

CHAPTER VIII: IMPLEMENTING PROCESS

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.

