayo on Facebook.

If you come across other information on your sexual and reproductive health online, make sure to fact-check this information. Check to see if the WHO, DOH, or other trusted sources agree with your source, or if several different trustworthy sources say the same thing.

## **What are stigma and discrimination, and what should I do when I experience these?**

Stigma refers to negative attitudes and beliefs toward people, places, or things based on specific characteristics, including age, socio-economic condition, race, education, gender, sexual and reproductive health choices, and more. Discrimination refers to the manifestation of stigma in terms of actions, behaviors, or treatment of other people. Adolescents who experience stigma and discrimination can be deterred from trusting or seeking help from adults, thus making them more likely to experience unintended or adolescent pregnancy, unsafe abortion, HIV or STI infection, or maternal mortality.

If you experience these among adolescent friendly frontline workers, you can file a complaint with your local government, which will assist you. Understanding and asserting your rights can also help you defend yourself against stigma and discrimination. In the long run, practicing openness and equality will help you and your friends build a world that is free of stigma and discrimination.

## **Why is it important to speak with a trusted adult or an adolescent friendly community frontliner on my SRH?**

It is understandable that you do not wish to talk about sexual and reproductive health with adults – adolescents may often be shamed or embarrassed when reaching out to adults on this topic. Adolescent friendly community frontliners are trained to understand you, and trusted adults already know you enough to understand your concerns.

It is important to talk with someone else on your sexual and reproductive health because:

1. They sometimes have perspectives different from your own which may inform your own decision-making;
2. You also may have other questions about your sexual and reproductive health which they will be able to answer;
3. They can help you gain access to services or help that you may need, safely and with respect to your wishes and your privacy.

### **How can I build an open and trusting relationship with a trusted adult?**

Building an open and trusting relationship requires two people – this means that effort to maintain and build the relationship should not just come from you. Try to find an adult who seeks to understand you, listens to you, asks questions and is genuinely interested in your life, and doesn't force or scare you into anything, but instead, helps you better understand things.

### **Can I volunteer to participate in my local KADA Center?**

Yes, there are many areas for adolescent participation in the KADA Network. It may set up youth leadership programs, peer educator or mentorship programs, or adolescent audit activities which you may join. Contact your local KADA Center for more information on participating in the KADA Network.

# Best Practices



## **TACLOBAN CITY YOUTH HUB**

With rising cases of adolescent pregnancy and abuse in the aftermath of Typhoon Haiyan, the Tacloban City local government partnered with the UN and civil society organization (CSOs) to create safe spaces for young people affected by the typhoon to connect with each other, as well as gain access to health services. The Tacloban City model is an excellent example of multisectoral engagement and adolescent participation to promote comprehensive adolescent health, including sexual and reproductive health, in an effort led by local government.

Click [here](#) to learn more

## **ILOILO CITY ADOLESCENT FRIENDLY HEALTH SERVICES TOWARD HIV PREVENTION**

Iloilo Province was once an area with high reported rates of adolescent pregnancy, and increasing rates of STI and HIV infection among the youth. A comprehensive and holistic approach to adolescent sexual and reproductive health allowed the Iloilo City government and its civil society partners to enact key adolescent friendly approaches (including respect for confidentiality) in providing information, counseling, life skills training, and services; and address the social determinants of poor adolescent sexual and reproductive health. The increased coverage and adolescent friendliness of services resulted in a 400 percent increase in the number of adolescents being screened for HIV, and a decrease in the number of adolescent pregnancy cases.

Click [here](#) to learn more

## **CAGAYAN DE ORO YOUTH DEVELOPMENT**

The Oro Youth Development Office (OYDO) is an excellent example of adolescent and youth mobilization for community participation. From online participatory campaigns against COVID-19 to legislative simulations and leadership development sessions, the OYDO effectively engaged Cagayan de Oro adolescents and young people on the topics of education; good governance; health and wellness; and peace, justice, and security. Members of OYDO in direct coordination with PopCom and other partners for the provision of adolescent sexual and reproductive health classes in schools and peer education sessions.

Click [here](#) to learn more

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