



Republic of the Philippines  
Province of Zamboanga del Sur  
**MUNICIPALITY OF BAYOG**  
7011

**OFFICE OF THE SANGGUNIANG BAYAN**

**MUNICIPAL ORDINANCE NO. 13-228-18**  
**AN ORDINANCE MAKING MUNICIPALITY OF BAYOG AND SATELLITE  
BARANGAY HEALTH STATIONS YOUTH-FRIENDLY FACILITIES.**

WHEREAS, the “Adolescent-Youth”, whose age belongs to 10-24 years old, is a potent force for genuine development to bring forth economic progress, peace, security, moral ascendancy, and meaning for participation in local governance;

WHEREAS, Section 13 of ART. 11 of the Philippine Constitution provides that “The State recognizes the vital role of the youth in nation-building, and shall promote and protect their physical, moral, spiritual, intellectual, and social well-being. It shall inculcate in the youth patriotism and nationalism, and encourage their involvement in public and civic affairs”;

WHEREAS, the Municipality of Bayog adheres to the World Programme of Action for the Youth of the United Nations adopted by the Republic of the Philippines as State-party in 1995;

WHEREAS, Section 17 of R.A 7160 (Local Government Code of 1991) provides for the delivery of Basic Services and Facilities for Health and Social Welfare Services, including its program and projects on Child and Youth Welfare;

WHEREAS, the Municipality of Bayog adheres to the right of the youth to fully enjoy services and programs to ensure full development, health, welfare, and protection in accordance with the Universal Declaration of Human Rights of the United Nations;

WHEREAS, the Municipality of Bayog adheres to its duties and responsibilities on responsible parenthood, health care and reproduction in accordance with the Republic Act 10354, and the Family Code of the Philippines;

WHEREAS, the Municipality of Bayog adheres to the guiding principle of the U.N Millennium Development Goals to reduce incidence of poverty, improve maternal health, and reduce child mortality through health, and reduce child mortality through health service delivery;

WHEREAS, there is need to promote and provide youth-friendly service in the Rural Health Units and respective Barangay Health Stations (RFYs-BHSs) and other community/village level health facilities in order to attract and sustain increased utilization of health and reproductive health services by both male and female young people, ages 10-24 years old.

NOW, THEREFORE,

BE IT ORDAINED by the 13<sup>th</sup> Sangguniang Bayan of Bayog, Zamboanga del Sur on its 88<sup>th</sup> Regular Session that:

**Section 1:** That the Municipal Health Office/Rural Health Units, and respective Barangay Health Stations shall provide youth- friendly health service, in a ways that responsive to the needs of adolescent-youth patients supportive to the needs to our health care providers, and consistent with the DOH policy and guidelines and international standards.

**Section 2:** That the following shall be put in the place to ensure that the male and female adolescents- youth, ages 10-24 years old, are aware, well-informed and reached by available health and reproductive services.

- i. **Signboard Logo** . A signboard Logo “ *We are a YOUTH-FRIENDLY Facility*” which also indicates the type of health and reproductive health services provided, and schedules when these services are provided shall be posted in the area of the RHU-BHSs where they can easily be seen and read by young people and their parents, and by the general community.

- ii. **Adolescent-youth health day.** Health and reproductive health services shall be made available to adolescent-youth on the usual daily schedule of 8:00 AM-5:00 PM. In addition, the MHO/ RHU and its satellite BHSs shall make e.g. Thursday and Fridays at 2:00-4:30 PM, *Adolescent-Youth Health Day!*
- iii. **Provision of three health and reproductive health services.** Health and reproductive health services that are usually offered for three in the RHU and BHSs shall be likewise offered to adolescent-youths free of charge, except in the services wherein cost-sharing may be needed.
- iv. **Outreach services to adolescent-youths.** A plan and schedule of Outreach activities held in communities and in the facilities thru special dedicated days shall be part of the health facilities routine program services. This aims to reach-out to adolescents-youths with information, risks assessment, counseling, services and referral. Outreach activities shall cater to young people in hard-to-reach areas , in schools, in communities, to reach-out to young people with special circumstances, e.g. victim of abuse / violence, differently able young people, in the transitory/ relocation sites, young people living with HIV-AIDS, etc. Outreach shall be done at least twice in a quarter.
- v. **Partnership with other youth-serving agencies, institutions, organizations.** The RHU and respective BHSs shall develop and maintain partnership and work in close collaboration with other sectors who also have roles in nurturing adolescents-youths such as public and private secondary schools and colleges to cater to in-school youths; local chief executives (LCEs), social welfare and development, and youth-focused NGOs / CSOs, and community health workers to reach out to out-of-school youths; industries and workplaces to reach-out to working youths; and rehabilitation / centers to reach-out to adolescents-youth in difficult circumstances.

**Section 4:** That the RHU-BHSs shall provide services to the diverse groups that make up the adolescents-youths, ages 10-24 years old:

1. **Teen Mothers.** They are adolescent females who are pregnant or already mothers, either married, unmarried, or cohabiting, which is understood to occur in girls who have not achieved psychological and mental maturity, and economic preparedness.

Perinatal care from proper antenatal care, delivery, and postpartum care shall be provided to young mothers and to their children. Psychosocial support, counselling, services and products on responsible parenthood that includes maternal care, baby care, exclusive breastfeeding, and proper spacing / delaying repeat pregnancy shall be provided on-site in the facilities or referral to other facilities.

2. **In-School Adolescents-Youth.** They are female and male young people who are enrolled in formal education. In close collaboration with DepEd and schools, the MHO / RHU shall provide education and counselling on maintaining healthy lifestyle and promote positive gender norms and values on responsible practice of sexuality, risks assessment, and accept referrals from schools for services and psychosocial support.
3. **Most at Risk or Key Affected Population Adolescents.** They are adolescents who live under very challenging conditions, like street children, young people in sex work, gangster, young people living with HIV, orphans, adolescents with disability, teenage mothers/fathers, young people in conflict with the law, lesbian-gay-bi sexual, transgender and other groups.

These young people are vulnerable to abuse and engage in multiple risky behavior. Risks assessment, education and counselling, psychosocial support, and access to needed health and reproductive health services shall be provided to this young population, whether on-site or through referral to appropriate agencies.

4. **Mainstream Out-of-School Adolescents,** i.e., adolescents who come from intact, caring families that either cannot or choose not to send their children to school. These adolescents who came from intact, caring families that either cannot or choose not to send their children to school. These adolescent maybe connected with alternative learning schools or vocational skills programs, maybe active members of church, sports, and/or community groups.

**Section 5:** Recognizing the unique developmental characteristics of adolescent-youth clients in terms of their physical, physiological, psycho-emotional, and socio-cultural aspects, the MHO/RHU shall observe the following:

- 1) **Maintain privacy and confidentiality.** Audio- visual privacy shall be maintained in the health facilities. A dedicated room shall be assigned in the CHO / RHU where health provider – adolescent patient interview counseling and physical examination shall be performed. Confidentiality of information shared and recorded shall be maintained, unless there is compelling reason/s to break confidentiality, such as the adolescent- youth patient has a plan of hurting his/herself or other person/s, or experience of abuse.
- 2) **Psychosocial risks assessment among adolescent** –youth patients shall be part of daily RHU-BHSs routine operations. This is important and critical part of service provision to early detect risky behaviors that pose real threats to the adolescent's health, such as early unprotected sex, tobacco smoking, alcoholic drinking, or experience of abuse.
- 3) **Multi-sectorial referral network to address other health and development concerns of adolescents-youth.** Strong partnership and collaboration of RHU-BHS with schools and learning institutions, NGOs / CSOs, and other government agencies, such as population office, social welfare and development, police-women and Children Protection Unit, etc. shall be established to provided adolescent- youth with access to comprehensive services.
- 4) Ensure access of young people to package of services (see Annex 1 for package of services):

A. Basic Essential Health Care

- General health assessment and well adolescent check-up
- Psychological risks assessment and management
- Dental care
- Nutrition assessment and counseling; Micronutrient supplement
- Immunization

i. Hepatitis

- ii. Tetanus and Diphtheria toxoid (Td) booster
- iii. Flu vaccine (is recommended yearly)
- iv. Measles, Mumps, Rubella (those who have not previously received

the 2<sup>nd</sup> dose of MMR should complete the schedule by age 11-12 yrs)

v, Varicella vaccine (to be given similar to MMR)

vi, HPV (may be given to all women starting at age 9 (3 doses – 0,1,6) or age 10 (3 doses-0,2,6)

- Basic diagnostic test
- Reproductive health / STI-HIV counselling and services

B. Adolescent Pregnancy

i. Prevention of adolescent prevention; delay repeat pregnancy services include:

- Education and counseling on positive gender norms and values, responsible practice of sexuality to prevent teenage pregnancy
- Education and counselling on positive gender norms and values, and Responsible parenthood and proper birth spacing to delay repeat pregnancy.

-Ensure access to contraceptive methods based on informed choice and Volunteerism (ICV), medical eligibility standards, and adhering to provisions under the RPRH Law.

ii. Prenatal Care, Natal Care, Postnatal Care

This service aims:

- To reduce rates of adolescent pregnancy and repeat pregnancies through Comprehensive health package, and
- To reduce mortality and morbidity brought about by adolescent Pregnancy and puerperium

Services include:

- Provision of pre-and post-natal care to adolescent clients
- Encouraging delivery in a health facility (delivery package for teen mother)
- Detection and management of complications of pregnancy and child birth
- Prevention of another pregnancy within two (2) years
- Promotion of acceptance of family planning
- Encouraging exclusive breastfeeding for at least six (6) months
- Provision of pediatric care and immunization to children of teen mother (Pediatric immunization package)
- Provision of psycho-social support to teen mother
- Obstetric and gynecological services: regular check-up, ultrasound, Pap smear, colposcopy
- Teen Mothers' Class
- Education and training on parenting skills
- Exclusive breastfeeding for at least six (6) months
- Responsible parenthood
  - taking care of myself (continue schooling or livelihood skills training)

C. Pediatric Medical Care

- Immunization for teen mothers and their infants
- Newborn Screening services for well and sick infants

D. Sexually transmitted Infections (STIs)/ HIV

This service aims:

- To reduce morbidity and mortality brought about by STIs and HIV, and
- To prevent STIS/HIV and its complications

Service include:

- Counselling on responsible practice of sexuality, positive gender norms, and safe sex
- Management of uncomplicated STIs
- Referral for HIV voluntary testing and management

E. Violence against Women and children

- To detect or recognize signs of abuse / violence among female and male Adolescents
- To provide counselling, and
- Referral for further management, access to legal and psychological support

Section 5: Different levels of management structure shall be put in place and shall be given capacity building trainings to ensure sustainability of program and services for adolescent youths:

- i. Focal person in the health facility. The Municipal Health Officer shall designate an AHDP focal person tasks to oversee and monitor progress of adolescent health service; provide service and counselling; and coordinate within and outside the facility.
- ii. Core team of youth-friendly provides in the RHU-BHS. In the RHU, the Core Team will be composed to trained midwives, nurses and physician. The midwives assigned in the BHSs will be responsible in handling adolescent-youth clients, provide services, guidance, and referral.
- iii, Executive Committee. The program for adolescent and youths in the CHO/RHU, including progress, challenges, issues and concerns, shall be tackled during the Local Health Board meetings.

Section 6: That the following practice shall be put in place to properly record, report, and Monitor services availed by adolescent-youth patients:

**RECORDING**

- a) HEEADSS Form services as the basic level history-intake form for adolescent-youth Clients, ages 10-24 y/o. It contains personal data, psychosocial risks history, and Medical history and findings from individual adolescent-youth clients. The health Service provider should fill out each from completely during client interview / Consultation, counselling and assessment, please refer to Annex2: HEEADSS form.
- b) Consent Form . This is particularly required wen providing an adolescent client, Whose age is 17 y/o and below, with FP services and products .Health service Provider should
- c) explain and council both the adolescent and the parent / legal Guardian on prevention or delay repeat pregnancy, and secure a signed consent from the parent or legal guardian, see Annex 4: Consent Form
- d) Adolescent-Youth Daily Recording Logbook contains the data on only should be given to client to show the day of visit when service is provided, method used and day of follow –up visit (see Annex 5 for logbook data)

**REPORTING**

A monthly consolidation report shall be prepared by the main CHO / RHU, gathering a monthly report from BHSs, summarizing the number and types of health and reproductive health services accessed / availed by of adolescents-youth.

**MONITORING**

To track progress and ensure continuing quality improvement of youth-friendly service, the following monitoring mechanism will be put in place:

- a. Quarterly Meeting. Led by the CHO or designate, a regular quarterly meetings will be held to identify constraints and facilitating factors that affect implementation of youth-friendly service, and come up with actions to address challenges.
- b. Periodic mentoring will be requested from the CHO or the DOH-RO IX
- c. Programs for adolescents-youths will be included as part of the agenda during Program Reviews.

**ANNEX 1: Packages of Services for Adolescents-Youth, ages 10-24 y/o (based on DOH recommendations)**

Packages of Services	Interventions at the Primary Level (RHU, Lying-in Clinics	Key Supplies and Commodities Needed
Basic Essential Health Packages	General Health Assessment-History and Physical Exam -Dental Assessment -Psychosocial Risk Assessment and Management -Nutrition Assessment and Counselling -Micronutrient Supplementation -Immunization -Basic Diagnostic test -Reproductive Health Assessment and Counselling 1. Fertility awareness, menstrual Health issues, sexual and Reproductive health counselling Including contraceptive counselling. 2. Pap smear and pelvic exam if Sexually active 3. Adolescent male reproductive health issues 4. Gender issues	-HEEADS health assessment form (or ITR). -Dental Mirror , Dental record Equipment -Psychological Risk Assessment Form -BP apparatus , Adult weighing scale , Tape measure, height chart , orchidometer, dietary prescription , exchange list - Iron with folic acid tablets -Vaccines: Tetanus toxoid <i>MMR Hepatitis B</i> -Centrifuge , heparinized caoilet. Microscope , syringes and needles , cotton ,alcohol, slides, cover slip, vaginal speculum cotton platelet. -ITR Reproductive Health Assessment Checklist, Flipchart on reproductive health (including STI) -FP commodities -HIV Testing kit, microscope, glass slides, reagents for Gram`s stain

	-Voluntary Counselling and Testing for STIs/HIV -Risk Assessment	
Adolescent	Prevention of Adolescent Pregnancy	-Flipchart on the prevention of adolescent pregnancy. -Counselling cards

**Section 6. EFFECTIVITY CLAUSE** - This Ordinance shall take effect three consecutive weeks of publication in a newspaper of local circulation or posting in at least two (2) conspicuous place with the Municipality.

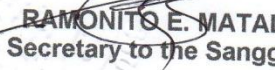
ADOPTED this 30<sup>th</sup> day of April 2018, on motion of Hon. Norelyn B. Rodriguez, duly seconded.

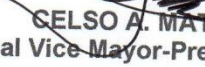
**AYES:** Hon. Horace Paul T. Anlap, Hon. Ernesto C. Yagos, Hon. Ronilo A. Yamaro, Hon. Junel P. Bacbac, Hon. Lucenio M. Manda, Hon. Teofisto B. Deocades, Jr., Hon. Norelyn B. Rodriguez and Hon. Godofredo T. Compacion.

**NAYS:** NONE

**CERTIFIED CORRECT:**

**ATTESTED:**


  
**RAMONITO E. MATALINES**  
Secretary to the Sanggunian

  
**CELSO A. MATIAS**  
Municipal Vice Mayor-Presiding Officer

**VERIFIED CORRECT:**

**APPROVED:**

  
**HORACE PAUL T. ANLAP**  
SB Member-Floor Leader

  
**LEONARDO L. BABASA, JR.**  
Municipal Mayor