

**MEMORANDUM CIRCULAR**

**NO. 11**  
**Series of 2024**

**SUBJECT : GUIDELINES FOR THE NATIONAL IMPLEMENTATION OF PROJECT ProtecTEEN: PSYCHOSOCIAL SUPPORT AND OTHER INTERVENTIONS FOR ADOLESCENT MOTHERS AND THEIR FAMILIES**

**I. RATIONALE**

In the Philippines, where the prevalence of teenage pregnancies is the highest and rising among ASEAN nations, teen pregnancy continues to be a serious problem according to the United Nations Population Fund (UNFPA). The UNFPA and the Philippine Statistics Authority (PSA) estimate that the Philippines' population will reach 108.8 million in 2020. More than 53 million are below 25 years of age, including 10.3 million adolescent girls (10-19 years old). UNFPA echoes the sense of urgency demonstrated by the National Economic and Development Authority (NEDA) and Commission on Population and Development (CPD), which recently described the still alarmingly high teenage pregnancy rate in the country as a "national emergency"<sup>1</sup>.

Adolescents in the Philippines are also at risk for multiple and frequent pregnancies. The following factors contribute to shorter birth intervals and multiple pregnancies in adolescence: 1) lower educational attainment and economic status; 2) poor access to contraception exacerbated by legal barriers to access modern contraception; 3) challenges in the implementation of comprehensive sexuality education; and 4) limited service delivery points providing adolescent and youth-friendly sexuality and reproductive health services. Contributory risk behaviors that adolescent mothers are more exposed to domestic violence. Global data shows women who experience intimate partner violence have a 16% greater chance of having a low birth-weight baby, and are more than twice as likely to experience depression – all factors that can negatively impact the child's development.<sup>2</sup>

The Social Technology Bureau (STB) of the Department of Social Welfare and Development (DSWD) conducted a focus group discussion on teenage pregnancy in the local areas and recognized some consequences: The majority of teenagers' psychosocial wellbeing and emotions are typically impacted by pregnancy. The teen's

<sup>1</sup> Eliminating Teenage Pregnancy in the Philippines, UNFPA Policy Brief, January 2020

<sup>2</sup> Eliminating Teenage Pregnancy in the Philippines, UNFPA Policy Brief, January 2020

poor academic performance, or worse, their decision to drop out of school to avoid embarrassment, their parents' increased burden of caring for them, the burden of dealing with the stigma from the community, and the economic hardship it will cause the family and the nation all start the chain reaction. Both the mother's and the child's physical and emotional health would be jeopardized. Teenage fathers, on the other hand, are under pressure to support their relationships and risk dropping out of school. Aside from this, young parents, particularly adolescent mothers, face psychosocial, spiritual, and economic challenges that must be addressed.

Key government agencies and civil society organizations, especially children and youth organizations, named adolescent pregnancy as the most pressing issue during the 2019 National Summit, citing its negative impact on individuals, families, communities, and the nation as a whole. In fact, the Philippine government has already declared teenage pregnancy a national social emergency due to the significant increase in teenage birth rates over the last decade. The Commission on Population and Development (CPD) also stated that there are currently 1.2 million minor-led households or families with young parents, which will have an impact on the country's growth, necessitating the declaration of a national emergency.

Recognizing this concern, the FY 2021 General Appropriations Act (GAA) directed the DSWD to create a Social Protection Program for Teenage Mothers and Their Children (SPPTMC) in collaboration with the CPD. In 2022, the same program, now known as the Social Protection Program for Adolescent Mothers and Their Children (SPPAMC), is included in the FY 2022 GAA Provision with a budget of Ten Million Pesos (Php 10,000,000.00) for the implementation of the approved strategies and interventions developed by the DSWD, CPD, and other relevant agencies.

Furthermore, on 25 June 2021, Executive Order (EO) No. 141 was issued, designating as a national priority the adoption of measures to address the root causes of the rising number of teenage pregnancies and mobilizing government entities to that end. As a member of the Human Development and Poverty Reduction (HDPR) Cabinet Cluster, the DSWD should provide all necessary assistance to enable Sangguniang Kabataan (SK) to implement selected programs, activities, and projects within their respective communities.

In accordance with these directives, the SPPAMC Operational Framework and Strategies were created, which take into account social protection plans, adolescent mothers' risks and vulnerabilities, and implementing and coordinating mechanisms. Social insurance, labor market interventions, social assistance and welfare programs, social safety nets, and child protection are a few of the techniques mentioned. These cleared the way for figuring out which government programs were already in place and which ones needed to be tapped to fill in the service gaps for adolescent moms and their children.

In order to better direct the program's development, CPD hired a consultant to quickly assess the needs and circumstances of adolescent mothers in 2021. The appraisal sought to identify risks and vulnerabilities, gaps in the provision of current services, and

recommendations from the primary and secondary target beneficiaries regarding the kinds of services that were required and pertinent. It included individuals from urban and rural areas who were adolescent mothers, their partners, and their parents, as well as Pantawid and non-Pantawid beneficiaries and indigenous peoples from regions III, IV-A, V, VI, X, and NCR. Family, psychosocial variables, and socioeconomic status have all been found to contribute to adolescent pregnancies. Furthermore, it was discovered that early pregnancy poses health and psychosocial hazards, that not everyone is aware of social services, and that some people struggle to obtain social services since they require parental/adult roles.

Thus, the development of a Project ProtecTEEN: Psychosocial Support and other Interventions for Adolescent Mothers and their Families was included in the DSWD Social Technology Agenda. This social technology for adolescent mothers and their families is required to safeguard and enhance psychosocial well-being, as well as to increase adolescent parents' capacity to perform their expected duties as young people and responsibilities as parents of children. Preventing early, unplanned, and recurring births among adolescent parents and teens-at-risk is also essential. The project also adheres to Administrative Order No. 19, s. 2020, as well as the DSWD GAD Agenda for 2020-2025.

## II. LEGAL BASES

### A. The Philippine Constitution Article II. Declaration of Principle and State Policies

1. Section 12. The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution. It shall equally protect the life of the mother and the life of the unborn from conception. The natural and primary right and duty of parents in the rearing of the youth for civic efficiency and the development of moral character shall receive the support of the Government.
2. Section 13. The state recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social being.
3. Section 15. The State shall protect and promote the right to health consciousness among them.

### B. National Legislations:

1. **Republic Act (RA) No. 11518 or the General Appropriations Act (GAA) for Fiscal Year 2021** - Under the Special GAA provisions on Social Protection Program for Teen-Aged Mother and their Children, the DSWD, in consultation with the Commission on Population and

Development, was mandated to develop a social protection program specifically for teen-aged mothers who are minors and their children.

2. **RA No. 11639 or the General Appropriations Act (GAA) for Fiscal Year 2022** - Under Section 11 Special GAA provisions, the amount of Ten Million Pesos (10,000,000) was appropriated for the Social Protection Program for Adolescent Mothers and Their Children (SPPAMC) which shall be used for the implementation of the approved strategies and interventions under such program developed by the DSWD, the CPD and other relevant agencies. The fund shall also cover the Conditional Cash Transfer as part of the Social Protection Services for Adolescent Mothers based on approved criteria and mechanism by DSWD and CPD.
3. **RA No. 7610 or the Special Protection of Children against Child Abuse, Exploitation and Discrimination Act** - Under Section 4, it was specified that there shall be a comprehensive program to be formulated, by the Department of Justice and the Department of Social Welfare and Development in coordination with other government agencies and private sector concerned, within one (1) year from the effectivity of this Act, to protect children against child prostitution and other sexual abuse; child trafficking, obscene publications and indecent shows; other acts of abuse; and circumstances which endanger child survival and normal development.
4. **Implementing Rules and Regulations of RA No. 10354 or the Responsible Parenthood and Reproductive Health (RPRH) Law of 2012** - Under Section 12. 03., the DSWD is mandated to review and strengthen modules for family development sessions and other community-based programs for families to ensure incorporation of responsible parenthood and reproductive health concepts; facilitate retooling of service providers, particularly the local social welfare and development officers, through the DSWD Field Offices, and perform other functions to achieve the objectives of the RPRH Act.
5. **Implementing Rules and Regulations of RA No. 11908 or the Act Mandating the Establishment and Implementation of the Parent Effectiveness Service Program to Strengthen Parental Involvement in their Children's Development and Learning and Appropriating Funds Therefor of 2022** - to assist Filipino parents and parent-substitutes in strengthening their knowledge and skills in responding to their parental duties and responsibilities, protect and promote children's rights, foster positive early childhood development and advance their educational progress.

### C. National Issuance:

***Executive Order No. 141, series of 2021, Adopting as a National Priority the Implementation of Measures to Address the Root Causes of the Rising Number of Teenage Pregnancies, and Mobilizing Government Agencies for the Purpose*** - this mandates the Human Development and Poverty Reduction (HDPR) Cabinet Cluster, all government agencies and instrumentalities to identify and implement practicable interventions related to the prevention of adolescent pregnancies, including comprehensive sexuality education, education and livelihood opportunities for young people, and health promotion through media and communications. It was further specified in the Executive Order (EO) that in the implementation of the identified programs and interventions, all concerned agencies and instrumentalities shall maximize the use of digital and online platforms to reach adolescents and young people, and raise awareness on the protection and promotion of reproductive health and rights.

## III. OBJECTIVES

### A. The purpose of this ProtecTEEN national implementation guideline is to:

1. Provide standards and procedures for the project's national execution as guidance to Local Social Welfare and Development Office (LSDWOs), Barangay Council for the Protection of Children (BCPC), Non-Governmental Organizations (NGOs), and other stakeholders from various regions;
2. Set budget parameters for the project's components; and
3. Clarify the roles and responsibilities of the project implementers involved.

### B. Project Objectives

The ultimate goal of this project is to prevent, safeguard and promote the rights and psychosocial well-being of adolescent mothers, their spouse/partner and their families and further empower them in their civic efficiency as part of nation building and development.

This project specifically intends to:

1. Provide avenues for advocacy and public awareness on adolescent's motherhood and its impact to themselves, their spouse/partners, their children and their families to prevent and lessen negative social stigma and to get support on the institutionalization of the program;

2. To create a supportive home environment to improve families' ability to support adolescent mothers, their spouse/partners, and their children and improve adolescent mothers and their families' abilities to undertake shared parenting and social roles;
3. Develop empowerment strategies to adolescent mothers, their spouse/partners, their children and their families on understanding of sexual and reproductive health (ASRH) information and services, as well as developmental activities for adolescent mothers, their families, and service providers, to prevent multiple and frequent pregnancy among adolescents;
4. Provide avenues for adolescent mothers, their spouse/partner, children and their families to have access to a variety of social protection measures; and
5. Prevent cases of wanted pregnancies (in cases of surrogacy arrangements) among adolescents.

#### **IV. PROJECT DESCRIPTION**

The ProtecTEEN project is a social welfare intervention strategy that strives to safeguard and improve adolescent mothers, their spouse/partners and their families' rights and psychosocial well-being. This initiative employs child-friendly, gender-responsive, and rights-based approaches that consider micro, mezzo, and macro interventions through adolescent mothers, their spouse/partners and their families' empowerment and the creation of a supportive home and enabling environment. The idea envisions adolescent mothers, their spouse/partners and their families being able to complete developmental tasks, cope with the responsibilities of shared parenting, and fulfill their social obligations.

This initiative supports the SPPAMC, specifically the social assistance and social welfare services, which is one of the SPPAMC framework's major components.

#### **V. PROJECT COVERAGE**

##### **A. Target Areas:**

This project shall be implemented in all regions. It shall cover all Local Government Units (LGUs), NGOs that are willing to adopt the project.

##### **B. Target Clientele**

The primary target clientele of the project are as follows:

- Adolescent mothers, ages 10-19 years old;

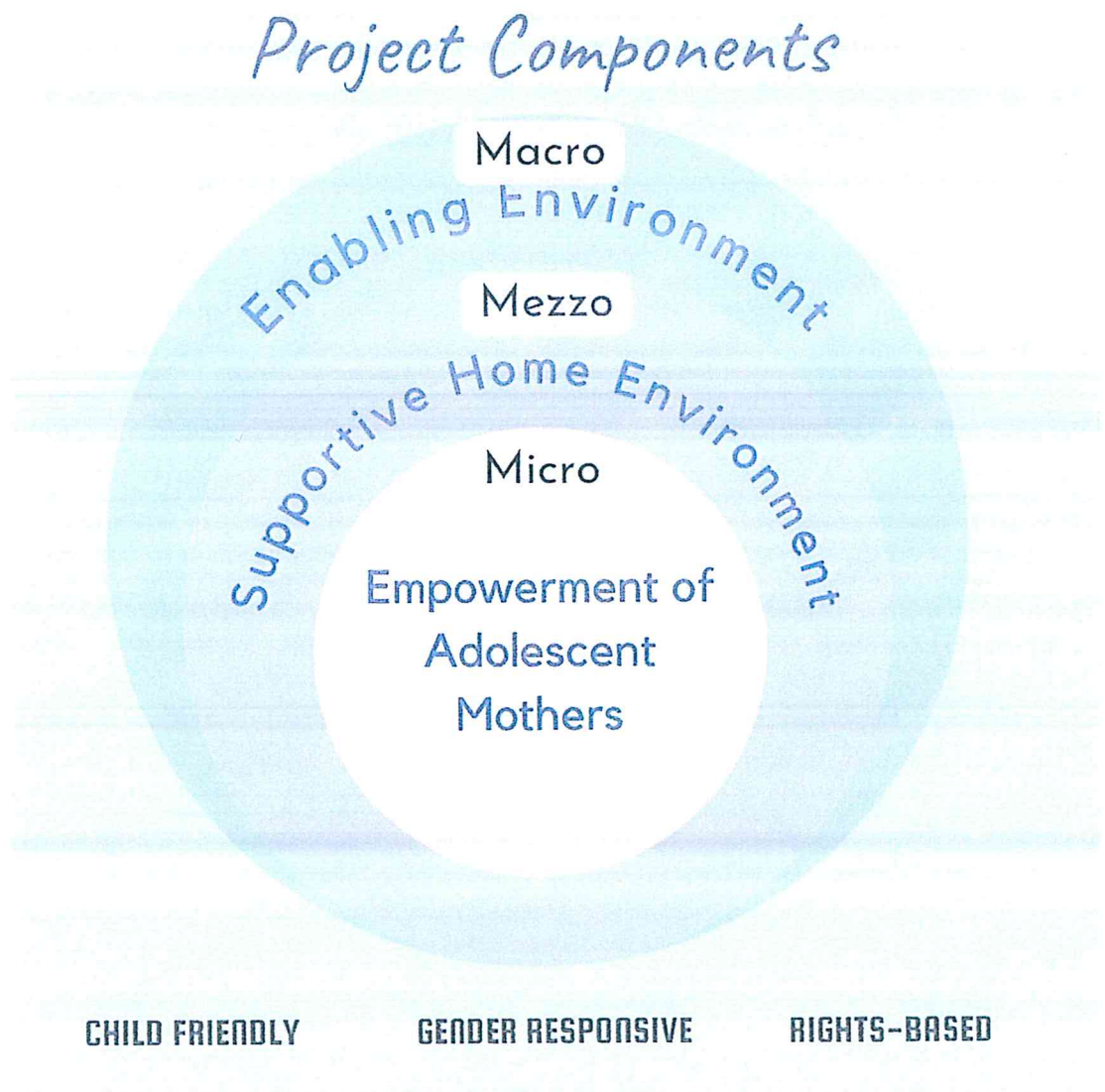
- Spouse/Partners of Adolescent Mothers;
- Children of Adolescent Parents;
- Parents of Adolescent beneficiaries; and
- Other household members who are providing support to the adolescent parents.

The following groups are the indirect beneficiaries of the project:

- Local government units (LSWDO, BCPC, Local PopDev, etc.) and local stakeholders in the areas;
- Service Providers (social workers, teachers, and other direct implementers); and
- General public, especially the adolescents and parents.

## VI. PROJECT COMPONENTS

The three project components outlined below reflect these methods and strategy:



## A. Enabling Environment

### 1. Participatory Policy Development

To ensure the local policies and strategies are responsive, orientation, discussion and participatory planning with the adolescent mothers and the local stakeholders shall be conducted. This shall be attended by the interdisciplinary units from social welfare, health, education, and SK members, among others. This will help service providers manage adolescent mothers in a way that is child-friendly, gender-responsive, and rights-based in order to stop additional prejudice and stigma. Additionally, it is anticipated that local policies and programs will be created in the area in collaboration with the organized adolescent mothers as part of these initiatives.

### 2. Advocacy Initiatives

Advocacy activities must also address discrimination and social stigma among adolescent mothers, their spouses/partners and their families, as well as empower them to seek reproductive health (RH) services and other interventions, such as continuing education (both formal and informal). Advocacy centered on enabling pregnant teenagers access to education will also be performed to ensure that adolescent mothers are given opportunities to complete their education despite their pregnancy. During the advocacy campaigns and in crafting important messaging for the Social Behavior Change Communication (SBCC) materials, teachers, health care professionals, and other direct service workers will also be targeted.

- a. Infographics/brochure/pamphlet, booklet, catalog, leaflet or flyer shall be produced as effective materials;
- b. Videos, local advertisement, teasers to be released to different/various media platforms;
- c.. Orientation activities for grades 6-12 regarding teenage pregnancies and all other matters that are important to this topic;
- d. Campaign Activities: The campaign activities shall consist of advocacy campaigns, social media advocates, and distribution/posting of localized SBCC materials. The implementation team shall ensure that the advocacy activities are conducted following the approved project design and communication plan. Face-to-face advocacy activities can also be utilized to ensure to reach areas with poor internet connectivity.

## B. Supportive Home Environment

Various interventions will be carried out as part of this component with the goal of improving families' ability to support adolescent mothers and their children.



1. Family Healing Sessions  
These sessions will also be held using the healing modules developed in order to empower families to support adolescent mothers, their spouses/partners, and their children.
2. Family Case Management  
Adolescent mothers and their families will occasionally be the subject of case management under this component using the gender-responsive case management (GRCM). The case studies of the identified beneficiaries per set criteria shall be done by the LSWDO or case workers. Quarterly monitoring of the beneficiaries, assistance provided, and updating of the cases must be conducted by the case worker for easy reporting of project accomplishments. Case conferences shall also be conducted, together with the multidisciplinary team, at least every two months or as need arises, depending on the assessments of the social worker. Results of pre and post surveys shall be analyzed and be the basis of the provision of necessary interventions and updating of the individualized exit strategy plan.
3. Expanded Referral Network  
Referral networks will be strengthened to guarantee service convergence and support immediate local services delivery, existing multi-disciplinary networks in the area, including the Local Council for the Protection of Children (LCPC), the Gender and Development (GAD) network, the Information and Service Delivery Network for Adolescent Health and Development (ISDN4AHD), and others.

Regular meetings shall be conducted based on the agreed frequency between the project implementation team and the existing local referral network to strengthen and ensure involvement in addressing adolescent pregnancy.

### **C. Empowerment of Adolescent Mothers**

1. Assistance
  - a. Employment Assistance  
Employment assistance may be provided to qualified adolescent mothers, her adult spouse/partner and/or their parents, and/or guardians (in accordance with other existing legislation such as the Child Labor Law, etc) to help with expenses during their job-seeking period. The employment assistance may cover expenses for securing/renewal of NBI or police clearance, driver's license, medical certificate and other costs associated with facilitation of work employment. The assistance shall be based on the assessment of the case worker subject to existing rules of

relevant DSWD programs and services where such assistance shall be charged; i.e., Sustainable Livelihood Program. Similarly, the case worker may refer the qualified beneficiary to other agencies providing employment assistance on a case-to-case basis.

b.. Livelihood Assistance

For livelihood assistance, the target beneficiaries may also be directed to the DSWD Sustainable Livelihood Seeding Program - Negosyo Serbisyo sa Barangay (LSP - NSB), Youth Entrepreneurship Program and/or the Local Government Livelihood Program. The project management team must assess the beneficiary's readiness to begin a source of income and ensure that the business is market-driven. Beneficiaries will receive Basic Business Management Training (BBMT) to assist them in determining a source of income. Clients who are eligible will be asked to submit a project proposal to the funding agency for review and approval. Amount to be given shall be based on the case worker's assessment both for job-seeking expenses and livelihood assistance.

Parents and other family members/guardians of teenage mothers and or spouse/partner who have recently received DSWD SLP livelihood assistance within the last twelve (12) months are ineligible for financial assistance for livelihood/employment under this initiative. However, the case worker and other project management team members must continue to encourage referral to other organizations for additional support services.

c Educational Assistance

A maximum of ₱10,000 may be granted to the target adolescent mothers per School Year (SY) to cover their school supplies, transportation costs, and other school related expenses. This shall be distributed on a quarterly or semester basis. The client will be required to submit school registration and/or certificate of enrolment and valid school ID, if available. The provision of the assistance is based on the assessment and recommendation of the service provider, subject to availability of funds. The service provider can also follow the educational assistance guidelines per local implementers.

d. For other financial assistance, the guidelines on the implementation of Assistance to Individuals/Families in Crisis Situation (AICS) shall be followed.

e. Access to postnatal care for adolescent mothers, offer healthcare

services for both the mother and child, including vaccinations, regular health check-ups, and nutrition support and family planning methods.

- f. Offer flexible education programs/scholarships that cater to the needs of adolescent mothers and or fathers such as alternative schooling options, distance learning, or on-site childcare facilities.

***Condition: The financial assistance and other interventions shall be provided once healing sessions are completed by the adolescent mothers, their spouses/partners and their families.***

## 2. Capacity/Persons Building

- a. Provide vocational training to equip adolescent mothers, their spouses/partners and their families with marketable skills.
- b. Organize parenting sessions, workshops, and support groups to help adolescent mothers, their spouses/partners and their partners develop effective parenting skills, promote positive parent-child relationships, and foster a nurturing environment.
- c. Provision of vocational training to equip adolescent mothers and their families with marketable skills.
- d. Organize parenting sessions, workshops, and support groups to help adolescent mothers and their partners develop effective parenting skills, promote positive parent-child relationships, and foster a nurturing environment.
- e. Provision of Mental Health and Psychosocial Support (MHPSS). The project shall utilize the existing WiSUPPORT platforms in the delivery of the MHPSS. The MHPSS service provider will also be included in the activities under capacity building. Further, precautions must be taken when sharing and publishing information of the client. The WiSUPPORT Project shall be implemented following the project's data impact assessment and data privacy manual; and in compliance with the implementing rules and regulations of RA 10173 or the Data Privacy Act (DPA) of 2012.
- f. Training and Workshop Activities  
The training and workshops shall be done through lectures, group discussion based on participants' needs. The amount shall observe the approved cost parameter issued by the local

implementers for training and workshop.

g. Conduct of meetings/sessions/advocacy forum

The existing prevailing rate shall be observed for provision of meals and snacks per existing issues and guidelines during the conduct of meetings/sessions.

h. Group work sessions on leadership, community engagement, maternal care and other issues based on the existing DSWD Modular Package for Women will be held in order to empower the adolescents and enable them to become advocates themselves.

i. Social media empowerment

Facebook groups where social media content and other SBCC resources will be uploaded. This Facebook page will also allow the teenagers to share useful information about ASRH, as well as tips on coping with developmental tasks and other social roles and to encourage easier communication with other peer advocates. A social media administrator from a trained LGU service provider will be assigned to manage the Facebook group and ensure that only useful content and information are uploaded and shared in the group.

## VII. GENERAL POLICIES

The project implementers at the local level shall ensure the following:

- Provide access for adolescent mothers, their spouses/partners and their families to quality healthcare services, including prenatal care, postnatal care, family planning methods, and general health services for both the mother and child;
- Provide educational opportunities and vocational training programs to help adolescent mothers, their spouses/partners continue their education or acquire skills that can lead to employment opportunities and economic empowerment;
- Conduct parenting sessions and support groups to help adolescent mothers, their spouses/partners develop parenting skills and ensure the well-being of their children;
- Establish affordable and accessible childcare services (day care center/corner) to assist adolescent mothers, their spouses/partners who want to continue their education or work;

- Implement mental health programs and counseling services to address the emotional and psychological needs of adolescent mothers, their spouses/partners and their families utilizing the modules developed;
- Provide financial assistance or social welfare interventions to ensure that adolescent mothers, their spouses/partners and their families have the resources they need to support themselves and their children after attending the healing sessions to be conducted by the trained project implementers;
- Establish legal protections to prevent discrimination, gender-based violence and ensure the rights of adolescent mothers, their spouses/partners and their families are upheld;
- Implement awareness campaigns and educational programs using their own local dialect to prevent teenage pregnancies and promote responsible sexual behavior;
- Create networks of support and community engagement opportunities to help adolescent mothers, their spouses/partners and their families build social connections and receive assistance from their communities;
- Provide case management and support services to help adolescent mothers, their spouses/partners and their families navigate available resources and services effectively;
- Conduct regular or periodic orientation in schools on the effect of teenage pregnancy;
- Advocate for local policy changes and improvements in various areas that directly impact the well-being of adolescent mothers, their spouses/partners and their families; and
- Adopt culturally sensitive approaches to reproductive health and sex education. This involves understanding and respecting local norms while also ensuring accurate, evidence-based information is provided to individuals and communities.

## **VIII. IMPLEMENTING PROCESS**

### **A. Pre-Implementation Activities**

1. Preparation of advocacy materials / tools and systems including modules, brochures, and all other approved advocacy materials.

## 2. Target Areas and Clientele Initial Engagement

- a. Orientation/meeting with target implementing partners (LGU, NGOs and other interested parties)
- b. Conduct consultation and planning sessions once the target LGUs, NGOs and other partners signified willingness to implement in any form, verbally or in writing. During consultation/planning sessions, collaborative approach shall be done with other concerned agencies such as Department of Health (DOH), CPD, Department of Education (DepEd), NGOs, community organizations, health care providers, educators and others. Moreover, during this session, risk assessment shall be done to identify any issues or concerns that may encounter throughout the ProtecTEEN project's implementation. Create mitigation plans to handle these risks ahead of time.
- c. Signing of Memorandum of Agreement (MOA)  
This shall be facilitated by the Field Office to ensure a clear formal, and legally binding framework for collaboration.
- d. Creation of the Project Implementation Team (PIT) at the regional level and Project Management Team (PMT) at the local level shall be established. The Regional Project Implementation Team shall composed of Social technology Unit (STU), Protective Services Unit (PSU), Social Marketing Unit (SMU), RITMU, Planning Unit, Regional Pantawid Pamilyang Pilipino Program and other concerned units/divisions to ensure systematic and coordinated project implementation. The PMT is composed of the following LGU focal persons in addressing adolescent pregnancy and maximizing resources and referral services.
  1. Local Social Welfare and Development Office (LSWDO) - lead focal person;
  2. Local Health Office/PopCom - alternate focal person;
  3. Gender and Development (GAD);
  4. Local Development Interior and Local Government (DILG);
  5. Department of Education (DepEd);
  6. Sangguniang Kabataan;
  7. Barangay Captain;
  8. Barangay Health Workers and Barangay Nutrition Scholars;

9. City/Municipal/Barangay Council for the Protection of Children;
  10. Social Media Office or Public Information Office of the LGU; and
  11. Civil Society Organizations (CSO's)/, Faith-Based Organizations (FBOs), Non-Government Organizations (NGOs).
- e. A capability building activity on the implementation of the ProtecTEEN project shall be conducted to be attended by the implementing partners at both regional and local level.

*Training on the Use of the Psychosocial Healing Modules for Adolescent Mothers and their Families, Gender Responsive Case Management Training, Modular Package for Women, Parenting Skills and Education, Utilization of Wireless Mental Health and Psychosocial Support to Individuals and Families Affected by Crisis Situations (WiSUPPORT)* are among the capability building activities.

- f. The PIT and PMT implementers shall conduct a thorough needs assessment of the adolescent mothers/baseline assessment in the community where the project is to be implemented.
- g. Develop an Individualized Exit Strategy Plan to ensure a smooth and successful transition for adolescent mothers and their families who will participate in the project.
- h. Create a local SBCC and advocacy plan to raise awareness about the ProtecTEEN project, engage stakeholders, and build community support.

## **B. Implementation Activities**

1. The trained PIT members shall conduct the family healing sessions using the modules developed intended for adolescent mothers, their spouses/partners, and one of the parents (either mother or father). The healing sessions can be conducted by a group of six (6) families with a total of eighteen (18) participants over the course of two (2) days. The trained service providers shall facilitate the following topics:

Topic	Topic Objectives	
	Title	Expected Output
1	Who Am I?	Recognized the rights, strengths and capacities of the adolescent mother
2	My Sexuality	Adjusted to sexually maturing bodies and feelings; Established boundaries and maintained body integrity.
3	Overcoming Stigma	Assisted adolescent mothers and their families in overcoming stigma. Recognized chances for self-reflection; comprehended and articulated more complex emotional experiences.
4	My Role Performance, Dreams and Aspirations	More complex emotional experiences were expressed; opportunities for self-reflection were sought. developed and applied new coping abilities in decision-making, problem-solving, and conflict resolution.
5	The Better Me	Reviewed the prepared deliberate strategy of the adolescent mother/father and obtained support from significant others.
6	My Support System	Developed and applied new perspective on human relationships; Identify support system and barriers to her development
7	My Journey to Reconciliation and Self Healing	Developed and applied abstract thinking skills; Formulated an action plan for herself and significant others.

2. ***Once sessions are completed by the adolescent mothers, their spouses/partners and parents,*** the project management team shall provide a Certificate of Completion to serve as the basis that they have already undergone the psychosocial healing sessions. The project management team shall conduct a case conference to identify the necessary interventions indicated in the components to be provided to the adolescent mothers, their spouses/partners and family members.



### 3. Case Management

To effectively manage the case of teenage mothers, it's important to establish a comprehensive approach that addresses their unique needs and challenges. Here's a step by step process for case management:

- a. A data gathering (intake) of each teenage mother's basic information shall be conducted by the case worker. This should include factors such as age, educational background, health status, family support, living situation, and any specific challenges they may be facing.
- b. An in-depth assessment shall be conducted to establish the immediate needs of the teenage mothers and identify clear and achievable short-term and long-term goals. These goals may include completing education, securing stable housing, obtaining employment, accessing healthcare services, and developing parenting skills.
- c. Develop an individualized case plan for each teenage mother based on their assessment and goals. This plan should outline specific action steps, timelines, and responsibilities for both the teenage mother and the case manager.
- d. Implementation of the interventions indicated in the individualized case plan. Identify and connect teenage mothers with available resources and support services in the community. This may include counseling services, educational programs, job training opportunities, child care assistance, healthcare services, and social support groups. Advocate on behalf of teenage mothers to ensure they have access to the support and resources they need to succeed. This may involve working with government agencies, educational institutions, healthcare providers, and community organizations to address systemic issues and barriers to success. Empower teenage mothers to take control of their own lives and make informed decisions about their future. Provide them with the knowledge, skills, and confidence they need to overcome challenges, achieve their goals, and become self-sufficient.
- e. Conduct regular monitoring of the progress of each teenage mother towards their goals and provide ongoing support and guidance as needed. This may involve regular check-ins, counseling sessions, referrals to additional services, and

assistance in overcoming any barriers or obstacles they encounter.

- f. Periodically evaluate the effectiveness of the case management approach and make adjustments as needed to better meet the needs of teenage mothers. Solicit feedback from teenage mothers themselves to ensure their voices are heard and their input is valued. Conduct Exit conference if the goals are met.

### **C. Post - Implementation Activities**

1. Implement a regular monitoring and review/evaluation system to assess the knowledge, attitudes and practice (KAP) relative to the implementation of the ProtecTEEN project.
2. Continuously train project management team members, volunteers, and community members on the needed skills to effectively implement the project and provide support to adolescent mothers and their families.
3. Continuously conduct public awareness campaigns to promote responsible sexual behavior and prevent teenage pregnancies. Educate the community about the ProtecTEEN project and the support available.
4. Develop a sustainability plan to ensure the long-term continuity of the project. Explore funding opportunities, public-private partnerships, and other mechanisms to support prevention of teenage pregnancy.
5. The Field Offices (FOs) must submit to the receiving Bureau a quarterly accomplishment report using the Harmonized Planning, Monitoring and Evaluation System (HPMES) Form 4, incorporating the physical accomplishments, financial accomplishments, and catch-up plans, as required by the Department of Budget and Management (DBM). Further, the project physical and financial accomplishments, overall assessments, and recommendations shall be included in the Regional Semestral Narrative Report using HPMES Form 5.

Type of Reports	Timeline	Content
Quarterly Accomplishment Reports  (to be included in the regular quarterly HPMS report)	Following the HPMS timeline	Following the HPMS template
Semestral Accomplishment Report	5th day of succeeding month of the quarter	Summary of Physical and Financial accomplishments, overall assessments, and recommendations.

**IX. INSTITUTIONAL ARRANGEMENT**

**A. Department of Social Welfare and Development (DSWD)**

**1. Social Technology Bureau (STB)**

- a. Initiate conduct of consultation meetings and program orientations with PMB for the development of a Transition Plan;
- b. Facilitate the turn-over of the ProtecTEEN project to the Program Management Bureau (PMB);
- c. Lead in the conduct of the National Training of Trainers on the implementation of the project in close coordination with PMB and concerned agencies, DSWD OBSUs and Field Offices;
- d. Act as resource person during conduct of capability building activities relative to the implementation of the project until such time that the ProtecTEEN project is fully turned-over to the PMB; and
- e. Provide technical assistance to the PMB and field offices and other stakeholders as needed.

**2. Traditional Media Service**

- a. Provide technical assistance and inputs for the development of the project communication plan, as needed; and
- b. Develop SBCC materials based on the communication plan that will be used during the project’s nationwide implementation.

**3. Digital Media Service**

Manage social media platforms for posting of advocacy contents along with prevention to adolescent pregnancy.

**4. Agency Operations Service**

Provide assistance for the conduct of project launching, MOA signing and other events or publicity activities.

**5. Program Management Bureau (PMB)**

- a. Lead the nationwide implementation of the ProtecTEEN project;
- b. Provide technical assistance on nationwide implementation;
- c. Facilitate consultation and coordination meetings on pre, implementation and post implementation activities of the interested regions;
- d. Serve as resource persons and service provider of psychosocial services through the Crisis Intervention Unit/s per DSWD Memorandum Circular No. 11 series of 2019; and
- e. Conduct regular monitoring and evaluation system of the ProtecTEEN project to track its progress, measure its impact, and improvements and modifications to enhance its effectiveness in supporting and empowering adolescent mothers and their families.

**6. Sustainable livelihood program (SLP)**

Provision of sustainable livelihood programs, either micro-enterprise or employment facilitation, shall adhere to the existing guidelines of the SLP and other relevant laws e.g. RA 9231 or the Anti-Child Labor Law. Parents' consent shall be sought for those who are availing the micro-enterprise assistance.

**7. Pantawid Pamilyang Pilipino Program (4Ps) National Program Management Office (NPMO)**

- a. Integrate ProtecTEEN modules in the conduct of Family Development Sessions and Youth development Session;
- b. Provide technical assistance on nationwide implementation particularly on the prevention of teenage pregnancy; and
- c. Attend and participate in the consultation and coordination meetings on pre, during and post implementation activities.

**8. Social Welfare Institutional Development Bureau (SWIDB)-DSWD Academy**

Provide DSWD staff partners, and stakeholders technical assistance on capacity-building and knowledge management on the implementation of this project.

**B. DSWD Field Offices**

- a. Participate in all phases of project implementation as DSWD counterpart;
- b. Establish a regional Project Implementation Team composed of Social Technology Unit (STU), Protective Services Unit (PSU), Social Marketing Unit (SMU), and other concerned units/divisions to ensure systematic and coordinated project implementation;
- c. Serve as Resource Persons and mentor to implementing partners;
- d. Submit periodic and final reports on the physical and financial accomplishments of the ProtecTEEN project;
- e. Facilitate administrative support to the project;
- f. Provide technical assistance and resource augmentation to implementing partners / stakeholders;
- g. Ensure implementation of the program at the local level;
- h. Attend consultation and related activities at the regional level;
- i. Conduct regular coordination meetings and advocacy at the regional level;
- j. Prepare and submit quarterly/year-end regional reports;
- k. Provide technical assistance for the localization of SBCC materials relative to the prevention of early pregnancy;
- l. Manage social media platforms for posting of advocacy contents along with prevention to adolescent pregnancy; and
- m. Facilitate the provision of Psychosocial Support to clients through the existing online or offline platforms in coordination with the implementing partners.

**C. Commission on Population and Development (CPD)**

- a. Mobilize relevant sections, offices, and concerned staff to work closely with the DSWD in undertaking the activities along the development and implementation of programs related to adolescent pregnancy;
- b. Mobilize its available resources to support the undertaking of the joint activities;
- c. Provide necessary technical support for the development and implementation of the ProtecTEEN as contribution to SPPAMC and Executive Order No. 141;
- d. Manage social media platforms for posting of advocacy contents along with prevention to adolescent pregnancy;
- e. Attend consultation and related activities at the national level; and
- f. Initiate development of policies, framework, action plans and other related documents along the development of SPPAMC.

**D. Local Government Units (LGUs)/ other Implementing Partners**

- a. Lead in the implementation of the ProtecTEEN Project;
- b. Develop Terms of Reference for the Project Management Team;
- c. Participate in the implementation including all offices providing programs and services related to adolescent pregnancy;
- d. Assign a focal person for the implementation of the project;

- e. Ensure active participation of involved offices core group or network in the LGU along referral services, advocacy activities and other project activities;
- f. Preparation and updating of social case studies;
- g. Facilitate the provision of Psychosocial Support to clients through the existing online or offline platforms in coordination with the DSWD Field Offices;
- h. Submit requests for support and assistance in the operation of the project;
- i. Provide additional logistical support, maintain coordination and collaboration with project implementers;
- j. Manage social media platforms for posting of advocacy contents along with prevention to adolescent pregnancy;
- k. Conduct of annual community sessions to raise awareness on the effects of teenage pregnancy;
- l. Provide technical support for the localization of SBCC materials relative to the prevention of early pregnancy;
- m. Provide DSWD Field Offices with regular feedback/status updates; and
- n. Ensure the sustainability of the project implementation.

## X. EFFECTIVITY

Once approved, this Memorandum Circular shall take effect fifteen (15) days from its publication in the Official Gazette or newspaper of general circulation. A copy of the Memorandum Circular shall also be filed with the Office of the National Register, University of the Philippines Law Center. This circular shall remain in effect until otherwise superseded, amended, or repealed accordingly.

Signed in Quezon City, Metro Manila, Philippines.

  
**REX GATCHALIAN**  
Secretary  
Date : 12 APR 2024

**Certified True Copy**  
  
**MYRNA H. REYES**  
Administrative Officer V  
Records and Archives Mgt. Division  
16 APR 2024