

# 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-judgmental, 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 : \_\_\_\_\_