under the Primary Care Benefit (PCB) Package. The passage of Republic Act 10742 or the Sangguniang Kabataan (SK) Reform Act of 2015 as well as its Implementing Rules and Regulations (IRR) provided for the creation of a committee for ASRH (IRR Sec. 8F). Specifically, the law mandated the functional engagement of Local Youth Development Councils and the allocation of funds for programs, projects and activities including ASRH and gender sensitivity (DOH, 2017).

While a national policy addressing teenage pregnancy (and other public health concerns) may provide direction, the implementation, resource generation, monitoring and evaluation of programs for youth depend largely on local government units. This is because the 1991 Local Government Code provides more autonomy to local government executives in planning, resource allocation and service delivery, particularly in the health sector (Atienza, 2004).

Leadership and governance of ASRH in cities

The City Leadership and Governance Program (CLGP), which was developed for city-level local executives, is part of the DOH-ZFF Health Leadership and Governance Program. Multi-sectoral health leadership teams in cities were formed and trained to identify and address inequities in health service access, and the social determinants affecting demand and access. Since its implementation in selected cities, there has been initial success, manifested in marked improvements in terms of policy direction and planning process, and in health financing for maternal and child health programs. This clearly indicates that when city mayors have a better understanding of significant health issues in their jurisdictions, working relationships between and among different city departments involved in the CLGP also improved.

However, comparison of city-level data in CLGP cities showed an increase in the number of adolescent births. Similarly, there was also an increase in cases of STIs and HIV among the younger age groups.

ASRH in Puerto Princesa City

One of the cities where CLGP was first implemented is Puerto Princesa City in Palawan. Puerto Princesa is composed of 66 barangays, the majority of which are categorized as rural areas. Agriculture and fishing remain the main industries of the city. Puerto Princesa was identified as one of the partner cities for the City Leadership and Governance Program (CLGP) in 2013. Puerto Princesa's participation in CLGP resulted in the prioritization of health programs by the city government, and the mayor is extremely responsive to the requests of the health department.

Findings

Leadership and governance of ASRH programs in Puerto Princesa

Based on the interviews and data reviewed, it was found that the city government has established several governance bodies involved in addressing ASRH (see Table 3).

Table 3. Descriptive Summary of City Governance and Policy Interventions to Address ASRH

Governance Components	Interventions
Governance bodies	Local Health Board, Local Council for the Protection of Children, Local School Board, Local Council for AIDS/HIV
Comprehensive plans	No comprehensive plans to address ASRH in the city
Implementing agencies involved in ASRH	City Health Office (and City Population Office), City Social Welfare and Development
Funding source/s	From CHO and CSWDO, and gender and development funds
Partnership with NGO and private sectors	Several NGOs are present in the city working on different youth issues such as HIV counseling and sexuality education

The City's Local Health Board (LHB) has been established to discuss all health-related issues requiring policy and funding support and monitoring. A critical component overseeing youth and child welfare is the Local Council for the Protection of Children (LCPC)[3], which has been revitalized and expanded to also oversee ASRH concerns.

All informants interviewed confirmed teenage pregnancy significantly increased in recent years. Admittedly, youth programs were already in existence even before CLGP. However, the focus on reproductive and sexual health has been intensified only in recent years, following reports of the increasing incidences of teen pregnancies and HIV/STI.

[3]The LCPC is composed of different government agencies and private sector organizations, including the Department of the Interior and Local Government, City Social Welfare and Development Office, Department of Education, City Planning Office, City Nutrition Office, Gender and Development Office, Philippine National Police, barangays representatives, Parents-Teachers Association representative, youth representative and non-government organization (NGO) representative. The LCPC has technical sub-committees depending on specific youth issues to be addressed. The general objectives of LCPC are to: 1) formulate and monitor a city plan for children incorporating programs needing assistance, 2) establish and maintain a database of children in the city, and 3) conduct an inventory of all NGOs serving children and mobilize them as resources.

The LHB members interviewed cited ASRH issues were not consistently discussed in the LHB meeting. Similarly, the LCPC members agree on the lack of harmonized and integrated planning, communication and monitoring mechanisms as every agency has its own process and highlighted the need to revisit the coordination mechanism of LCPC member agencies, addressing both governance and technical working group structure. Although LCPC has barangay counterparts, the LCPC is unsure of its functionality since there are no monitoring and feedback processes in place. As noted by a midwife and some staff in a barangay health center, they do not regularly attend the LCPC and only wait to be invited to provide health data to the committee.

In general, the city enjoys support from different non-government organizations in the implementation of health and social programs for youth. There are vocal opposition coming from the Catholic Church, particularly regarding reproductive health programs, but efforts are being made by the city government to forge partnerships with them.

The LHB members participated in the FGD. Table 4 shows the emerging themes related to leadership and governance mechanisms for the ASRH program culled from the FGD.

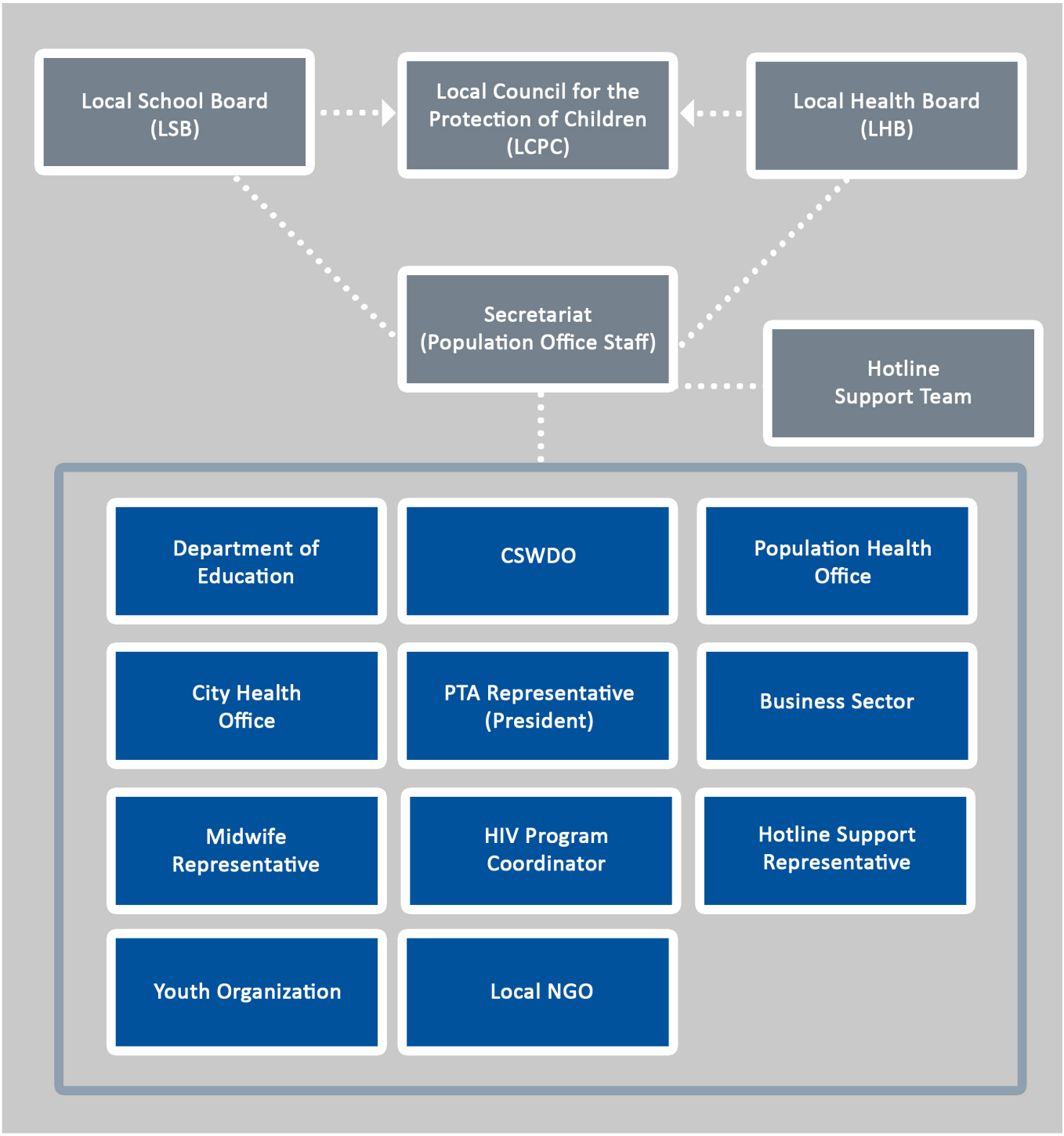
Table 4. Thematic areas related to governance support for ASRH program

Extracted Codes	FGD Interview Responses
Lack of cohesive and integrated policy and governance structure on ASRH	*"There were committees established, like LHB, LCPC and LSB, to talk about issues relating to youth."*
Lack of comprehensive ASRH plan and corresponding budget support	*"We do not have specific budget for ASRH program since it's already allotted to different programs and offices. The commodities are free from the DOH, so the budget is provided for our educational activities."*

Health and social services for youth

The CHO mentioned it has been coordinating with the City Social Welfare and Development office (CSWDO) in addressing reproductive health issues among youth, while the social needs are provided for by CSWDO. But the CHO emphasized that it is more involved in the provision of maternal care and family planning (FP), while CSWDO provides services for prevention and rehabilitation, with a special focus on vulnerable children such as abused, abandoned and in-conflict-with-the-law children.

Figure 2. Adolescent Health Development Program Coordinating Structure



To facilitate the process, a comprehensive adolescent development plan should be developed outlining all the programs conducted by different agencies and partners. Monitoring and evaluation must be strengthened to make sure priority issues are addressed and resources are efficiently utilized.

Option 2: Policy support to establish barangay-driven program. Translation of city-level policies to barangay-level planning and implementation requires the support of community and village leaders. The city government will then require every barangay to develop a comprehensive work and financial plan to address teenage pregnancies and STIs among adolescents. The barangay health board must be functional to oversee the ASRH program implementation. However, this can only be done if barangay leaders are oriented on the RPRH law and youth sector issues.

Option 3: Policy support for youth-initiated programs. To address issues on youth-led policy and program development on issues affecting them, youth leaders and youth volunteers will be mobilized and capacitated to be the city champions and guardians. Sangguniang Kabataan funding will be the primary financial resource to run and sustain youth-initiated and youth-led programs on ASRH. The parents will be engaged as part of support groups.

The SK Reform Act of 2015 indicated the creation of a committee for ASRH (IRR Sec. 8F). Specifically, the law mandated the functional engagement of Local Youth Development Council, and the allocation of funds for programs, projects and activities including ASRH and gender sensitivity.

All SK funds (10 percent of barangay general fund) shall be allocated in an annual budget, and if the funds allow, in a supplemental budget in accordance with the adopted Annual Barangay Youth Investment Program. The plans shall give priority to programs, projects and activities that will promote and ensure equitable access to quality education, environmental protection, climate change adaptation, disaster risk reduction and resiliency, youth employment and livelihood, health, including health services and ASRH, anti-drug abuse, gender sensitivity, sports development, and capability building which emphasizes leadership training. Full implementation of the Sangguniang Kabataan law will require policy support from the city government.

Policy Strength and Weakness Analysis

Based on analysis and data gathered during interviews, all the policy options have strengths and weaknesses considering the city context (see Annex 1). One major strength of policy Option 1 is the harmonization of programs and offices working on ASRH policies, programs, and activities to ensure successful implementation, correct and non-redundant use of funding and initiatives.

This is highly relevant to the current program implementation of the city, since several local actors are involved in ASRH programs; however, redundancies and lack of an integrated strategy were noted. The option is also consistent with the mission of LCPC in harmonizing all efforts and mobilizing resources to effectively implement child welfare programs.

Policy Option 2 aims to empower barangay stakeholders to take the lead in implementing ASRH programs. The strategy is sustainable because it is specific to their needs and accountability is emphasized. The approach is also about empowering grassroots-level initiatives to address specific needs of the youth sector in their community. However, the strategy is only truly feasible if all barangay leaders undergo leadership training. Additionally, leaders are not inclined toward this option because of the 2018 barangay election.

Policy Option 3 is highly youth-focused as it empowers youth to take part in planning, implementing and monitoring ASRH programs. PYAP Inc., Puerto Princesa Chapter, is already established and can be a good model to be institutionalized. However, its sustainability may depend on Sangguniang Kabataan elections that may happen in 2018. Parents also may not support a youth-driven policy, especially if they are uninvolved in the process.

3 Conclusion and Recommendations

Based on the decision matrix analysis (see Annex 2), Option 1 is the most viable policy direction for the city, considering the local context. However, no matter how successful the city-wide comprehensive program may be, the issue of ASRH may never be fully addressed given the complex nature of the issue. Option 1 specifically responds to policy structure and harmonization in terms of planning, coordination and monitoring processes at the city level.

Option 2 is highly relevant in strengthening barangay capacity to respond to ASRH issues at their level. However, since barangay elections are scheduled in 2018, local leaders are more inclined to consider the proposal after the barangay election. A leadership program is needed as a "prerequisite" to engage barangay leaders.

Lastly, Option 3 is good mechanism for youth empowerment and governance to engage the youth sector in planning and monitoring the program. Sangguniang Kabataan elections provide a conducive policy environment where the proposal can be anchored, as the law mandates LGUs to establish youth development councils and develop a comprehensive youth development plan.

Therefore, while the city government can prioritize Option 1 as an immediate action, other options can be considered when all the "prerequisites" or necessary conditions are addressed.

Annex 1. Policy Strength and Weakness Analysis

	Wdt	Wdt	Wdt
Strengths	1. Working structure to oversee the process 2. Harmonizaton of programs and o f ces working on ASRH policies, programs, and actvites to ensure successful implementaton, correct and non-redundant use of funding 3. Administratve and legal feasibility as it relates to RPRH law 4. Fully sustainable 5. Addresses the needs of vulnerable individuals and groups 6. Consistent with city's mission	1. Specifc to the needs of individual barangays 2. Empowerment of barangay leaders 3. Sustainable because it is specifc to their needs; accountability is emphasized because of barangay ownership 4. Takes an equity approach as it is about knowing the needs of the constituents' and where needs are greatest	1. Youth-focused 2. Pag-asa Youth Associaton of the Philippines, Puerto Princesa Chapter is already established
Weaknesses	1. Does not conform to current religious beliefs 2. Religious groups are not a member of the working commitee	1. Only truly feasible if all barangay leaders undergo the leadership program training 2. Lack of youth leadership 3. Lack of religious acceptability 4. Some barangays (village) lack a village health board and without a comprehensive village-driven program, this policy would be impossible	1. Not in line with religious beliefs and practces 2. Sustainability may depend on SK electon occurring 3. Parents may not support a youth-driven policy, especially if they are uninvolved

Annex 2. Decision Matrix

Criteria	Local Comprehensive ASRH Program	Comprehensive Village-Driven Program	Youth Group-Initiated Program
Political Acceptability In line with current government political agenda	**HIGH: 3**	**MODERATE: 2 (If leadership program is implemented)**	**HIGH: 3**
Cultural Acceptability Conformance to social norms and culture	**MODERATE: 2**	**MODERATE: 2**	**MODERATE: 2**
Administrative Feasibility Realistic capacity of government to implement policy	**HIGH: 3**	**MODERATE: 2 (Need leadership capacity)**	**HIGH: 3**
Sustainability Policy's ability to address the problem through time	**HIGH: 3**	**HIGH: 3**	**MODERATE: 2 (Dependent on election)**
Legal Feasibility Whether the option conforms to the RPRH law	**HIGH: 3**	**HIGH: 3**	**MODERATE:2**
Degree of Possible Implementation Least time taken to implement the policy	**HIGH: 3**	**MODERATE: 2**	**HIGH: 3**
Youth Empowerment Degree to which youth are empowered to address the problem	**HIGH: 3**	**LOW: 1**	**HIGH: 3**
Religious Acceptability Conformance to religious norms, beliefs, and practices	**LOW: 1**	**LOW: 1**	**UNLIKELY: 0**
Approach to Equity Policy addresses the needs of vulnerable populations	**HIGH: 3**	**HIGH: 3**	**HIGH: 3**
Totals:	**24**	**19**	**21**

Acronyms List

AHDP	Adolescent Health and Development Program
AIDS	Acquired Immunodeficiency Syndrome
AO	Administrative order
ARSHiE	Adolescent Sexual and Reproductive Health in Emergencies
ASRH	Adolescent sexual and reproductive health
BHS	Barangay Health Station
CHO	City Health Office
CLCP	City Leadership and Governance Program
CSHC	City Social Hygiene Clinic
CSWDO	City Social Welfare and Development Office
DOH	Department of Health
DSWD	Department of Social Welfare and Development
FGD	Focus group discussion
FP	Family planning
HACT	HIV/AIDS Core Team
HEMB	Health Emergency Management Bureau
HIV	Human Immunodeficiency Virus
IRR	Implementing rules and regulations
KII	Key informant interview
LCPC	Local Council for the Protection of Children
LHB	Local Health Board
LGU	Local Government Unit
LSB	Local School Board
MISP	Minimum Initial Service Package
NGO	Non-government organization
NYC	National Youth Commission
PCB	Primary Care Benefit
PhilHealth	Philippine Health Insurance Corp.
PLGP	Provincial Leadership and Governance Program
PYAP Inc.	Pag-asa Youth Association of the Philippines
RPRH	Responsible Parenthood and Reproductive Health
SK	Sangguniang Kabataan
STI	Sexually transmitted infection
TWG	Technical working group
UKP	Unlad Kabataan Program
UNFPA	United Nations Population Fund
WHO	World Health Organization
YAFSS	Young Adult Fertility and Sexuality Study

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