

**PROVINCE OF LEYTE
SANGGUNIANG PANLALAWIGAN**

**PROVINCIAL ORDINANCE NO. _____
Series of 2026**

**AN ORDINANCE INSTITUTIONALIZING THE PROVINCIAL ADOLESCENT HEALTH AND
DEVELOPMENT PROGRAM OF LEYTE, PROVIDING FOR ITS GOVERNANCE AND
IMPLEMENTATION, AND APPROPRIATING FUNDS THEREFOR**

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EXPLANATORY NOTE

Adolescence is a critical stage of growth and development that shapes a person's health, education, relationships, and future well-being. During this period, adolescents may face concerns involving mental health, nutrition, sexual and reproductive health, adolescent pregnancy, HIV and other sexually transmitted infections, harmful use of alcohol and other substances, violence, abuse, exploitation, bullying, discrimination, and other risks that may adversely affect their development.

These concerns are often interconnected and cannot be effectively addressed through isolated interventions. An adolescent experiencing one concern may also require health care, mental health or psychosocial support, protection, social welfare assistance, educational support, or other services. Addressing these concerns therefore requires accessible, responsive, and coordinated services that recognize the distinct needs of adolescents and provide appropriate support, information, protection, and opportunities for meaningful participation in decisions and programs that affect them.

The Province of Leyte already implements various programs, services, and initiatives addressing these concerns through its health facilities, provincial offices, local government units, schools, communities, and partner organizations. However, the existence of separate programs and services does not by itself ensure that they are sufficiently coordinated, accessible, responsive to adolescents, or sustained across different settings and stages of need. Gaps in coordination, referral, youth participation, and continuity of care and support may result in missed opportunities for early intervention and leave some adolescents without the assistance they need.

There is, therefore, a need for a unified provincial framework that strengthens existing efforts, promotes convergence and coordination among concerned agencies and stakeholders, improves continuity of care and support, and ensures that available resources are used effectively without unnecessary duplication of programs and structures. Such a framework should also recognize adolescents and youth as meaningful partners in addressing the concerns that affect them and in promoting healthy choices, resilience, responsible decision-making, and positive development.

Mental health and psychosocial well-being are integral to adolescent health and development and should not be addressed in isolation. They must be considered alongside sexual and reproductive health, nutrition, adolescent pregnancy prevention and support, HIV and sexually transmitted infection prevention, substance-use prevention, protection from violence and exploitation, education, and other factors that influence the well-being and development of adolescents.

For these reasons, there is a need to institutionalize the Provincial Adolescent Health and Development Program as a sustained and coordinated provincial response to the health, developmental, and protection needs of adolescents in Leyte. The proposed Ordinance will provide the policy and institutional framework necessary to strengthen existing programs and services, improve coordination and continuity of support, promote meaningful youth participation, and ensure that adolescent health and development remain an integral and continuing part of the Province's health and development agenda.

WHEREAS, Article II, Section 15 of the 1987 Constitution declares that the State shall protect and promote the right to health of the people and instill health consciousness among them;

WHEREAS, Republic Act No. 7160, otherwise known as the *Local Government Code of 1991*, mandates local government units to promote the general welfare and provide health and other basic services within their respective jurisdictions;

WHEREAS, Republic Act No. 11223, otherwise known as the *Universal Health Care Act*, provides for the integration and delivery of comprehensive, accessible, quality, and people-centered health services;

WHEREAS, Republic Act No. 11036, otherwise known as the *Mental Health Act*, Republic Act No. 10354, otherwise known as the *Responsible Parenthood and Reproductive Health Act of 2012*, and Republic Act No. 11166, otherwise known as the *Philippine HIV and AIDS Policy Act*, recognize the need to protect and promote health and ensure appropriate health information and services; and

WHEREAS, there is a need to institutionalize a coordinated provincial framework for adolescent health and development that strengthens existing programs and services, promotes meaningful youth participation, and responds to the health, developmental, and protection concerns affecting adolescents in the Province of Leyte;

NOW, THEREFORE, be it ordained by the Sangguniang Panlalawigan of the Province of Leyte, in session duly assembled, that:

SECTION 1. Short Title.

This Ordinance shall be known as the **"Leyte iCARE Youth Ordinance of 2026."**

SECTION 2. Declaration of Policy.

It is hereby declared the policy of the Province of Leyte to:

- a. promote and protect the health, well-being, development, and dignity of adolescents;
- b. ensure equitable access to appropriate, responsive, and quality adolescent health and development services;
- c. strengthen adolescent-friendly and accessible health services, including mental health and psychosocial support;
- d. promote age-appropriate health information, life skills, responsible decision-making, and healthy behaviors;

- e. prevent adolescent pregnancy, HIV and other sexually transmitted infections, harmful use of alcohol and other substances, violence, abuse, exploitation, bullying, and other threats to adolescent health and development;
- f. strengthen family, school, community, health, and other support systems for adolescents;
- g. promote meaningful participation of adolescents and youth in the planning, implementation, and improvement of programs affecting them; and
- h. strengthen coordination among provincial offices, local government units, national government agencies, health facilities, schools, youth organizations, civil society, and other stakeholders.

SECTION 3. Coverage.

This Ordinance shall cover adolescents **ten (10) to nineteen (19) years of age** who reside, study, work, or are otherwise within the Province of Leyte.

Programs and services may involve parents, guardians, families, service providers, educators, communities, and other stakeholders when necessary to support adolescent health and development.

Nothing in this Ordinance shall diminish the rights and protections accorded to children and adolescents under existing laws.

SECTION 4. Rights of Adolescents.

Adolescents shall be afforded, consistent with existing laws and applicable standards:

- a. equitable access to appropriate health, mental health, psychosocial, developmental, and support services;
- b. access to accurate and age-appropriate health information and education;
- c. respectful and non-discriminatory treatment;
- d. privacy and confidentiality to the extent provided by law;
- e. protection from violence, abuse, exploitation, neglect, discrimination, and other forms of harm;
- f. meaningful participation in matters affecting their health and development; and
- g. appropriate referral and continuity of care when additional services or protection are needed.

These rights shall be exercised consistently with laws governing parental responsibility, consent, confidentiality, child protection, and other applicable legal requirements.

SECTION 5. Definition of Terms.

For purposes of this Ordinance:

- a. **Adolescent** refers to a person from ten (10) to nineteen (19) years of age;

b. **Adolescent-Friendly Health Services (AFHS)** refers to health services designed and delivered in a manner that responds to the specific needs and circumstances of adolescents and promotes accessibility, acceptability, equity, quality, and appropriate confidentiality;

c. **Adolescent Health and Development** refers to the health, well-being, protection, participation, education, life skills, and positive development of adolescents;

d. **Adolescent Parent** refers to an adolescent who is a parent;

e. **Adolescent Sexual and Reproductive Health (ASRH)** refers to health information, education, services, and support concerning the sexual and reproductive health needs of adolescents, consistent with existing laws and policies;

f. **KADA** refers to the youth participation and peer-support network or mechanism recognized by the Province for adolescent health and development;

g. **Mental Health and Psychosocial Support (MHPSS)** refers to appropriate interventions that promote mental well-being, prevent and address mental health concerns, and provide psychosocial support and referral;

h. **Minor** refers to a person below eighteen (18) years of age, consistent with applicable law;

i. **Positive Youth Development** refers to approaches that strengthen the competencies, confidence, character, connections, and opportunities of young people to participate meaningfully in their families, schools, communities, and society; and

j. **Vulnerable Adolescents** refers to adolescents who, because of their circumstances or conditions, face increased risk of harm, exclusion, poor health outcomes, or barriers to accessing services and support.

Other terms shall have the meanings provided under applicable national laws, regulations, and policies.

SECTION 6. Institutionalization of the Program.

The **Provincial Adolescent Health and Development Program** is hereby institutionalized as the province-wide framework for promoting and protecting adolescent health, well-being, development, participation, and protection.

The Program shall use the **Leyte iCARE Youth Program** as its overarching framework for coordinating and integrating existing adolescent health and development initiatives.

For purposes of this Ordinance, **iCARE** shall mean:

- **I** – Innovate;
- **C** – Care;
- **A** – Access;
- **R** – Resilience; and
- **E** – Empowerment.

The Program shall build upon and integrate existing programs, services, facilities, and mechanisms and shall avoid unnecessary duplication or creation of parallel systems.

SECTION 7. Objectives.

The Program shall:

- a. improve access to appropriate and adolescent-responsive health and support services;
- b. integrate mental health and psychosocial support into adolescent health and development services;
- c. promote adolescent sexual and reproductive health and prevent adolescent pregnancy, HIV, and other sexually transmitted infections;
- d. promote proper nutrition, healthy lifestyles, and positive health behaviors;
- e. prevent and address harmful use of alcohol, tobacco, vaping products, dangerous drugs, and other substances;
- f. strengthen protection against violence, abuse, exploitation, trafficking, bullying, discrimination, and other risks;
- g. promote positive youth development, life skills, education, leadership, and meaningful participation;
- h. strengthen family and community support systems;
- i. improve referral and continuity of care and support; and
- j. strengthen coordination and convergence among agencies, institutions, communities, and youth.

SECTION 8. Priority Areas.

The Program shall give priority to:

- a. adolescent-friendly health services;
- b. mental health and psychosocial support;
- c. sexual and reproductive health, including HIV and sexually transmitted infections;
- d. prevention of adolescent pregnancy and support for adolescent parents;
- e. nutrition and healthy lifestyles;
- f. prevention of harmful alcohol, tobacco, vaping, and substance use;
- g. prevention and response to violence, abuse, exploitation, trafficking, bullying, and discrimination;
- h. child and adolescent protection;
- i. digital safety and emerging risks affecting adolescents;
- j. positive parenting, life skills, education, and youth leadership;

- k. support for vulnerable adolescents; and
- l. referral and continuity of appropriate services and support.

SECTION 9. Adolescent-Friendly Health Services.

The Province shall strengthen adolescent-friendly health services in provincial health facilities and support their integration into appropriate local health services.

The Provincial Health Office shall promote accessibility, acceptability, quality, equity, and adolescent-responsive delivery of services consistent with national standards and applicable laws.

SECTION 10. Mental Health and Psychosocial Support.

Mental health and psychosocial support shall be an integral component of the Provincial Adolescent Health and Development Program.

The Province shall promote:

- a. mental health awareness and well-being;
- b. early identification of mental health concerns;
- c. appropriate psychosocial support and referral;
- d. prevention of suicide and self-harm;
- e. supportive and stigma-free environments; and
- f. coordination with existing mental health and social support programs.

The Program shall strengthen existing mental health services rather than create a separate parallel system exclusively for adolescents.

SECTION 11. KADA Youth Participation and Peer Support.

The **KADA** network shall be recognized as a principal mechanism for meaningful youth participation and peer engagement under the Program.

KADA and other recognized youth mechanisms may support:

- a. health promotion and information dissemination;
- b. peer engagement and positive youth development;
- c. life skills and leadership activities;
- d. identification of concerns and linkage to appropriate services; and
- e. youth participation in program planning, implementation, and evaluation.

Youth participation shall be voluntary, meaningful, safe, inclusive, and appropriate to the age and circumstances of participating adolescents.

KADA members and other youth volunteers shall not perform functions reserved by law for licensed or authorized professionals.

SECTION 12. Youth Participation and Positive Youth Development.

The Province shall provide opportunities for adolescents and youth to participate in matters affecting their health and development.

Youth participation may be undertaken through consultations, youth organizations, KADA, the Sangguniang Kabataan, schools, community mechanisms, and other appropriate platforms.

The Program shall promote life skills, leadership, resilience, responsible decision-making, civic participation, and other measures that contribute to positive youth development.

SECTION 13. Adolescent Pregnancy and Support for Adolescent Parents.

The Program shall support the prevention of adolescent pregnancy through age-appropriate education, life skills development, accessible health services, family and community support, and other interventions consistent with law and national policy.

Adolescents who are pregnant or are adolescent parents shall be provided appropriate health, psychosocial, social, educational, and referral support, without discrimination.

The Province shall coordinate with concerned agencies and local government units in implementing applicable national policies on the prevention of adolescent pregnancy and support for adolescent parents.

SECTION 14. Sexual and Reproductive Health and HIV Prevention.

The Program shall promote access to accurate, age-appropriate information and appropriate services concerning sexual and reproductive health, HIV, and sexually transmitted infections, consistent with existing laws and national policies.

Nothing in this Ordinance shall be construed to expand, restrict, or modify any statutory rule on consent, confidentiality, parental responsibility, or access to services.

SECTION 15. Referral and Continuity of Care and Support.

The Province shall strengthen an integrated referral system connecting adolescents to appropriate health, mental health, psychosocial, social welfare, education, child protection, legal, rehabilitation, and other services.

Referral mechanisms shall promote timely access, continuity of care, appropriate follow-through, and protection of privacy and confidentiality as provided by law.

SECTION 16. Protection from Harmful Substances and Other Risks.

The Program shall support prevention and appropriate response to risks affecting adolescent health and development, including:

- a. harmful use of alcohol;
- b. tobacco and vaping;

- c. dangerous drugs and other harmful substances;
- d. violence, abuse, exploitation, and trafficking;
- e. bullying and discrimination;
- f. harmful or unsafe digital activities; and
- g. other emerging risks affecting adolescents.

Interventions shall prioritize prevention, education, early identification, appropriate support, referral, rehabilitation, protection, and reintegration, as applicable.

SECTION 17. Prohibition on the Provision of Alcoholic Beverages to Minors.

No person or establishment shall sell, give, furnish, serve, supply, deliver, distribute, or otherwise provide an alcoholic beverage to a minor, directly or indirectly, except as may be expressly allowed by national law.

The use of another person as an intermediary shall not be used to circumvent this prohibition.

Establishments covered by this section shall comply with applicable laws and regulations on age verification and the sale or provision of alcoholic beverages.

The Province shall support prevention, information, education, and appropriate enforcement in coordination with concerned agencies and local government units.

An adolescent who has consumed alcohol shall not, by reason of such consumption alone, be denied appropriate health, mental health, or other necessary services and support.

SECTION 18. Vulnerable Adolescents.

The Program shall give appropriate priority to adolescents who are at increased risk of harm, exclusion, or poor health outcomes, including those experiencing or at risk of:

- a. abuse, neglect, violence, or exploitation;
- b. trafficking or bullying;
- c. discrimination or social exclusion;
- d. adolescent pregnancy or early parenthood;
- e. harmful substance use;
- f. mental health concerns;
- g. school disengagement;
- h. homelessness or unstable living conditions;
- i. conflict with the law; or

j. other circumstances requiring additional protection or support.

Interventions shall be guided by safety, dignity, non-discrimination, the best interests of the child where applicable, and appropriate referral and support.

SECTION 19. Lead Implementing Office.

The **Provincial Health Office (PHO)** shall serve as the lead implementing office of the Program.

The PHO shall coordinate with concerned provincial offices, local government units, national government agencies, health facilities, schools, youth organizations, civil society organizations, and other stakeholders.

Existing offices, personnel, programs, and mechanisms shall be utilized to the greatest extent practicable. Nothing in this Ordinance shall be construed as requiring the automatic creation of a new office or plantilla position.

SECTION 20. Provincial Adolescent Health and Development Council.

The **Provincial Adolescent Health and Development Council (PAHDC)** is hereby institutionalized **under the Provincial Health Board** as a technical and coordinating mechanism for the Program.

The Council shall be composed of:

- a. Provincial Health Officer – **Chairperson**;
- b. Chairperson, Sangguniang Panlalawigan Committee on Health and Sanitation – **Vice Chairperson**;
- c. Provincial Social Welfare and Development Officer;
- d. Provincial Population Officer;
- e. Provincial Planning and Development Coordinator;
- f. Provincial Nutrition Action Officer;
- g. Provincial Gender and Development Focal Person;
- h. Provincial Disaster Risk Reduction and Management Officer;
- i. Provincial Youth Development Officer, or equivalent;
- j. Schools Division Superintendent, or authorized representative;
- k. Representative of the Department of Health Eastern Visayas Center for Health Development;
- l. President of the Association of Municipal Health Officers of Leyte;
- m. President of the Provincial Federation of Sangguniang Kabataan;
- n. One (1) representative of an accredited youth-serving organization; and

o. One (1) representative of an accredited civil society organization engaged in adolescent health, development, or protection.

The Council may invite other government agencies, institutions, professionals, youth representatives, or stakeholders when their participation is necessary.

The **Provincial Health Office shall serve as Secretariat** of the Council.

The Council shall meet as necessary to perform its functions. Its internal procedures and other operational matters shall be provided in the IRR.

SECTION 21. Functions of the Council.

The Council shall:

- a. advise the Provincial Health Board on policies and priorities concerning adolescent health and development;
- b. facilitate coordination and convergence of existing programs and services;
- c. assist in the development and review of the Provincial Adolescent Health and Development Strategic Plan;
- d. promote the integration of adolescent health and development priorities into relevant provincial plans and programs;
- e. support the strengthening of adolescent-friendly health services, youth participation, KADA, and referral mechanisms;
- f. facilitate collaboration and resource mobilization among concerned agencies and stakeholders;
- g. promote youth participation in policy and program development;
- h. review program implementation and recommend appropriate improvements; and
- i. identify emerging concerns requiring coordinated provincial action.

The Council shall not exercise powers or functions vested by law in other government offices, councils, boards, or local government units.

SECTION 22. Provincial Strategic Plan.

The Provincial Health Office, in coordination with the Council and concerned stakeholders, shall develop and periodically review a **Provincial Adolescent Health and Development Strategic Plan**.

The Strategic Plan shall identify the priority concerns, objectives, major interventions, responsible offices, resource requirements, and broad measures of progress of the Program.

It shall be aligned with applicable national policies and the development plans of the Province and participating local government units.

SECTION 23. Participation of Local Government Units.

The Province shall encourage and support municipalities and other local government units in:

- a. adopting or strengthening local policies and programs consistent with this Ordinance;
- b. integrating adolescent health and development into local health and development plans;
- c. strengthening appropriate adolescent-friendly services and referral mechanisms;
- d. supporting youth participation and KADA or equivalent youth mechanisms; and
- e. participating in provincial coordination, monitoring, and convergence activities.

Nothing in this Ordinance shall diminish the powers and responsibilities of local government units under existing law.

SECTION 24. Convergence and Partnerships.

The Province shall promote convergence among government agencies, local government units, health facilities, schools, youth organizations, civil society organizations, communities, development partners, and other stakeholders.

Partnerships may be entered into for service delivery, technical assistance, capacity development, advocacy, research, resource mobilization, and other activities consistent with the objectives of the Program and applicable laws.

SECTION 25. Capacity Development.

The Province shall support appropriate capacity development for health workers, social workers, educators, youth workers, community workers, and other personnel involved in adolescent health and development.

Capacity development shall be consistent with applicable national standards and existing training systems.

SECTION 26. Monitoring, Research, and Evaluation.

The Province shall establish mechanisms for monitoring and evaluating the implementation of the Program.

Monitoring shall consider, as appropriate:

- a. access to and utilization of services;
- b. program coverage;
- c. major health and development outcomes;
- d. service gaps and emerging concerns; and
- e. recommendations for program improvement.

Research and evaluation may be undertaken to inform policy and program development.

All information management, research, reporting, and data use shall comply with applicable laws on data privacy, confidentiality, child protection, and health information.

SECTION 27. Integration with Existing Programs.

The Program shall be integrated, as appropriate, with existing provincial and local programs on:

- a. universal health care and primary health care;
- b. maternal, newborn, child, and adolescent health;
- c. mental health;
- d. nutrition;
- e. sexual and reproductive health and family planning;
- f. HIV and sexually transmitted infections;
- g. tobacco, vaping, alcohol, and substance-use prevention;
- h. child protection and juvenile justice;
- i. gender and development;
- j. education and alternative learning;
- k. social welfare and protection;
- l. disaster risk reduction and management;
- m. youth development and participation; and
- n. other relevant programs.

The Province shall prioritize integration and convergence and shall avoid unnecessary duplication of structures, services, and resources.

SECTION 28. Implementing Rules and Regulations.

Within ninety (90) days from the effectivity of this Ordinance, the Provincial Health Office, in coordination with the Provincial Adolescent Health and Development Council and other concerned stakeholders, shall formulate the Implementing Rules and Regulations.

The IRR shall provide only such operational and technical guidelines as are necessary to implement this Ordinance, including coordination arrangements, program implementation, service standards, referral mechanisms, youth participation, capacity development, monitoring, reporting, and data management.

The IRR shall not amend, expand, restrict, or otherwise modify the rights, duties, prohibitions, liabilities, or other substantive provisions established by this Ordinance or by existing law.

SECTION 29. Appropriations and Funding.

The amount necessary for the implementation of this Ordinance shall be charged against the current appropriations of the Province, subject to existing budgeting, accounting, auditing, and procurement laws, rules, and regulations.

Thereafter, the necessary funds shall be included in the annual budget of the Province, subject to the usual budgetary requirements.

The Province may receive grants, donations, technical assistance, and other resources from government agencies, development partners, civil society organizations, and other lawful sources, subject to existing laws, rules, and regulations.

SECTION 30. Non-Derogation.

Nothing in this Ordinance shall be construed to diminish or impair rights and protections granted under the Constitution, national laws, or applicable rules and regulations.

In case of conflict, applicable national law shall prevail.

SECTION 31. Separability Clause.

If any provision of this Ordinance is declared invalid or unconstitutional, the remaining provisions not affected thereby shall continue to be in full force and effect.

SECTION 32. Repealing Clause.

All provincial ordinances, resolutions, rules, regulations, and other issuances inconsistent with the provisions of this Ordinance are hereby repealed or modified accordingly.

Existing programs, policies, and mechanisms consistent with this Ordinance shall continue and, where appropriate, be integrated into the Provincial Adolescent Health and Development Program.

SECTION 33. Effectivity.

This Ordinance shall take effect fifteen (15) days after its publication in a newspaper of general circulation in the Province of Leyte or after compliance with the applicable posting requirements under existing law.