



FIRST TIME YOUNG MOTHERS

Formative
Evaluation
Report

Pilot Project
in Rubavu District,
Rwanda

December 2018





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EXECUTIVE SUMMARY

Young people in Rwanda have limited access to quality sexual and reproductive health services, information and rights. The Rwanda Demographic Health Survey (RDHS) 2014-2015 shows that a large number of young people (including those still enrolled in school) are already engaging in sexual relationships that put them at risk of contracting sexually transmitted infections (STIs), including HIV, unintended pregnancy, as well as poorer health outcomes. By age 19, one in five (20.8%) Rwandan girls are first time mothers.

Teenage pregnancy and early motherhood have far-reaching consequences, ranging from health complications, halting a girl's education, to social, cultural and economic consequences such as discrimination, stigmatization and low income earning potential, which lead to a vicious cycle of poverty. In alignment with the government priorities to prevent teenage pregnancy, Imbuto Foundation, in collaboration with UNFPA, initiated the First Time Young Mothers (FTYMs) project and has implemented it since April 2017. The project targets the most vulnerable FTYMs aged between 10 and 19 years of age, as well as their children.

This formative evaluation covered the pe-

riod April 2017 - October 2018. A total of 175 FTYMs, from seven Health Centers in Rubavu district, have benefitted from an integrated package of interventions focusing on improving maternal health, wellbeing and newborn care services, with the long-term objective of increasing access and information to sexual and reproductive health services by the FTYMs.

This project is implemented through a number of complementary activities: psycho-social support group counseling provides once a week at the closest health center (HC); 14 Parent Adolescent Communication (PAC) forums sessions to restore the relationship between FTYMs and their parents; 6 community-based outreach campaigns to increase awareness and fight social discrimination, stigma and violence; skills-based training for 166 health care providers aimed at increasing the uptake of contraceptives in post-partum and HIV testing and improved child care practices among FTYMs; and 7 groups were formed to promote income generating activities for the FTYMs.

The overall objective of this formative evaluation is to provide evidence on progress towards achieving planned results and document lessons learned, assess perceptions of beneficiaries and stakeholders, as to inform the scale up of the programme to other sectors and districts in the country.

The formative evaluation was conducted in September 2018 when a team of trained data collectors carried out focus group



discussions (FGDs) with FTYMs and family members, as well as Key Informant Interviews (KIIs) with programme stakeholders. Qualitative responses were coded and then analyzed. Quantitative data on FTYMs and healthcare providers was also collected for data triangulation.

The key findings showed that the integrated package of services, including PAC forums, outreach campaigns, psychosocial and economic reintegration, was instrumental in effectively re-integrating FTYMs back in their families and communities.

The psychosocial counselling component of the programme proved to be a main source of re-integration for teen mothers back into their families and the community. During the 19 months of implementation of the planned interventions, through psycho-social support group counseling, all 175 FTYMs were equipped with Adolescent Sexual Reproductive Health (ASRH) information and youth-friendly services, including provision of contraceptives. 81% of mothers chose to use Family Planning (FP) methods to prevent another unintended pregnancy.

Among those who did use modern contraceptive methods, implants and injectables were the most preferred (64% and 15% respectively). Moreover, psychosocial support counselling encouraged FTYMs to accept their status and allowed for the training of 166 community health workers on SRH in the target health facilities. The findings also revealed that Parent Adolescent Communication (PAC) forums helped to restore relationships between

family members, by teaching parents the importance of supporting their daughters instead of rejecting them, and encouraged positive behaviors and secured the return of FTYMs to their homes.

Moreover, following the PAC sessions, all FTYMs who were chased out of their families (25% of the total cohort) were effectively reintegrated back in their homes, following 14 PAC sessions involving 423 parents that were facilitated to re-initiate a conversation between enrolled FTYMs and their parents. Furthermore, the programme increased awareness of 5,850 community members to fight social discrimination, stigma and violence against FTYMs' issues through 6 outreach campaigns, which were successfully conducted across the 6 targeted sectors in Rubavu district. Apart from FP services, the FTYMs received access to other SRH services related to HIV voluntary testing and counseling (HTC).

All 175 adolescent mothers consented to HIV counseling and testing and 2 (1.14%) of them were found HIV positive and subsequently adhered to care and treatment at HCs.

Within the same period, the programme interventions trained 175 FTYMs on cooperative management and also formed 7 group-based Income Generating Activities (IGAs), where each group counts 25 members, with each member committing to save at least an average amount of US\$0.2 after weekly psycho-social counselling sessions. Overall, 175 FTYMs have saved a total amount of US\$7,726

in Umurenge Savings and Credit Cooperatives (Umurenge SACCOs). The median amount of savings in all groups is US\$1,146; IQR (interquartile range) [US\$950; US\$1,187].

From group-based IGAs interventions, all FTYMs were able to pay their “mutuelle” health insurance and cover other basic needs for themselves and their children. The programme thus supported a positive ripple effect across the healthcare landscape in Rubavu.

Skills training for IGAs empowered adolescents economically and encouraged them to better manage their resources. Hence, providing an integrated package, proved itself to be instrumental in effectively re-integrating the FTYMs and sup-

porting their well-being.

With regards to future scale-up, considerations should be taken to support FTYMs’ reintegration in schools and other educational programmes, strengthen existing provision of SRH information and services, increase capacity-building of peer educators among FTYMs and strengthen resources and technical skills for IGAs. To support this process, collaborating with similar institutions and government initiatives would facilitate addressing the identified needs.





INTRODUCTION

Background

The population of Rwanda was projected to reach 11.8 million by 2017 with a youthful population: 40% under age 15 and 20% between the ages of 15 and 24 in 2015. Rwanda has the opportunity to reap a demographic dividend and to attain its vision of becoming a middle-income country, as outlined in the Vision 2020 framework. In the National Strategy for Transformation (2017-2024), the government committed to enhance the demographic dividend by ensuring access to high-quality health and education for all, including job creation opportunities.

In Rwanda (DHS 2015), the total fertility rate (TFR) is 4.2 children per woman, however, the pace of change has not held steady over recent years with the last 5 years showing significant decelerations of TFR, use of modern contraception and narrowing of the met/unmet contraceptive needs gap. This slowdown is consistent with the pattern seen in other countries: once a certain level of contraceptive prevalence is reached, additional increases are more difficult to achieve.

Despite being a demographically important group, young people in Rwanda have limited access to quality sexual and reproductive health services, information

and rights. The Demographic Health Survey (DHS) 2014-2015 shows that a large number of young people (including those still in school) are in fact already engaging in sexual relationships, putting them at risk for sexually transmitted infections, including HIV, and unintended pregnancy, as well as poorer health outcomes.

On a global level, 95% of the world's births to adolescents occur in developing countries (WHO 2018). About one in five (20.8%) young women in developing countries globally become pregnant before age 18, which translates into 7.3 million births every year (UNFPA 2018). In Rwanda, the teenage pregnancy rate slightly increased from 6% in 2010 to 7.3% in 2015 (RDHS 2014-2015). One in five (20.8%) Rwandan girls are mothers or pregnant with their first child by the age of 19.

Only 34.2% of First Time Young Mothers (FTYMs) used a contraceptive method after delivery as per the FTYM project baseline assessment. Despite the government's efforts, in recent years, to expand Adolescent-friendly Sexual and Reproductive Health (ASRH) services, access to quality services, including use of family planning (FP) tailored to young people's needs, is limited - only 2% of adolescent women (15-19 years) are using modern contraceptive methods.

Teenage pregnancy and early motherhood have far-reaching consequences, ranging from health complications for the young mother and her baby, to halting a girl's education, including social cultur-

al and economic consequences, such as discrimination, stigmatization, and low income earning potential, which lead to a vicious cycle of poverty.

Most girls who become pregnant are forced to drop out of school and are more likely to become pregnant again when not given the right information and services.

FTYMs Pilot Project

Early and frequent AnteNatal Care (ANC) attendance during pregnancy is important to identify and mitigate risk factors in pregnancy and to encourage women to have a skilled attendant at childbirth. Given the risks of a fast subsequent pregnancy, it is also important that postpartum care includes modern method family planning services for those who wish to space pregnancies or prevent unwanted pregnancies. Access to a quality SRH-package of services, with appropriate support and counselling, for FTYMs will protect their health and well-being and improve the wellbeing of their newborns.

Imbuto Foundation, in collaboration with and funded by UNFPA, has implemented the FTYMs project since April 2017, targeting the most vulnerable FTYMs aged 10-19 and their children.

In total 175 FTYMs from seven Health Centres (HCs) in Rubavu district, Rwanda, are benefitting from the project to-date through a package of interventions aimed at improving maternal health,

general well-being and newborn care.

The FTYMs activities are implemented through the following integrated package of interventions:

the provision of skills-based training to health care providers for the identification of FTYMs with the objective to increase maternal health and child care practices for FTYMs including uptake of contraceptives after delivery and HIV testing; psycho-social support group counselling once a week facilitated by a trained nurse at health centers; 14 Parent-Adolescent Communication (PAC) forums sessions to restore the relationship between the FTYM and her parents; 6 community-based outreach campaigns to increase awareness and fight against social discrimination, stigma, and violence; 7 income generating activities (IGAs) groups.

Objectives

The overall objective of this formative evaluation is to provide evidence on progress towards achieving planned results and document lessons learned, assess perception of beneficiaries from the FTYM pilot programme in Rubavu district, Rwanda, and document stakeholders' involvement and views on the pilot.

This evaluation will inform the scale up of the programme to other sectors and districts in the country.

The long-term objective of the project is to increase access to and information on sexual and reproductive health services



by FTYMs, in particular:

1. Increased number of FTYMs who complete 4 ANC visits;
2. Increased uptake of contraceptives postpartum to prevent or space pregnancies among FTYMs;
3. Improved child care practices among FTYMs;
4. Improved post-natal care, breast-feeding, nutrition and immunization practices and behaviors among FTYMs.

Specific objectives are:

1. To assess progress towards the achievement of planned objectives of the interventions, as per the project document, and also assess the effectiveness of strategies used in the intervention (how was the intervention implemented, what is working well and what are the challenges?).
2. Document lessons learned and identify bottlenecks to the current FTYMs programme.
3. Assess perceptions of beneficiaries and stakeholders on the programme.
4. Provide recommendations on modifications to the programme before its scale up begins, maximizing the likelihood that the programme will succeed.

Methodology

Desk review

A desk review was carried out to analyze available data sources such as baseline study, progress reports, field monitoring visits reports and any other documents that the evaluators considered relevant.

Data collection

Two Focus Group Discussions (FGDs) were conducted with the FTYMs in each sector and three FGDs with their parents; participants were randomly selected among beneficiaries and discussions were held in 3 out of 7 sectors in Rubavu. Each FTYMs' FGD had five to twelve participants, consisting of girls who had given birth when they were within the age of 10 and 14 and those who had been within the age of 15 and 19. Cross cutting criteria for the selection of the FTYMs group are also insured inclusion of girls who were rejected from their families and those who are HIV positive. Each Parents' FGD had between five and twelve participants: parents who attended Parent Adolescent Communication sessions (PAC) were prioritized. The objective of the FGDs was to assess understanding of ASRH, attitudes and the challenges perceived as FTYMs (or parents of FTYMs) during programme implementation and in their respective communities.

The FGDs was carried out and supervised by an Imbuto Foundation staff member and a UNFPA staff with the help of 4 data enumerators. The FGDs participants were identified by the nurse focal

person per each health center or sector. The FGDs were also conducted in a youth corner room at health center ensuring privacy of conversations.

Key Informant Interviews (KIIs) were conducted with local leaders at sector and district level and nurses from each health center who are providing services targeted at adolescents.

The list of groups of participants and itinerary, people who were reached for FGDs and KIIs, FGDs and KIIs guides are appended to this document as annex I, II, III and IV.

Data analysis

The descriptive statistics were used in quantitative data analysis to provide basic programme features, using STATA v14 (STATA Corp., College Station, Texas, United States).

Microsoft Excel was utilized to visualize data for better presentation. For the qualitative part, data was collected through FGDs and KIIs, recorded in a MS Word file and thereafter coded and transferred in "Atlas Ti", a qualitative data software, for further analysis.

Assessment Criteria and Questions

Relevance

1. The main question is: Is the programme operating as planned? Are strategies chosen accurately and are they responding to the needs of beneficiaries? What are the key emerging issues?
2. To what extent is the programme still relevant and aligned to a) the needs of the beneficiaries; b) the relevant health sector priorities at national level; c) the Imbuto Foundation and UNFPA Strategic Plan (SP) priorities related to ASRH.
3. After one year of implementation how useful did participants/beneficiaries and stakeholders find the programme?
4. To what extent are the districts aware of the value of the programme and are willing to advocate for an increase in resources towards FTYMs interventions?

Effectiveness

1. To what extent implemented activities are producing expected results (who was reached/ how many so far/utilization of SRH services / access to information)?
2. What are the key challenges emerging from implementing the activities?



FINDINGS



Demographics

The FTYMs programme’s beneficiaries were between 15 and 20 years old. 75.4% of FTYMs were between 15 -19 years old and 24.6 % aged 20 years old. All 175 FTYMs/teen mothers were living in Rubavu, across 7 sectors, in the Western Province of Rwanda. The majority of (71.3%) of teen mothers lived in a rural area.

The majority of teen mothers reported primary school as their highest educational attainment. A small number of FTYMs had already attended vocational training (1%) and upper secondary school.

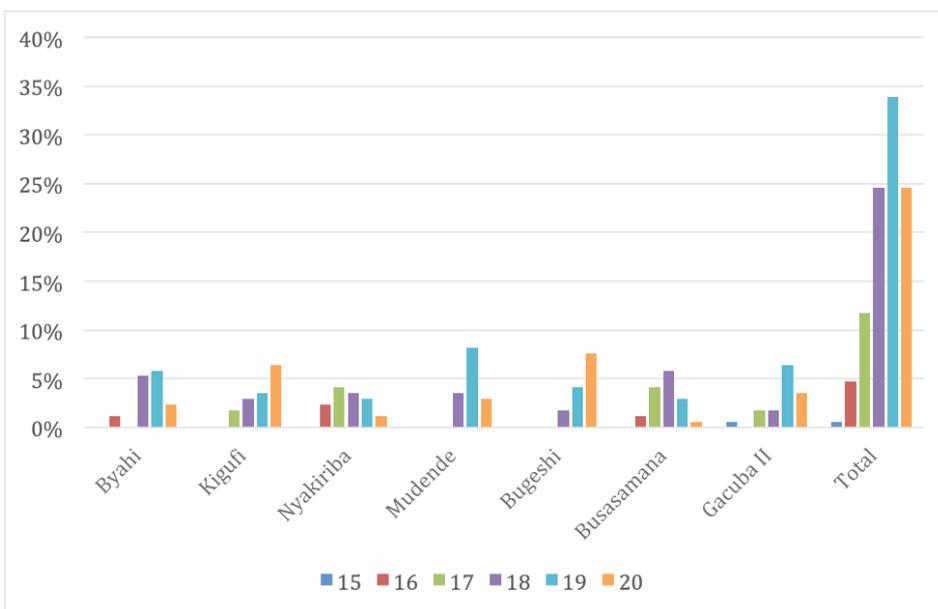


Figure 1: Distribution (%) of FTYMs ages (n=175)

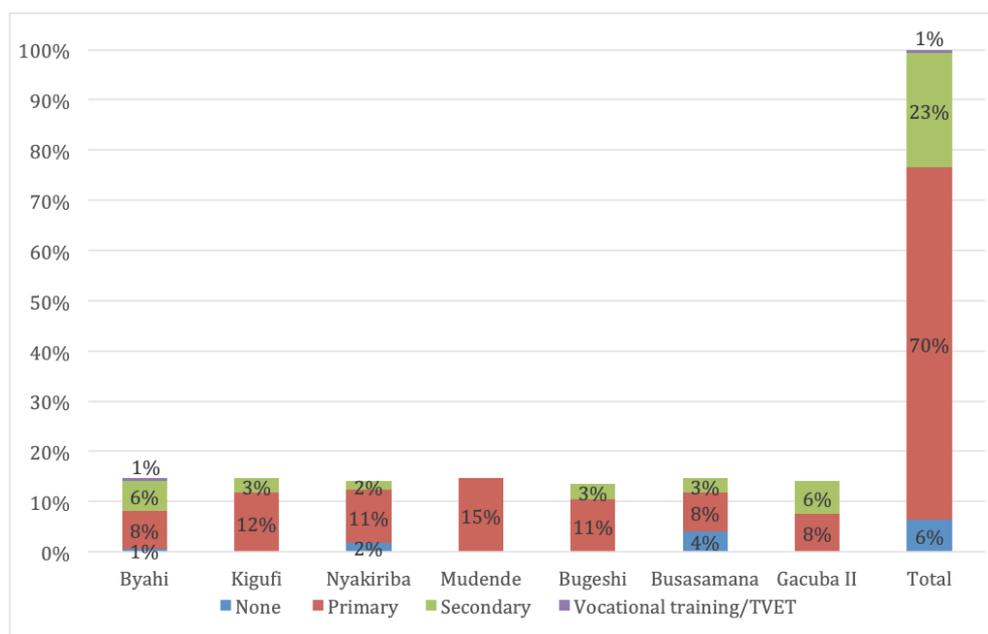


Figure 2: Distribution (%) of education level of FTYMs (n=175)

Prior to FTYMs Programme Implementation

When FTYMs were asked to reflect on their situation prior to the programme, they expressed a number of concerns.

One of the main challenges facing girls who became pregnant at a young age appeared to be linked to the conflicts within family relationships, often resulting in social isolation.

While teen mothers expressed feelings of shame and self-stigma, in most cases, parents discriminated their daughters. In Busasamana, family members rejected FTYMs because they were pregnant out of wedlock. Family relationships were reported to be deteriorating:

'I was mistreated and my mother was very rude with me (...) it was always not easy because my mother's husband was not my biological father. My step father was not happy to see my mother allowing me to return back home.' - FTYM | Nyakiliba Health Center.

Others also cited the gendered divide of such an event:

'Her father accused the mother of carelessness' - FTYM | Bugeshi Health Center.

'Men condemned women to be responsible of the unwanted pregnancies' - Parents | Kigufi Health Center.

FTYMs from Gacuba health center explained that both family members and friends were surprised to hear that girls were pregnant at such an early age - as some of them were seen to be intelligent and mature. In Busasamana sector, only



2 out of 25 FTYMs were accepted and supported by their partners to raise their children, prior to the programme.

On the other hand, the majority of young mothers conveyed the feeling of humiliation and being ignored by their parents, who refused them any form of support. Across households, FTYMs were discriminated:

'Parents stopped us to use the same dishes as the rest of the family as well as other materials /furniture' - FTYM | Mudende.

For many the pregnancy brought conflict in the family. FTYMs communicated that they often argued a lot with their families. As a result, this meant that some young pregnant girls went on their own to the health centers for ANC visits - parents did not consider accompanying them as a priority. Many girls were even chased from their homes. This resulted into them finding another place to live, often in precarious conditions.

It was also reported that even after they had given birth, parents discriminated the young mothers and children by refusing them food or even soap to shower and wash their clothes. As an indirect consequence, exclusion from the family home meant that nobody else would offer to look after the baby, preventing the mother to look for a job.

Besides psychological trauma, physical harm was also noted. One of the respondents revealed that her parents beat her so that she could abort. Out of those interviewed, three young women reported

that they thought of committing suicide. Hence why, the very real emotional experiences of teenage pregnancies are not to be taken lightly.

Parents expressed their frustration and unhappiness vis-à-vis their daughters' behavior. Parents saw their daughters as bringing shame in their communities. For instance, they would not accept the grand-children and would even go further and call them 'unwanted'.

Drawing on FGDs, social isolation due to stigma therefore appeared as a common theme - and not just within the family unit:

'No-one trusts us anymore, people discriminate us and look at us, as sex workers simply, because we gave birth out of marriage' - FTYM | Bugeshi Health Center.

'We are no more friends with our peers' - FTYM | Nyakiliba Health Center.

Teen mothers also reported neighbors advising their children to stay away from them. Name calling to girls who give birth without being married were experiences shared by young mothers. All respondents at Bugeshi Health Center had experienced sexual abuse and the fathers of their children were of different groups, including neighbors, in-laws, boyfriends, friends of an elder brother and cousins.

It was reported that after FTYMs had informed the fathers about the pregnancy, partners refused to take responsibility of taking care of the mothers and the children they were carrying. In another

location 8/10 FTYMs who participated in FGDs, had been impregnated by boyfriends - with 4/10 having been sexually abused. In Nyamyumba, one girl was impregnated by her own brother, who was married and had a family. Following the event, the family protected him from being punished by hiding evidence and did not report it to the institutions in charge.

FGDs with women from Gacuba health center, reported 3/25 girls who delivered had been impregnated through forced sexual intercourse. However, only one suspect was punished by court conviction. In some cases, sexual abuse continued even after pregnancy. Victims continued to be subjected to domestic violence also after giving birth. Moreover, high school drop-out was reported with negative consequences:

'Due to drop out, we cannot catch up, we are lagging behind and not everyone can employ us' - FTYM | Nyakiliba Health Center.

Unemployment therefore constitutes an adverse consequence to teenage pregnancies in Rubavu. Mothers expressed the idea that nobody is willing to give them a job because they have a baby. Indeed, in three FGDs it was mentioned girls are not able to do usual business in Congo commonly known as "Gucora" because they are not allowed to cross the border with their baby. Teenage pregnancy can therefore be considered a double burden both in terms of actual school dropout and limited opportunities to pursue education but also very real restricted economic opportunities. Linked to this,

few teen mothers also faced challenges in obtaining health insurance because do not have their own *ubudehe* category to pay health insurance themselves. Since the new health insurance policy in Rwanda stipulates that all household members should pay health insurance together at once before the end of the year.

Often therefore, since FTYMs cannot afford the insurance cost and many families have a low understanding of the importance of health insurance, they delay getting such health insurance. Additionally, and prior to the FTYMs programme implemented by Imbutu Foundation, girls did not receive any ASRH information.

Most of them did not know anything about sexual reproductive health and how to prevent pregnancy. In Nyamyumba, although few of girls heard about ASRH services, including condom use, they never used any services and had sex without contraception.

During pregnancy some FTYMs had been provided with some support. Girls reported they received antenatal care sessions at the health centre, including information on the importance of attending 4 standards ANC visits. Nevertheless, some girls only found out they were pregnant at a late stage, at 2 or even 5 months, which caused delays in attending ANC check-ups.

Young mothers valued the supported by community health workers (CHWs) who orientated them for ANC sessions, visited them regularly at home, reminded them



of their next appointments and encouraged them to use contraceptive methods in order to avoid further unplanned pregnancies.

While CHWs from Mudende helped FTYMs get certificates from village leaders to approve that they are single mothers without any partners living with them, in order to be received at health facilities for services, not all FTYMs interviewed appreciated this services to the same extent. Some administrative barriers did appear.

For example, one teen mother reported she was asked to wait for other people to be served before her simply because she had come for the ANC session without a male partner. At cell level, another young woman was requested to pay RWF 1,000 (US \$1.13) to get a certificate showing that she was not married. In fact, FTYMs from Nyamyumba before giving birth had to rent other men (RWF 2,000 a day) to escort them at the health center for ANC visits. Administrative barriers therefore appeared to be a source of shame: tackling them alongside advocacy towards the local government can both serve to reduce shame and increase access to services for young mothers.

Following the birth of the baby, family planning methods are legally to be provided free of charge. Women were therefore given choice of contraceptive methods should they want it. Those in Nyamyumba explained that 1st category of ubudehe get food supplements such as Shisha Kibondo for their children who

suffer from malnutrition.

Shisha Kibondo is a highly nutritious porridge for pregnant or breastfeeding women and her children aged under 2 years old for excellent health, during the first 1000 days of a child.

The Government of Rwanda through the Ministry of Health is providing Shisha Kibondo to the poor pregnant or breastfeeding women and children who often have limited access to nutritious foods, especially for those families who are classified in 1st ubudehe category.

On another note, 4/10 teenage mothers from Byahi Health Center would appreciate if parents would send them back to school. They also wish for their entire families to show them love once again and to help advocate for the acceptance of the baby in the father's family. Finally, they would appreciate if neighbors could avoid addressing them with rude words.



Causes of Teenage Pregnancy in Rubavu

According to Gorette Nyiranzitubundi, nurse at Bugeshi health centre, the causes of teenage pregnancy in her community are multi-layered:

'Poverty, lack of effective communication between the young adolescents and their parents, peer pressure, parents who do not take time to listen to their children, lack of information on ASRH are the main causes of early pregnancies'.

Among other factors, the lack of financial resources was reiterated by Executive Secretary of Nyamyumba Sector in Rubavu district, Mr Elisaphan. He underlined the poverty obstacles present in

families where parents are busy looking for money and do not have time to take care of children.

Linked to this Mr Elisaphan stated that: 'Children start business at an early age and most of them are not interested in studies; in addition, they have siblings or families in Congo where even at 16 years old they are married, which influences them in early pregnancies.'

While Mr. Elisaphan did not have exact figures, he stated that overall there is a high percentage of pregnancies among very young women in Nyamyumba sector.

In Gisenyi, Jannet Mukabahizi nurse from Gacuba II health centre underscored that:



'The main causes of being pregnant are lack of information on youth friendly ASRH services, and carelessness of parents to follow up with their children. So the main factor of teenage pregnancies is associated to the challenge related to ASRH issues including lack of right information'.

Similarly, the Affaire Sociale (ASOC,) also from Gisenyi sector, mentioned that sex work is very high in this sector located in Rubavu town and many female sex workers are adolescents under 18.

There are many teenage pregnancies among adolescents in this sector, although the updated and accurate number of those teenage pregnancies are unknown. It was stated that:

'The main factors associated to teenage pregnancies are looking for money due to poverty in families, orphanage and lack of follow up of parents to their children as well' - thus, underlining again the need for a multi-dimensional approach to tackle the issue.

Moreover, the person in charge of gender in Rubavu district presented their version of driving factors of adolescent pregnancies in Rubavu district. These included:

'The geographic situation of Rubavu district which is a place of tourism, a high movement from different countries, especially Rwanda to RDC and vice-versa due to the borders and Lake Kivu which attracts different people including adolescent for different businesses, fishing and tourism.'

The issue of poverty was extremely rel-

evant in Rubavu, as were issues related to conflicts in the families, lack of knowledge on youth-friendly ASRH right information and services, especially for those who are not in schools.

Lastly, non-use of condoms and other contraceptive methods during sexual relationship were communicated as barriers to tackling teenage pregnancy.



Positive Experiences

Improved Access to Health and Social Services

During the one-year programme interventions, 166 (99.4%) out of 167 community health workers were trained to identify, refer and provide care for the FTYMs in their respective communities.



Figure 3: Skills based training of healthcare providers increased maternal health and child care practices for FTYMs

32 health care providers were trained to increase uptake of contraceptives postpartum and HIV testing among FTYMs and to improve child care practices.

Seven health centers offered health care services to FTYMs. In total 175 FTYMs benefited from psycho-social support through group counselling sessions held at health centers and were equipped with SRH information and HIV testing information. Additionally, all 175 FTYMs consented to HIV counseling and testing. All HIV positive FTYMs adhered to HIV positive care and treatment at their health center.

Thanks to SRH information and services received, 81% of FTYMs chose to use contraceptives/family planning methods to prevent another unintended pregnancy. Implants and injectables were the most preferred (64% and 15% respectively) among the modern contraceptive methods used.

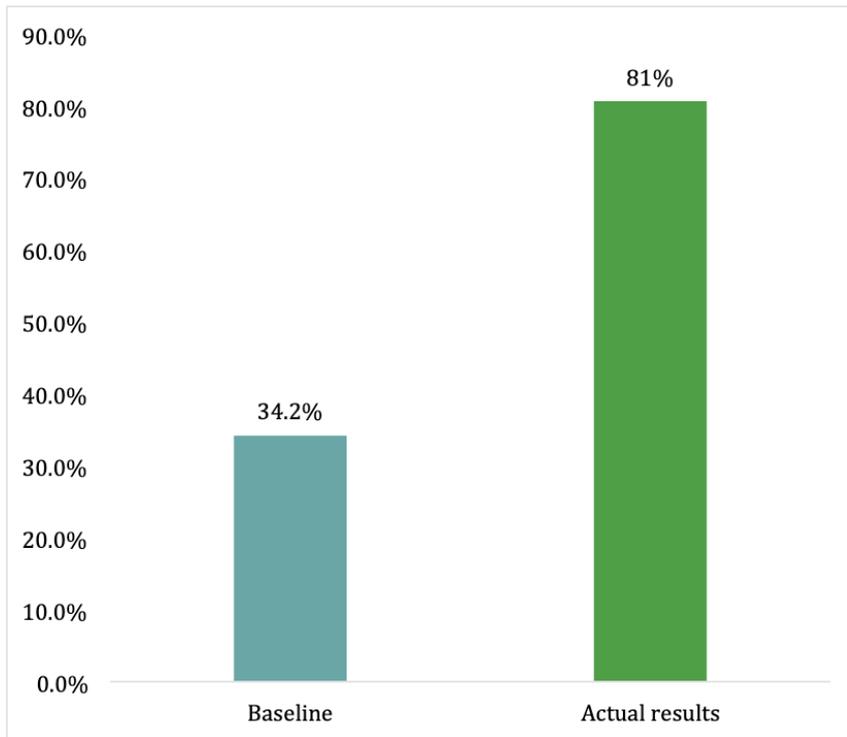


Figure 4: Psycho-social support counselling increased Family Planning use among FTYMs (n=175)

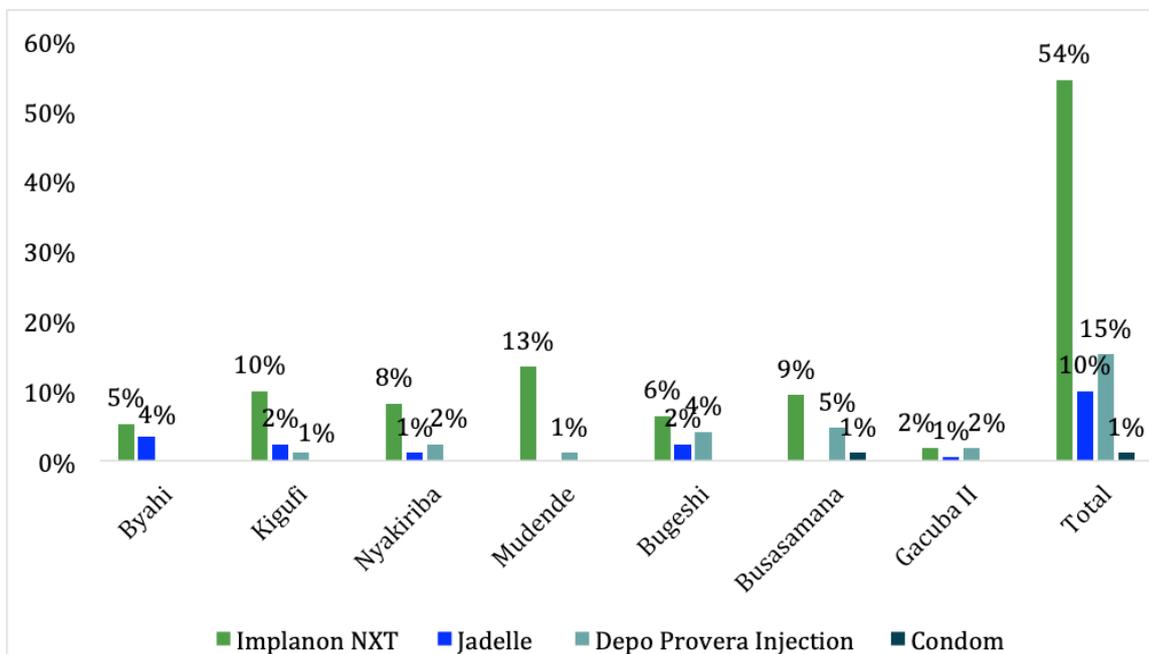


Figure 5: Type of Family Planning methods used by FTYMs (n=175)

One of the major outcomes observed from the psychological support provided was that teen mothers' mindsets changed and they regained hope for their future.

Following the FTYMs programme, teenage mothers communicated that they now value life and even have hope of getting married. In fact, in Bugeshi, so far, 3 have gotten married and attribute this partly also to their changed behavior and attitude.

In particular, the FTYMs programme has shown to significantly change the behavior of mothers benefiting from the project. For instance, Nyirangizwenimana Consolee, nurse at Busasamana Health Centre, draws on the fact that FTYMs show greater awareness over their choices and choice of partners. Counselling was reported to be especially valuable to FTYMs.

'Now we not only plan our own future but also that of our babies' – FTYM | Bugeshi Health Centre.

'Through counseling we were taught that life goes on after what happened to us' - FTYM | Nyakiliba health centre.

In particular, self-stigma was also cited as being very much reduced, whilst feelings of self-confidence and self-esteem were strengthened. In addition, FTYMs felt at peace by knowing they were not the only ones going through this situation.

Women from Nyakiliba Health Center also mentioned they began to join former friends who did not get pregnant: the reintegration of FTYMs back into their previous social circles testifies to the success of the programme.

Further observations point to the successful social reintegration of FTYMs. In fact, according to parents from Mudende sector:

'Girls are now participating and contributing to national services such as 'umuganda' and a village roundtable programme transforming communities'.

FTYMs from Gacuba also benefited from the shisha Kibondo programme provided by MoH under health Centers for vulnerable people.



Parent-Adolescent Communication (PAC)

As part of the programme implemented by Imbuto Foundation, PAC forums succeeded in helping parents accept teen mothers back in their own families. After 2 PAC sessions across the 7 sectors, the number of parents participated in the sessions increased from 202 at PAC 1st Session to 260 at PAC 2nd Session, educating them on the importance of parent – child conversation.

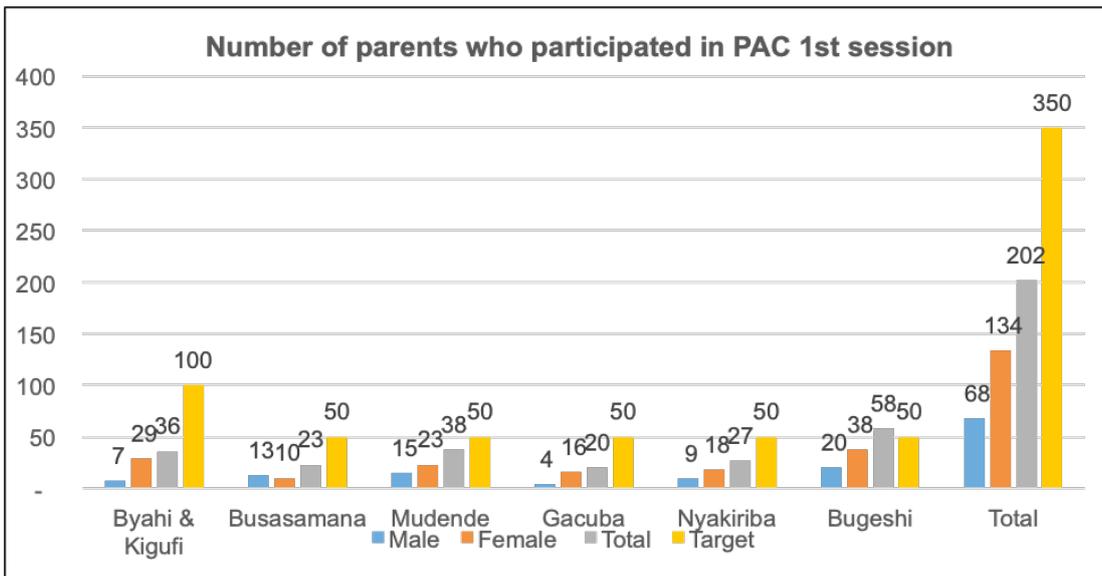


Figure 6: PAC sessions restored the relationship between FTYMs and their parents.

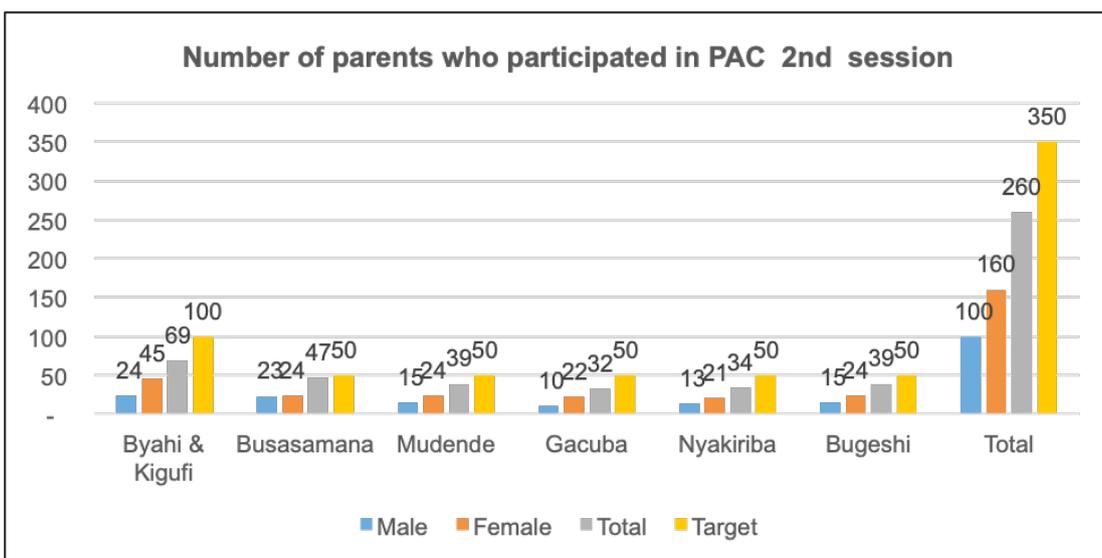


Figure 7: PAC sessions restored the relationship between FTYMs and their parents.

The programme reached 5,850 community members on FTYMs' issues through 6 outreach campaigns, which were successfully conducted across 6 targeted sectors. Specifically, the PAC and community-based outreach campaign increased awareness to fight against social discrimination, stigma and violence for FTYMs.

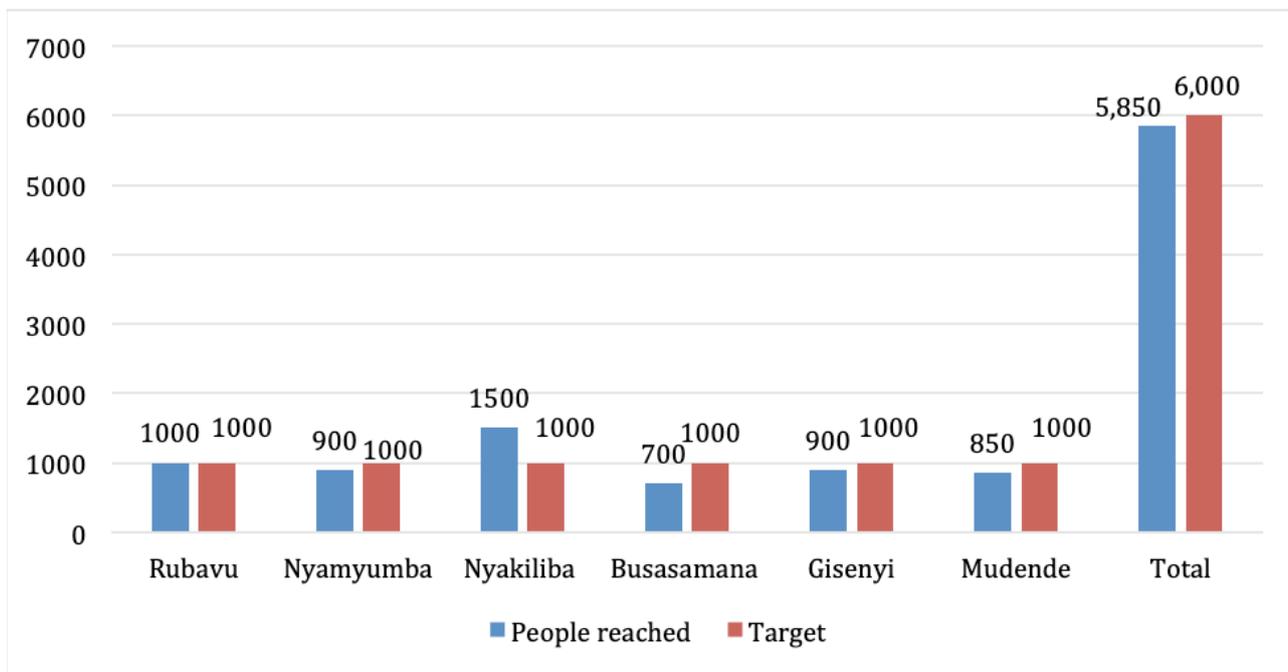


Figure 8: Outreach campaigns increased awareness among community members.

In fact, 44 (25%) out of 175 FTYMs, who were rejected and discriminated by their families, were allowed to return back home after 14 PAC sessions involving 423 parents.

Of all FTYMs who were chased out of their homes (25% of the total cohort)



Figure 9: PAC sessions influenced FTYMs reintegration in their homes.



'FTYM programme improved communication between us and our parents in the way that self-confidence increased, taught us how to take care of babies and to show everyone that we have really changed after what happened to us' - FTYM | Bugeshi Health Center.

Parents' behaviors towards their daughters changed and every focus group highlighted that parent-daughter communication had been re-initiated.

'As parents we know that what happened is normal and we have to support our children with having parents-child dialogue on ASRH in families' - Parents | Mudende Sector.

It was noted that some daughters now have good communication with their parents. It was found that FTYMs now respect their parents. Importantly, while teenage mothers listened to their parents' advice, some now felt confident to express their point of view when allowed to do so.

In addition, communication with parents allowed for further positive consequences. Firstly, it was also noted that while many mothers dropped out of school, restoring family communication through PAC forums helped achieve support for parents to encourage their daughters back to school.

It was also reported that parents re-integrated their daughters into the family and provided them with food: *'They even stay with our babies while we cross the border for small businesses'* - FTYM | Byahi Health Center.

Parents in Nyakiliba echoed this positive impact. Here, because relationships improved, members of the family helped each other with domestic chores including taking care of the baby and young mother. Importantly, in three FGDs with parents it was noted that newborns were now considered as grand-children, highlighting a crucial transition in behavior change. Additionally, it was highlighted that grand-children have since been registered at the sector, which did not necessarily occur previously.

Parents also clearly expressed the value of re-integration:

'Girls are no longer a vagabond or wandering about aimless and now help their parents in different household's activities for development' - Parents | Mudende Sector.

In essence, *'mutual understanding, integration and love in the family have been reinitiated'* for the majority of mothers - FTYM | Bugeshi Health Center.

Overall, many interlinked positive outcomes were observed. By comparison, FTYMs who are not enrolled in this programme *'do not know how to take good care of themselves, they still have self-stigma and do not know how to treat babies, they are still experiencing violence from parents, family and neighbors and they do not have information on child rights (being legally registered and benefit from health insurance)'* - FTYM | Byahi Health Center.

PAC forum sessions can therefore be understood as viable avenues to restore a stable and happy relationship between daughters and their parents, who, following the programme, consider the teenage mothers alike other siblings in their family.

Economic empowerment

From an economic perspective, two main beneficial outcomes were drawn for the FGDs. Firstly, from IGAs interventions, FTYMs are able to buy health insurance for themselves and their children. FTYMs are also advocating to have their own ubudehe Category so that they can pay health insurance for themselves and their children, instead of paying health insurance on their parents ubudehe category.

Only a small number of participants are still waiting for the Rwanda Social Security Board (RSSB) process, which is in the final stage. Nevertheless, in Nyamyumba, FTYMs reported that it is still a challenge for rejected teenagers since whole households often pay the insurance.

Equally, after understanding the importance of health insurance, their newborns have now also been covered by the Rwandan Mutelle de Sante.

Secondly, it is clear the skills and resources provided throughout the FTYMs program itself created a ripple effect concerning income-generation for young families. In partnership with OAFLA (Organisation of African First Ladies against HIV/AIDS), the programme interventions also trained 175 FTYMs on cooperative management and formed 7 group-based IGAs. 25 members constituted each group, with each member committing to save a weekly average of at least US\$ 0.2, drawn from contributions received during psychosocial counseling session.

Overall, all 175 FTYMs managed to save a total amount of US\$ 7,726 in the Umurenge Savings and Credit Cooperatives (Umurenge SACCOs); more precisely, the median amount of FTYM's savings in the 7 IGAs is US\$1,146 [US\$950; US\$1,187].

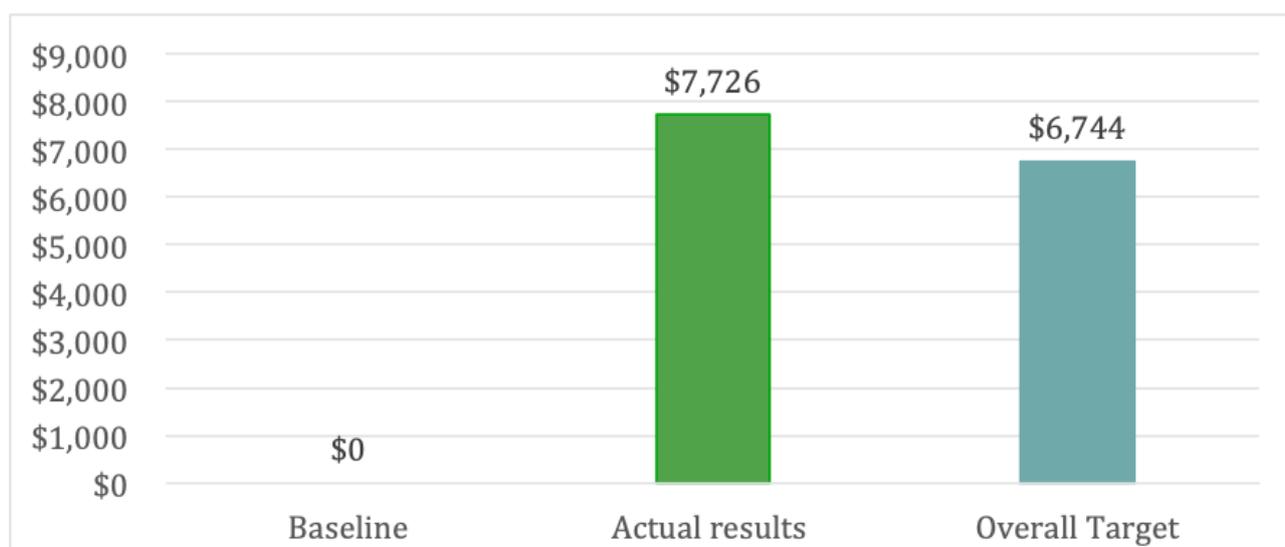


Figure 9: IGAs groups were effective in FTYMs socio-economic reintegration.

Teen mothers from Nyakiliba health center reported learning to create IGAs, such as growing potatoes and beans. Other girls started to rear livestock, such as sheep, chickens and rabbits for their development. Additionally, FTYMs from Byahi health center communicated that the amount received from the IGAs fund was used for different initiatives such as small businesses, including selling tomatoes, beans, clothes and sambaza.

In Bugeshi, FTYMs were supported for similar activities, including raising sheep and selling beans, sugar cane and sweet potatoes.

It was reported from parents in Mudende sector that thanks to the FTYMs programme, their daughters now have a culture of saving and they now know how to manage household assets. Supporting this finding across Rubavu, FTYMs from Gacuba health center committed to save at least RWF 200 (US \$0.23) on a weekly basis. Overall, over RWF 800,000 has now been saved in their bank accounts following the project implemented by Imbuto Foundation.

A similar scenario appeared in Busasamana: FTYMs learned to sew, knit and make liquid soap. They received certificate awards and the first products produced by teen mothers groups were sold to the markets and are now saving over RWF 700,000.

In addition, it was cited that the transport fees provided when FTYMs attended Imbuto Foundation sessions was actually used to address basic needs such as buying soap to wash clothes. As a result, and compared to those who did not benefit from the FTYMs programme, participating teenage mothers now take better care of themselves. As a result, their self-confidence has increased.



Lessons Learnt from Participants

Following the FTYMs programme, it was recommended that parents of teenage mothers:

'Be patient with them and understand that it was a mistake to have an unplanned pregnancy, help them go back to school and avoid the rude words they were using to identify them' - FTYM | Nyakiliba Health.

Equally, parents understood that they should be ready to support their daughters, instead of chasing them from their homes. Respondents also expressed that girls should communicate the pregnancy on time, instead of hiding it. It was also recommended by and to other parents who have teenage daughters that they should accept their status and not reject or discriminate against their daughters who have children out of wedlock.

Further thoughts from FTYMs included:

'Teenagers (boys and girls) should avoid peer pressure, avoid coming home late in the evening and listen to advice received from parents'.

Building on this, similar views were expressed by a Bugeshi FTYM:

'Girls should always seek permission from parents when they go somewhere and avoid coming home late...and to the girls who have not yet given birth, they should learn to say NO when they do not agree with others' points of view'.

In fact, examples of actually executing the advice was also reported by parents:

'Girls used to come home late, they are now behaving well' - Parents | Kigufi Health Center.



'Young adolescents should respect themselves (bakirinda ababashuka), value parents' advice, avoid drugs (urumogi, inzoga) and respect their parents. Young girls should wear decent clothes (...) and learn to appreciate and accept what parents can afford (bakirinda irari)' - FTYM | Byahi Health Center.

'Adolescents should also have a clear vision and culture of study without dropping out of school. The negative outcomes that happened to girls who were pregnant should be a lesson learned for all adolescents to prevent unplanned pregnancies' - FTYM | Mudende.

In addition to information on different contraceptive methods, another cross cutting theme touched upon increased nutritional awareness, as young mothers learnt to prepare balanced diets for themselves and their children.

Finally, many teenage mothers from across FGDs and parents reported the importance of practicing abstinence:

'FTYMs should have also human centered values and choose abstinence to prevent other unintended pregnancies and wait until they find a right partner' - Parents | Mudende Sector.

As highlighted by the officer in charge of Gender for Rubavu District, so far, apart from the programme run by Imbuto Foundation and UNFPA, there is no other specific programme supporting teen mothers in the district. Both Goretti Nyiranzitubundi, nurse at Bugeshi Health Center, and all participating FTYMs suggested that Imbuto Foundation consider expanding the programme for a new cohort to ensure that peer teenage mothers could also benefit from the sessions. In particular, FTYMs at Nyakiliba Health Center expressed the importance for those who are experiencing strong self-stigma.

In terms of economic empowerment, a number of issues appeared. Generally speaking, Nurse Goretti highlighted key challenges related to poverty in Bugeshi-

'There are funds available not being brought back together to finance one IGA for the girls, there is lack of enough skills on IGA management, lack of enough funds to finance all the projects they are thinking about'.

While FTYMs from Gacuba expressed the need to add further entrepreneurship skills to the sessions, other mothers wish they could be given further support to actually practice what they had learnt from sessions in training and vocational skills. While the sessions provided by the programme allowed them to develop practical skills, according to certain FGDs one of the limitations included the lack of materials to start their own businesses, such as sewing machines or equipment for hair salons. In addition, FTYMs from Nyakiliba Health Centre, as well as parents from Mudende Sector, mentioned that they would appreciate having one IGA to which all members of the group could contribute to.

Mothers from Bugeshi Health Center echoed similar concerns. They pointed out that further content should be added to the programme including assisting them to create co-operatives, allowing them to use the balance on their accounts, scale up the projects and advocacy so that those who do not yet have health insurance are able to receive it.

Interestingly, Nyirangizwenimana Consolee from Busasamana Health Centre explained the commitment they have to support FTYMs more holistically:

'Many nurses want to be fully involved in the management of FTYMs savings so that they can orient FTYMs group in entrepreneurship and income generating activities.'

In this vein, Goretti Nyiranzitubundi took initiative to contact the person in charge of a cooperative at sector level with the objective of linking FTYMs and the Business Development Fund (BDF) for further financial inclusion to ultimately benefit the cooperatives. She stated she would encourage all teen mothers to join the saving scheme.

On another point, additional support for advocacy was expressed by FTYMs:

'We would also appreciate advocacy for all babies to be legally registered (...asking that...) the country to help in tracking fathers of these babies who disappeared or hiding and be involved in raising these babies' - FTYM | Nyakiliba Health Centre.

Moreover, within the wider community, FTYMs expressed that they would appreciate local leaders to support advocacy to help avoid the use of rude words towards them by community members.

Furthermore, teen mothers also request their own ubudehe category so that they can pay health insurance themselves instead of paying health insurance on their parents' ubudehe category, since it can take a long time to collect all family contributions. In this regard, local authorities should also:

'Help FTYMs to have their own ubudehe category in order to avoid a delay of having health insurance for themselves and their children' - FTYM | Busasamana sector.

Similarly, FTYMs from Byahi and Nyamyumba, expressed the need of support from local leaders for non-discriminatory service delivery. Their hope is to simply be treated like other citizens - not having to be asked for marriage certificates or related documents, to be treated with respect, as equals: this appeared to be a cross-cutting theme for all FTYMs before the programme interventions.

It was also highlighted that they would like support to resume school and this point is worthy of serious consideration given the girls limited future opportunities. In fact, given that many teen mothers are no longer able to go to school, FTYMs from Gacuba health centre,



for example, requested support for reading and writing skills in order to be able to keep learning for their future. Supporting re-entry into school is thus very important for many FTYMs.

Further, gaps in the integrated package include facilitating access to justice in terms of bringing perpetrators to books and children registration.

With regards to social problems, some challenges still remain. While parental relations were reported to have improved overall, some girls continue experiencing trauma caused by early pregnancy. Thus, the need for continued and specific psychosocial support was highlighted by Nurse Goretti from Bugeshi Health Center. On the other hand, Nurse Goretti also highlighted that the sensitization of parents should be on continuous follow up of their children, instead of thinking it as merely the nurse focal point's responsibility.

In Nyamyumba, FTYMs mentioned further challenges ahead given the nurse had relocated to another working place, making it more difficult for her to take care of them. Staffing issues related to trust and support services are also therefore important in the eyes of young mothers.

Between all FGDs it was agreed that the best way to prevent more early pregnancies among adolescents is to continue sensitizing youth about ASRH issues at young age. According to the Executive Secretary of Nyamyumba Sector from Rubavu, Mr Elisaphan, while there are no specific programmes preventing early pregnancies, some youth-based organisations do, from time to time, discuss issues on ASRH.

Programmes also include The Rwandan Organization of Professional Counselors ARCT-Ruhuka- a national nonprofit making organization supporting survivors of psychological trauma, through integrated and holistic services for prevention, care, and healing to facilitate recovery for sustainable unity and reconciliation, peace and development, as well as ALERT which deals with trauma from GBV.

With sensitization in mind, Mr. Elisaphan reported that youth are not currently involved in the planning, implementation and monitoring of ASRH activities. Having observed the results of the FTYMs programme, so far, Mr. Elisaphan is thinking of allowing youth to be part of teams: an extremely positive unexpected outcome for the project itself.

Similarly, the officer in charge of gender in Rubavu district expressed the need to train youth peer educators to increase knowledge on SRH among youth.

'There is a need to put in place a programme or channel of providing information related to teen pregnancies and any gender based violence cases on time. There is also a need of training champions to support and share with their peer's life experiences'- officer in charge of Gender | Rubavu district.

In fact, it was stressed that the district wishes to be involved and participate in new projects, which target people in the district itself, and that all information should be shared among all partners.

Using Community Health Workers and friends of the family “Inshuti z’umuryango” could be one way of tackling issues such as human trafficking. By sharing information between health centres and sectors local authorities, follow-up could be strengthened.

In terms of future capacity-building, there is strong relevance of getting FTYMs, and further cohorts as well as their parents, to be trained as peer educators themselves.

Finally, sustainability appeared as an important topic for future implementation from all KIIs. Mr Elisaphan mentioned that such programmes should properly hand over the project at the phasing out stage for local authorities to take the lead on. There is a need to ensure the programme appoints someone for follow-up.

Equally, advocacy for the local authorities to be involved and own projects is important. Similar concerns were echoed by the Affaire Sociale in Gisenyi sector, in Rubavu district:

‘When the programmes are phased out the interventions stopped due to short-term of interventions and lack of funds (...) for instance, for vulnerable youth in this sector to continue their education (...). The programmes targeting young people could be improved if the district and sectors set a specific budget with sufficient funds for implementing these programmes’.

Partners working on this thematic should be traced to allow for synergies to be created. In the same vein, it is also important to create mechanisms which can share feedback in order for organizations not to work in silos.

When asked about existing programmes, it was mentioned that:

‘There are programmes like anti-GBV clubs are doing mobilization to combat and prevent gender based violence but they are not functioning well and need to be reinforced in terms of financial support so that they can reach out to target people and prevent effectively violence in sectors. Children should be taught about their rights and how to report the case immediately once it happens’ - Affaire Sociale, Gisenyi Sector, Rubavu.

Overall, teenage mothers expressed sincere gratitude towards the programme:

“We strongly thank those who brought FTYMs project and partners for helping us rise from being desperate to self-confident girls we are today” - FTYM | Bugeshi Health Center.

In terms of suggestions, an emphasis was placed on supporting women financially but also with legal, administrative barriers and further psychological support.



Conclusions

Access to Social and Health Services

The psychosocial aspects of the programme, which included availability of counseling, proved to be a major source of strength for FTYMs, both on a personal level and in terms of re-integrating them into the community. Young mothers expressed feelings of hope, having built up self-esteem following the intervention. Many features identified throughout interviews testify that going through the programme with other women in similar situations, encouraged a sense of solidarity, which in turn helped them to gain strength from the experience.

Overall, outreach campaigns encouraged FTYMs to accept their status. Girls now respect themselves, avoid peer pressure, value parental advice and lead healthy lifestyles including hygiene, food, clothes and health insurance for themselves and their children. They also received different contraceptive methods or practice abstinence to prevent further unintended pregnancies. The preferred methods of FP methods were implants and injectables (64% and 15% respectively). PAC sessions influenced FTYMs reintegration in their homes.

Of all FTYMs who were chased out of their homes (25% of the total cohort) were effec-

tively reintegrated back in their homes after second PAC sessions conducted in seven sectors, that were introduced to initiate a conversation between enrolled FTYMs and their parents. Equally, parents better understood the importance of supporting their daughters instead of rejecting them. In addition to all women being voluntarily tested for HIV, 166 community health workers were trained on SRH, likely creating a positive ripple effect across the healthcare landscape for SRH in Rubavu.

Economic Empowerment

Overall technical knowledge for starting IGAs were highly appreciated by FTYMs. Skills training also fostered a culture of saving and managing assets. Smaller items which covered more basic needs such as soap equally benefited FTYMs.

PAC Forums

PAC forums encouraged positive behaviors on multiple levels. Firstly, such sessions helped reduce stigma from parents towards their daughters and also among the FTYMs themselves. As a result, all teen mothers were allowed to return home; relationships within the family improved and many FTYMs' parents now consider the newborns as their grand-children. Outreach campaigns helped restore communication within families and ensure mutual respect. As a result, some families supported their daughters to go back to school or supported them by looking after the new babies to allow them to pursue independent financial activities.

Programme Implications

Providing an integrated package, including PAC forums, outreach campaigns, psychosocial and economic reintegration, was instrumental in effectively re-integrating FTYMs in their families and communities.

ASRH, a major challenge among adolescents, requires innovative approaches to ensure adolescents are reached and provided the right information and friendly services early, if they are to make informed decisions and avoid negative outcomes. This also includes removing legal barriers, such as parental consent for adolescent girls below adult age, for them to access ASRH services.

Counseling sessions and the provision ASRH information are a key influencer in the adoption of FP methods, as the majority of our beneficiaries used FP methods of their choice participating in counseling sessions and receiving the relevant information. PAC sessions and outreach campaigns are also positive factor in address discrimination, stigmatization and violence against FTYMs in families and community.



The experiences of the pilot programme implementation can be scaled up in the whole District of Rubavu and others Districts using the linkage to existing programmes in the same settings for its sustainability. Clustering with similar identities ensures an easier entry point to targeted populations and address the real needs.

Partnership and collaboration (in the District) are essential for effective programming to FTYMs in order to address negative outcomes due to social, health, economic and education problems, including malnutrition, poverty and long-term negative developmental outcomes that can be perpetuated if they are not effectively responded to.

Causes of pregnancies

According to key players in Rubavu district, causes of teenage pregnancies are multiple and overlapping, but remain deeply rooted in poverty. Limited economic opportunities often lead to a number of further challenges, including prostitution and early marriage. Economic pressures also mean that school drop-out is not uncommon to support family businesses early on. At household level, lack of communication and follow-up by family members were also cited as contributing factors. Finally, lack of relevant and informed SRH information was also cited as a main factor for teenage pregnancy in the area. With this in mind and together with the lessons learnt the following recommendations can be drawn up.

Challenges

The challenges found during the project implementations, are the following:

- Not all parents attended PAC sessions;
- Parents are not comfortable to discuss ASRH issues with their children. Those who are comfortable to discuss ASRH issues, do not know how to package relevant information for different age group;
- Limited funds for FTYMs programme to expand to other teenage mothers.

Recommendations

Access to Social and Health Services

FTYMs should be supported to go back to school as many of them are interested in completing their studies.

Given the magnitude of trauma (including sexual abuse) experienced by some girls, it is strongly recommended that counseling be accessible over a longer period of time. Training peer educators or SRH champions to share experiences on teenage pregnancies was also highlighted as a potential way of channeling important SRH information to youth.

The main request from interviewees, FTYMs, nurses' focal person at health center, sectors and district representatives, given the high number of teenage pregnancies in the district, was to expand the programme to other young mothers. Continuing to strengthen health centers' capacity, especially to provide youth-friendly services, is thus also of utmost importance.

Economic Empowerment

While knowledge on how to start IGAs proved to be extremely useful to mitigate consequences of teenage pregnancies, funding often lacked to actually purchase necessary equipment to set up small businesses. Specific resources need to be set aside in future budgeting to address this issue.

Sustainability of the Programme

In terms of the sustainability of the program itself, there is a need to review the commitment of funds for scale-up to other districts. To support this process, the FTYMs should be linked to other government initiatives such as the Business Development Fund (BDF) and Vision Umurenge Program (VUP) in order to enhance their economic well being. More comprehensive involvement of district government at every stage of the programme, both for planning and implementation, is an important next step.

Overall, the determination of all stakeholders to the FTYMs project proved overwhelming. Commitment from nurses at health centers to go beyond their routine jobs and the gratitude expressed by young mothers themselves, as well as their motivation for the programme to expand to other teenage mothers, should provide impetus for the future of the FTYM programme across Rwanda.



Annex

Annex A. FTYMs Programme Performance Summary

FTYMs Programme End-line Achievements vs Baseline

Implementing District: **Rubavu**

Current programme period: **April 2017-October 2018 (19 months)**

Annex B. FTYMs Programme - Outputs Achievements

Output 1. Improved access to health and social services by FTYMs

Indicators	Baseline	Target	End-line data	% Achieved
Number of health providers (nurses) who trained to deliver quality SRH services to FTYMs	0	32	32	100%
Number of community health workers trained to identify, refer and provide care for the FTYMs	0	167	166	99.4%
Number of health centers provide health care services to FTYMs	0	7	7	100%
Number of FTYMs who received psycho-social support counselling sessions once a week at Health Center	0	175	175	100%
Number of FTYMs who received SRH services and information including HIV test	0	175	175	100%
Percent of FTYM use modern contraceptive methods after delivery	34%	81%	74%	109%

Output 2. Improved understanding in the community of the needs of FTYM and their children

Indicators	Baseline	Target	End-line data	% Achieved
Number of Parent Adolescent Communication forums conducted	0	14	14	100%
Number of parents who participated in the 1 st Parent Adolescent Communication sessions across 7 sectors in Rubavu district	0	350	202 (M=68, F=134)	57.7%
Number of parents who participated in the 2 nd Parent Adolescent Communication sessions across 7 sectors in Rubavu district.	0	350	260 (M=100, F=160)	74.3%

Number of outreach campaigns conducted at sector level	0	6	6	100
Number of community members who participated in community based outreach campaigns conducted	0	6000	5850	98%
Proportion of FTYMs rejected and discriminated by their families	25% (n=44)	0%	0%	100%
Output 3. FTYMs have increased income to secure their livelihoods and create wealth and reduce malnutrition of their children				
Indicators	Baseline	Target	End-line data	% Achieved
Number of Income Generating activities group created	0	7	7	100%
Number of amount of saved by Income Generating Activities groups	0	\$6,744	\$7,726	114.6%

Annex C. Budget in Rwf for FTYMs component for the period of October 2016 - June 2018

Activities in FTYM component	Regular Resource UNFPA (Planned and Final Expenditure)	Others OAFLA (Planned and Final Expenditure)	Total (Planned and Final Expenditure)
FTYMs baseline assessment	7,775,300		7,775,300
Training of health providers to deliver quality SRH services to FTYMs (ANC, skilled birth attendance, post – partum care, FP, prevention of unintended pregnancy)	10,013,326	2,071,548	12,084,874
Organize advocacy meeting at District level on FTYMs	1,461,488		1,461,488
Psychosocial support groups for FTYMs	23,393,528		23,393,528
Conduct PAC forums between FTYMs and their parents	4,543,544		4,543,544
Conduct outreach campaign targeting trans-border high risk groups	3,221,867	4,970,160	8,192,027
To equip First Time Young Mothers with necessary skills and seed funding to earn a living and take care of their children		5,385,296	5,385,296



Support cooperatives of FTYMs with seed funding		1,657,000	1,657,000
M&E activities	9,749,985	591,148	10,341,133
HR costs	12,917,480	1,905,262	14,822,742
Total (RWF)	73,076,518	16,580,414	89,656,932
Total (USD)	80,366	18,234	98,600

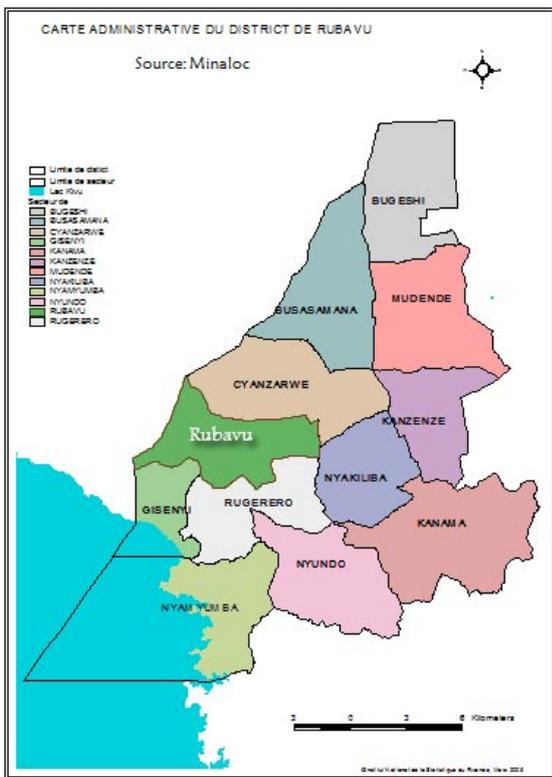


Figure 10. Map of FTYMs project sites in Rubavu district, Western province, Rwanda

Annex D. Data Collection Tools

1. Focus Group Discussion Guide

ABAKOBWA BABYAYE BAKIRI BATO

Akarere:

Itariki:

Umubare w'abitabiriye:

Ikiciro cy'imyaka ya bitatbiriye:

1. Mwatubwira uko mwari mu merewe mugihe mwari mutwite? (Kubijyanye: Isano yari hagati yawe na se w'umwana, hari ihohoterwa mwakorerwaga? mwarimuzi uko umuntu yaterwa inda? Mwigeze mukoresha serivisi z'ubuzima bw'imyororokere? Ese mwaba hari uburyo mwakoresheje bwo kwirinda gusama?
2. Ni gute ababyeyi/umuryango/inshuti/ aho mutuye banyu bitwaye kuri mwe umaze gusama?
3. Mwigeze mukorerwa ihohoterwa mu gihe mwari mutwite na nyuma yo kubyara? (Sobanura)?
4. Mugihe mwari mutwite na nyuma yo kubyara, ni gute mwahawe serivise z'ubuzima?
5. Ni izihe serivisi z'ubuzima mwakoreshaga (kwipimisha mbere, mugihe na nyuma yo kubyara, kuboneza urubyaro) ni he mwazi kuye?
6. Ni izihe serivisi z'ubuzima bw'imyororokere mukoresha bitewe n'ubufasha mwahawe n'iyi porogaramu ya FTYM?
7. Ni gute kugira umwana utateguwe byahinduye ubuzima bwawe? (mu myigire yawe, imibereho yawe, imibanire yawe n'umuryango n' inshuti, ndetse n'intumbero yejo hawe}
8. Ni izihe mbogamizi zingutu muhura nazo mu mibereho yanyu yaburi munsu?
9. Ni ubuhe buryo bwiza mwafashwa kurushaho ndetse n'abandi bakobwa mu kurwanya izindi nda zitateguwe?
10. Umaze igihe kingana iki witabira inyigisho z'umushinga w'Imbutu Foundation wita ku bakobwa babyaye bakiri bato?
11. Ni iki wungukiye mu nyigisho mwahabwaga muri uyu mushinga? (Kubijyanye na: (a)Isana mitima (Conselling), (b)Kwimakaza umuco wo kuganira mu muryango (hagati y'ababyeyi n'abana (PAC), (c)Ubukangura mbaga(Outreach Campaign)



,(d)Amatsinda y'ibikorwa bibyara inyungu (Income Generating activities)

12. Ni gute iyi porogaramu ya FTYM yabafashije guhindura ubuzima bwanyu bigatuma mwongera gusubirana umubano mwari mufitanye n'ababyeyi/imiryango yanyu ndetse n' abaturanyi banyu?
13. Nihe utandukanira n'abandi bakobwa babyaye bakiri bato batagezweho n'uyu mushinga?
14. Ni iki wifuza ko cyakongerwa mu nyigisho zitangwa muri uyu mushinga?
15. Ni iyihe myitwarire ikwiye kuranga ingimbi n'abangavu?
16. Ni ibihe bintu (bitatu) by'ingenzi bikwiye kuranga abana ba bakobwa?
17. Ni iyihe nama wagira abakobwa bakiri bato batarabyara?
18. Ni iki wabwira abateguye uyu mushinga ndetse n'abafatanyabikorwa bawo?
19. Hari icyifuzo ufite ku nyigisho nk'izi zigenerwa abana b'abakobwa babyaye bakiri bato?
20. Ni iki wifuza ku babyeyi, ku muryango, ku baturanyi, ku bayobozi, ku baganga no ku gihugu muri rusange?

ABABYEYI

1. Amazina n'icyo akora
2. Ni iki washimye muri uyu mushinga wa Imbuto foundation wita ku bakobwa babyaye bakiri bato?
3. Umaze kumenya ko umwana wawe atwite, wiyumvise ute?
4. Uyu mwana wamwakiriye ute mbere y'uko uhabwa amahugurwa na Imbuto Foundation?
5. Nyuma yo kuva mu mahugurwa, ubu umwakiriye/mubanye ute?
6. Ni iki ubona cyahindutse ku mwana wawe bitewe n'inyigisho yahawe muri uyu mushinga?
7. Ni iki ubona cyahindutse ku muryango wawe nyuma yo guhabwa amahugurwa na Imbuto Foundation?
8. Ni ubuhe butumwa waha abandi babyeyi bafite abana b'abakobwa babyaye bakiri bato batanyuze muri iyi gahunda?

9. Ni iki cyakorwa mu guha izo porogaramu ingufu kugirango zirwanye ihohoterwa rishingiye ku gitsina ndetse zinafashe abahohotewe
10. Haba hari uruhare rw'urubyiruko mu igenamigambi, mu ishyirwa mubikorwa no mu ikurikirana bikorwa bya serivivi z'ubuzima bw'imyororokere? Ni iki gikorwa neza? Ni iki gikenewe kuvugururwa?

ABAGANGA

1. Amazina n'icyo akora
2. Mubona hari icyo iyi gahunda yahinduye mu myitwarire y'abakobwa babyaye bakiri bato?
3. Ubona abakobwa bitabira iyi gahunda hari aho batandukanye n'abandi batagezweho n'iyi gahunda?
4. Kuki ari ngombwa ko abana b'abakobwa bakiri bato bagomba gusobanukirwa neza ubuzima bw'imyororokere?
5. Mwe nk'abaganga muhura n'urubyiruko akenshi iyo rwahuye n'ibibazo byo gutwita bakiri bato, intandaro ya byo musanga ari iyihe?
6. Ni izihe mbogamizi mwahuye nazo mu gushyira mu bikorwa uyu mushinga?
7. Ni iki mubona cyakongerwa muri iyi porogaramu/gahunda
8. Ni ubuhe butumwa mwaha ababyeyi n' abangavu mu rwego rwo kurwnya inda zitateguwe mu bangavu?

MURAKOZE! Thank you for your participation. Your contribution to this very important exercise is greatly appreciated



