

**HOPE
AND
HOMES
FOR
CHILDREN**



**C L I F F O R D
C H A N C E**



INTERVENTION MODEL TO SUPPORT TEEN MOTHERS

(C O R N E S T O N E P R O J E C T)



**DEVELOPED BY
HHC AND DOCUMENTED
BY AQS**

S

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LIST OF ABBREVIATIONS

AFS: ACTIVE FAMILY SUPPORT

AQS: AFRICA QUANTITATIVE SCIENCES

CDN: COMMUNITY DEVELOPMENT NETWORK

HHC: HOPE AND HOMES FOR CHILDREN

IGA: INCOME GENERATING ACTIVITIES

4M: MINIMAL, MEANINGFUL, MANAGEABLE, MEASURABLE

KEY TERMS DEFINITION

- **Family Mediation Sessions:** Structured meetings facilitated by a trained mediator to help resolve conflicts, improve communication, and strengthen relationships within the family unit [7].
- **Group Therapy:** A form of psychotherapy where a small group of individuals meet regularly with a trained therapist to discuss and explore their feelings, experiences, and challenges [4].
- **Individual Therapy Sessions:** One-on-one counseling sessions between a teen mother and a licensed therapist or counselor to address specific mental health concerns and provide personalized support [5,6].
- **Peer Support Groups:** Groups of individuals with shared experiences, such as teen mothers, who come together to provide mutual support, encouragement, and guidance to one another [8].
- **Psychosocial Support:** Emotional, social, and psychological assistance provided to individuals to enhance their well-being and coping abilities [2,3].
- **Social Support Networks:** Formal and informal networks of individuals, organizations, and community resources that provide emotional, practical, and informational support to teen mothers and their families.
- **Teen Mothers:** Adolescent females between the ages of 13 and 19 who have given birth or are expecting a child [1].

HOPE AND HOMES FOR CHILDREN

Overview

**HOPE
AND
HOMES
FOR
CHILDREN**

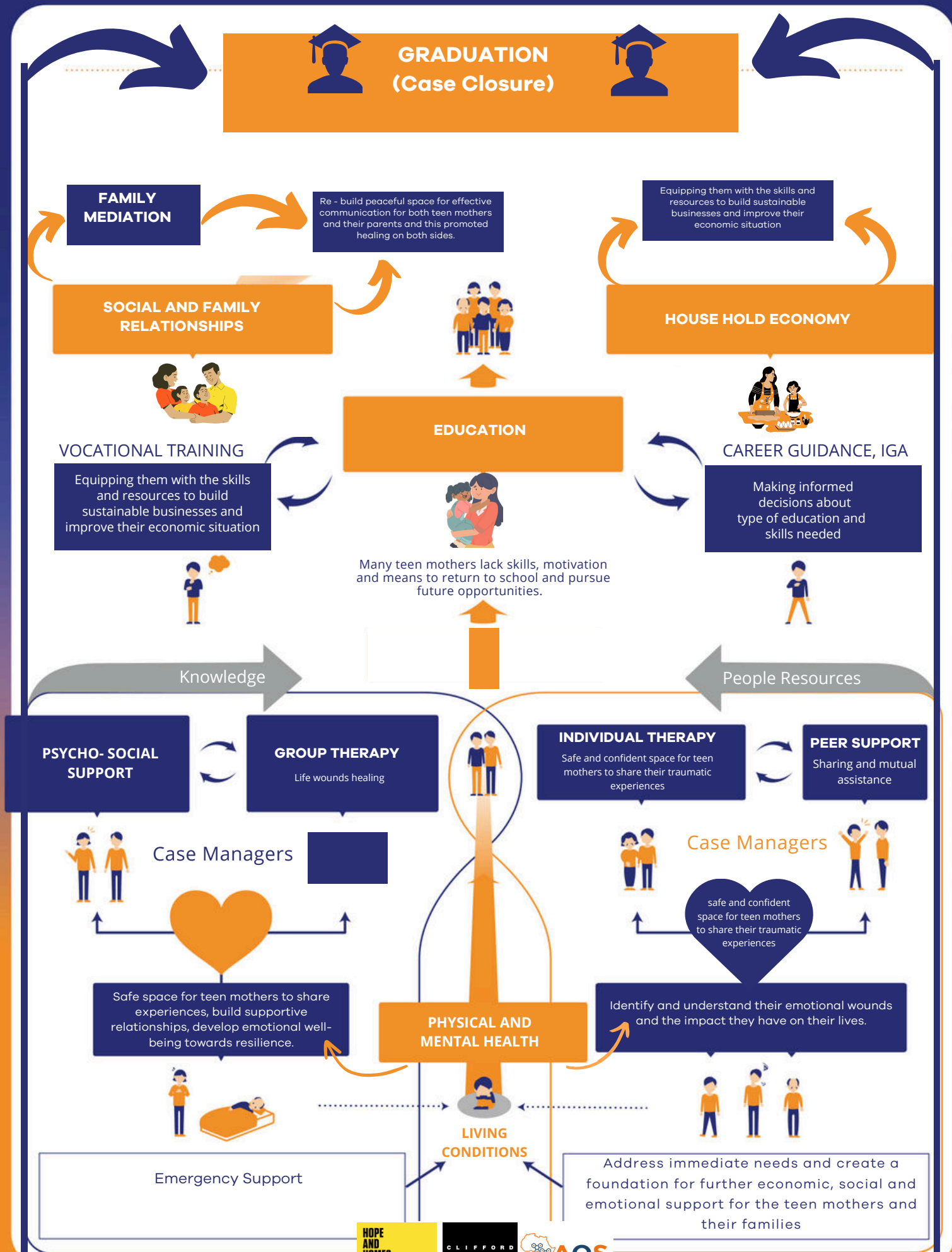


Hope and Homes for Children (HHC) is a globally recognized organization dedicated to eliminating Child institutionalization and promoting family-based environments for optimal child growth and development. Since its Establishment in 1994, the organization has been actively engaged in Central and Eastern Europe and Africa, working to close institutions, reunite children with families, and advocate for alternative family care.

Through strategic partnerships with governments and local stakeholders, Hope and Homes for Children has successfully implemented family strengthening models, training programs, and advocacy campaigns to uphold child rights, especially the right to family and ensure access to essential services. In Rwanda, the organization plays a crucial role in advancing child care and protection reform by championing deinstitutionalization, supporting foster care initiatives, collaborating with the central and local government, and empowering families experiencing high risk of child-family separation such as teen mothers, and families with children with disabilities through tailored interventions. Hope and Homes for Children's impactful work underscores its commitment to creating a world where every child can thrive in a nurturing family environment.

With the purpose of scaling up the intervention model to support teen mothers, a project implemented by the Cornerstone Project and funded by Clifford Chance LLP, learnings have been documented and disseminated with the support from AQS.

Theory of Change



Executive


Summary

This is a concise document yet detailed depicting an intervention model to support teen mothers, developed by Hope and Homes for Children (HHC) in Rwanda. The document provides an in-depth analysis of the challenges faced by teen mothers, the prioritization of causal factors, and the implementation of the Active Family Support (AFS) model to address these challenges.

The intervention model revolves around five key pillars of AFS model: improving living conditions, addressing physical and mental health concerns, strengthening social and family relationships, enhancing educational opportunities, and boosting household economy. It employs a range of strategies like psychosocial support, group therapy, individual therapy sessions, family mediation sessions, peer support groups, vocational training, educational opportunities, and income-generating activities. By providing these comprehensive services, HHC ensures that teen mothers receive the holistic support they need to overcome their challenges and build a stable, healthy future for themselves and their children.

This document describes a pilot program conducted to assess the feasibility, acceptability, and potential impact of the intervention. The pilot program involved identifying teen mothers from chaotic families aged 13-19 years old from selected communities, implementing intervention components, collecting pre- and post-intervention data, and monitoring progress through reassessment . **The results of the pilot program indicated positive outcomes, leading to the refinement and scaling up of the intervention model.**

Hope and Homes for Children conducted a final external evaluation of the project, which concluded the effectiveness of this model. One of the critical components of the project was Direct Financial Support. **All participating teens (100%) received financial aid, and 92% reported significant life changes due to this support and associated training.**



The project encouraged entrepreneurship, with 40% of the teens starting their own businesses, such as selling food, sewing clothes, and working in beauty salons, while others joined mechanical activities. Furthermore, 29% joined savings and lending groups, which helped them manage their earnings more effectively and obtain loans to expand their businesses. The training in business management provided by the project was instrumental in boosting their confidence and fostering economic independence. Only 8% still struggled to meet their basic needs, highlighting the success of the initiative.

Family Conflict Mediation was another essential aspect of the project. This initiative helped both parents and teens to heal their psychological wounds and improve communication. As a result, parents became more supportive of their teen daughters, assisting with childcare and encouraging them to engage in income-generating activities. **For instance, 85% of the teens came from families with previous conflicts, and the mediation sessions helped these families to resolve misunderstandings and promote harmony.**

The project also placed a strong emphasis on Healing Life Wounds. Through group and individual psychological sessions, **92% of the teens were able to work through their emotional trauma, which significantly improved their emotional resilience and coping mechanisms.** These healing sessions provided a safe space for the teens to share their experiences and receive professional guidance, which was essential for their overall well-being. **Notably, 71% of respondents learned to listen to their emotions, 62% found peer support valuable, and 57% felt motivated by success stories of other vulnerable teens.**

In terms of Educational and Vocational Training, **81% of the teens who attended vocational training, secured to jobs and economic stability.** Although gender stereotypes still influenced their vocational choices, with fewer girls entering traditionally male-dominated fields like metal welding and auto mechanics, the training nonetheless played a crucial role in their empowerment.

Access to Health Services and Reproductive Education was another critical component of the project. The teens gained knowledge about preventing new pregnancies and sexually transmitted diseases (STDs), with 94% confirming their participation in these sessions. Family conflict mediation sessions also contributed to resolving misunderstandings, allowing families to work together to pay for health insurance. This newfound financial cooperation helped ensure that the teens and their children had access to necessary health services. **Moreover, 94% of the teens appreciated the practical approach of these sessions, which included live testimonies and discussions about contraceptive methods.**

The promotion of Child Rights and safeguarding policy awareness was an integral part of the project. **A significant 91% of the teens became aware of their own and their children's rights, emphasizing the right to care, education, health services, and legal identity.** This awareness was crucial in helping the teens advocate for themselves and their children, further promoting social inclusion and protection.

The holistic approach significantly boosted the teens' Self-Esteem and Positive Future Perspective. Through financial support, vocational training, and healing workshops, the teens developed greater resilience and motivation to strive for a better future. **Many of them realized that healing their life wounds and achieving financial autonomy were essential steps toward building self-confidence and a more optimistic outlook.**

This success underscores the model's potential to champion teen mothers, enabling actors to be comprehensive and promising in addressing the multifaceted needs of teen mothers, with the aim of positioning them to break the intergenerational of poverty, tackle the destitute and hopeless conditions they are engulfed in as well as build better futures for themselves, their children and their families.



INTRODUCTION

Adolescent pregnancy is a significant global issue, with 21 million pregnancies among girls aged 15-19 annually in developing countries, nearly half of which are unintended. This leads to 16 million births and over 3.2 million abortions each year, resulting in severe health risks and social consequences. Teenage pregnancy rates exceed 25% in 24 African countries, with the highest rates in Niger (48%), Chad (44%), and Equatorial Guinea (43%). In Africa, one in five adolescent girls become pregnant before age 19, often facing higher morbidity and mortality rates, disrupted education, and limited economic opportunities, perpetuating poverty cycles[2,3].

In Rwanda, teenage pregnancies have significantly increased, with numbers rising from 17,331 in 2017 to 23,622 in 2019, slightly decreasing to 19,701 in 2020 and increasing again to 23,534 in 2021. The 2023 report by the National Institute of Statistics of Rwanda shows that even girls as young as 10 years old have given birth, with 102 births to mothers aged 10-14 in 2022 and 75 in 2023. Births to mothers aged 15-19 increased from 20,109 in 2022 to 21,469 in 2023[4].

Recognizing the high risks of separation and abandonment for teen mothers and their children, risk of institutionalization. Teen mothers were abandoned by their families and their children are at risk of being abandoned and placed in institutions. HHC has initiated an intervention to support teen mothers using the Active Family Support (AFS) model, which addresses five key domains: improving living conditions, promoting physical and mental health, strengthening social and family relationships, providing educational opportunities, and boosting the household economy.

By equipping teen mothers with resources to make informed reproductive health decisions, care for their children, and pursue educational and economic opportunities, Hope and Homes for Children aims to break the poverty cycle and foster healthier families and communities. Additionally, by reinforcing family cohesion to prevent separation, HHC helped to create a supportive environment that is crucial for the well-being of both the teen mother and the parents. Supporting these young mothers is vital for advancing gender equality, educational attainment, and economic stability, significantly enhancing overall societal health and prosperity.

5 STEPS FOR THE MODEL DEVELOPMENT

Hope and Homes for Children is dedicated to supporting vulnerable children, through a comprehensive intervention model designed to address unique needs and challenges on building the resilience of entire family. HHC developed its intervention model by following six key steps to ensure effectiveness and impact.

1

**DEFINE AND UNDERSTAND THE
PROBLEM AND ITS CAUSES**

2

**PRIORITIZATION OF 4M CAUSAL
AND CONTEXTUAL FACTORS**

3

**THE CHANGE
MECHANISM/AFS MODEL
ADOPTED**

4

**TEST AND REFINEMENT
OF PILOT PROGRAM**

5

**EVIDENCE OF EFFECTIVENESS
FROM A RIGOROUS
EVALUATION**

1

DEFINE AND UNDERSTAND THE PROBLEM AND ITS CAUSES

Hope and Homes for Children conducted a baseline study to assess the challenges faced by teen mothers. These challenges were found to be multifaceted and interconnected, impacting their psychological, social, and economic well-being.

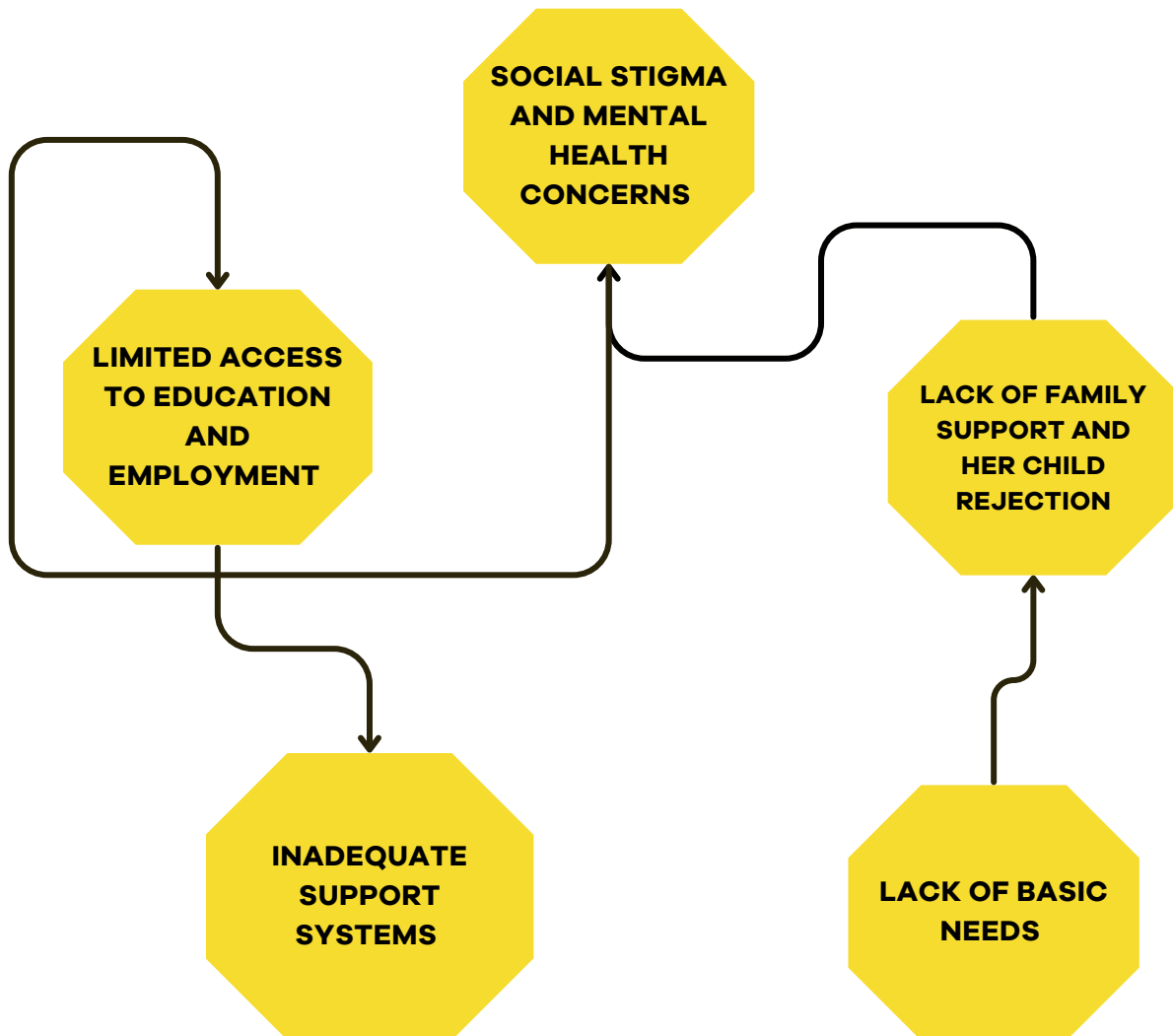
Hope and Homes for Children thorough baseline study found this as the key Challenges:

- **Lack of basic needs:** lack of necessities can worsen their physical and mental health.
- **Lack of family support and her child rejection:** A girl became pregnant and lacked parental support, leading to very poor relationships, including being insulted, constantly threatened, neglected, and her child being rejected.
- **Social Stigma:** Societal disapproval leads to discrimination, isolation, and low self-esteem, hindering help-seeking behavior.
- **Mental Health Concerns:** The complex demands of parenthood, social isolation, and stigma increase the risk of depression and anxiety.
- **Limited access to Education:** Early pregnancy often leads to dropping out of school, limiting educational attainment and future employment opportunities.
- **Inadequate Support Systems:** Teen mothers often lack access to essential healthcare, childcare, counseling, and social services, leaving them feeling unsupported.
- **Limited Employment:** Teen mothers struggle to find stable jobs due to age, lack of experience, and childcare responsibilities, lack of capital and leading to financial instability.

2

PRIORITIZATION OF 4M CAUSAL AND CONTEXTUAL FACTORS

The 4M factors (Minimal, Meaningful, Manageable, Measurable) suggest that this intervention model provides significant potential for creating positive change and producing anticipated outcomes.



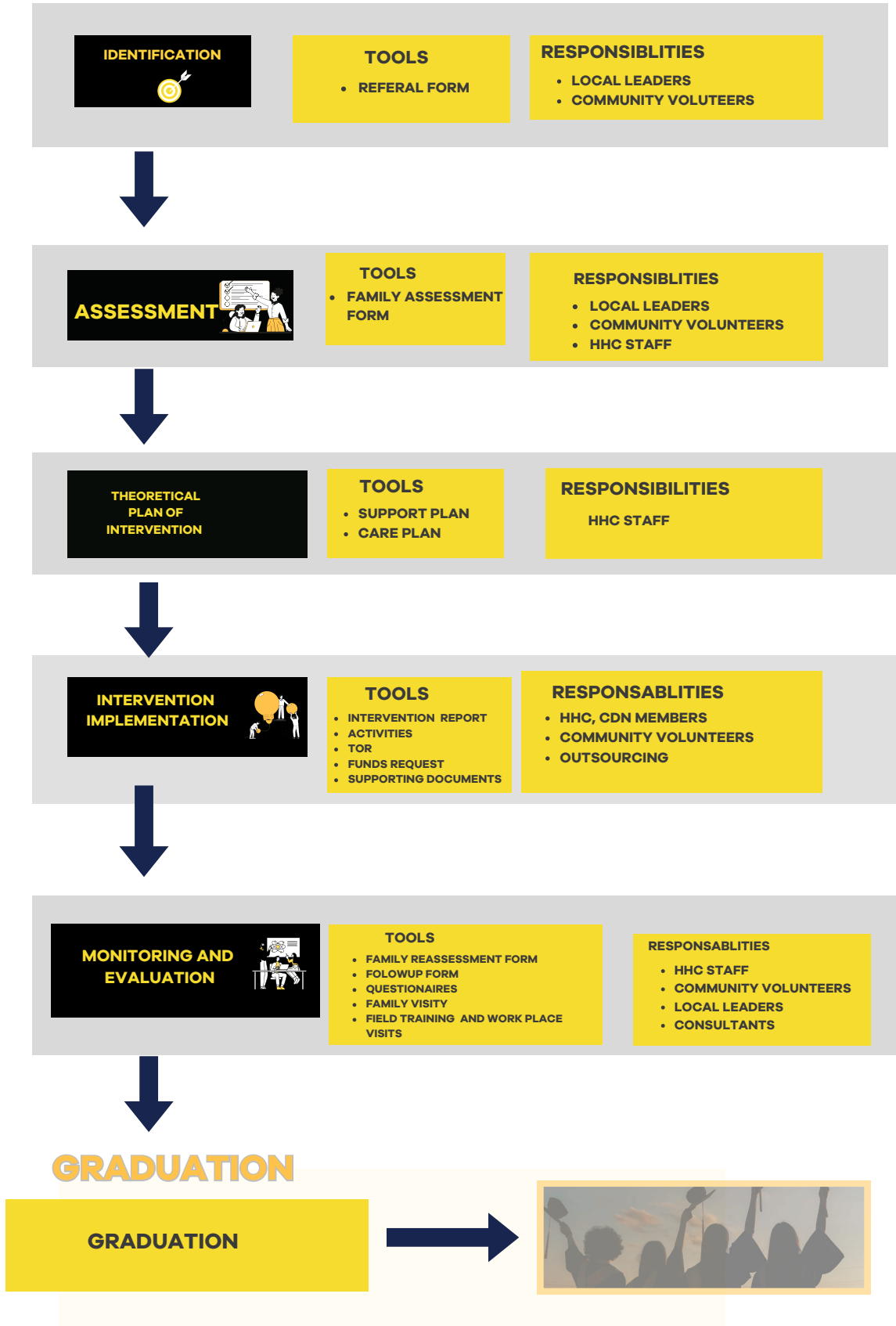
THE CHANGE MECHANISM/AFS MODEL ADOPTED

The ACTIVE Family Support (AFS) model was chosen as the mechanism for creating positive change in teen mothers' lives. By comprehensively addressing teen mother needs across its five domains, to empower them to overcome challenges and build a brighter future. The AFS model was developed based on the understanding that challenges faced by vulnerable families are interconnected. This aligns with the baseline study that identified multifaceted challenges impacting teen mothers were interconnected.

In the section below, we will explain the six key steps in the intervention used to support teen mothers, namely:

- Identification
- Assessment
- Theoretical plan of intervention
- Intervention implementation
- Monitoring and Evaluation
- Graduation (Case Closure)

AFS MODEL: THE PROCESS



IDENTIFICATION OF TEEN MOTHERS

To strengthen community involvement and impact, HHC trained both CDN members and volunteers. This training covered identifying at-risk teen mothers, along with their specific needs and rights. Additionally, they learned how to support families of teen mothers by educating them on child rights, accessing healthcare, and ensuring proper birth registration.

- **Community Awareness raising:** CDN members at the community level raised awareness about the program and encouraged identification of teen mothers in need. Community volunteers played a vital role in raising awareness about teen mothers' needs. They also educated families for understanding and against discrimination faced by teen mothers.
- **Home Visits:** Community volunteers partnered with community health workers to conduct home visits and identify families of teen mothers who faced with a high risk of family separation, experienced significant conflict due to pregnancy, were ostracized by their families and living in precarious conditions and became pregnant before turning 18.

ASSESSMENT

During family assessments, HHC professionals utilize a comprehensive family assessment form to gather insights into the identified teen mother and her family's strengths, weaknesses, risks, and opportunities across key domains of well-being such as living conditions, family and social relationships, education, physical and mental health, and household economy.

These assessments also involve evaluating community resources and integrating primary information obtained during the referral process. By identifying strengths and needs, professionals develop a targeted intervention plan critical in promoting well-being across the 5 AFS domains. This phase is crucial in ensuring effective support and assistance for teen mothers and their families.

THEORETICAL INTERVENTION PLAN DESIGN

After thoroughly assessing the teen mothers' situation, strengths, and needs, a comprehensive support and intervention plan was developed, addressing living conditions, education, health, family and social relationships, and household economy. This collaborative effort involves local CDN and community volunteers. The plan was documented with clear objectives, timelines, and defined roles, but could be adjusted whenever reasonable for positive impact of the intervention.

INTERVENTION IMPLEMENTATION

AFS FIVE DOMAIN	NEEDS	INTERVENTIONS	OUTCOMES
LIVING CONDITIONS	Many teen mothers and families struggled to afford necessities.	Provision of emergency support with cash transfers for accommodation, food, clothes, and hygiene materials.	Addressed immediate needs and created a foundation for further social and emotional support for the teen mothers and their families.
PHYSICAL AND MENTAL HEALTH	Life's Wounds due to past and current experiences	PSYCHOSOCIAL SUPPORT TO TEEN MOTHERS(Workshops): Consciousness of Life's Wounds	This workshop helped teen mothers identify and understand their emotional wounds and the impact they have on their lives.
	Further healing and personal growth.	Group therapy: sessions to support teen mothers in further healing and personal growth.	Group therapy provided a safe space for teen mothers to share experiences, build supportive relationships, develop emotional well-being towards resilience.
	Need individual therapy	Individual counseling and referring to specialized institutions	provided a safe and confident space for teen mothers to share their traumatic experiences that were not easy to address in a group.
	Emotional distress, loneliness and exclusion.	Peer support groups	Sharing and mutual assistance strengthened social connections, community reintegration. Peer support groups played a significant role in the mental and social well-being of the teen mothers involved.
	Living without any means of insurance	Education on the benefits of health insurance and payment to some of them	Many teens started to pay health insurance as per mid term evaluation report
	Vaccination	Education on complying with vaccination schedules	Vaccination Provided to babies and on regular basis
SOCIAL AND FAMILY RELATIONSHIP	Broken bonds between teen mothers , their babies and their parents	Family mediation sessions, (teen mothers with biological and/or extended family members) parents group, family visit, etc. training on child rights and safeguarding policy.	Improved communication, meet your support, Family cohesion and social inclusion. birth registration for all children and ID card provided .
EDUCATION	Lack of skills, motivation and means to return to school and pursue future opportunities.	Career Guidance Workshop, Vocational Training, school materials, school fees, and internship fees, Early Childhood Development (ECD) Services, Ordinary Education	Increased the skills, resources, and childcare support needed to pursue education.
HOUSEHOLD ECONOMY	Limited skills, dependence, lack of assets and financial independence	Empowering through Entrepreneurship training encompassing project development, management and saving strategies	Increased the skills and confidence to start, run and start sustain businesses
	Financial crisis, unemployment, dependence and risk exposure	IGA , Toolkits and startup capital	Secured Income, indeeded illegal activities

OTHER SERVICES

OTHER SERVICES	NEED	INTERVENTION	OUTCOMES
Reproductive Health	EXPOSURE TO SEX PREDATORS	Reproductive Health Education	Informed decisions, promoted family planning and teen mother and child well being
Child Healthcare	LIMITED PARENTING SKILLS	Training on child healthcare	Many teen mothers knew how to prevent child from some diseases, and infections

MONITORING, EVALUATION AND LEARNING

A comprehensive approach to monitoring, evaluation, and learning by utilizing various tools designed to capture both qualitative and quantitative data about their interventions, was utilized. These tools included assessment and reassessment forms, designed questionnaires, and regular observation in every sessions with HHC staff, Local leaders , Community Volunteers, teen mothers, parents themselves and other service providers who gathered teen mother’s feedback on their satisfaction, perceived improvements, and challenges faced.

Planned visits to teen mothers' homes, training fields, and workplaces provided real-time insights into the daily realities and progress of teen mothers, ensuring a more accurate understanding of their living conditions, family and social relationships, access to education, access to health, and household economy.

In addition, to further enhance their evaluation process, A longitudinal study was conducted through baseline, mid term, and a final evaluation. By integrating these diverse evaluation methods, Hope and Homes for Children ensured a holistic and dynamic approach to program monitoring and learning, enabling continuous improvement and effective support for teen mothers.

Indicators for monitoring and evaluation

Key indicators	intervention	Qualitative (Not improved, less improved, improved, much improved)	% for quantitative data
Change in living condition	-	-	-
Change in physical and mental health	-	-	-
Change in social and family relationships	-	-	-
Change in education	-	-	-
Change in household economy	-	-	-

GRADUATION

Throughout the process, graduation is anticipated with a clear perspective on implementing the intervention plan aimed at bringing teen mothers and their families to self-reliance. It is at this stage where the case management is closed after ethical considerations.

4

TEST AND REFINEMENT OF PILOT PROGRAM

This step summarizes the roadmap started with in pilot project with 150 teen mothers and followed by testing that intervention with an additional of 102 Teen mothers from the selected areas for the intervention, Kigarama sector and Gikondo sector in Kicukiro District. Learning from both project contributed in refining the intervention model to better inform future implementation on a larger scale.

OBJECTIVES

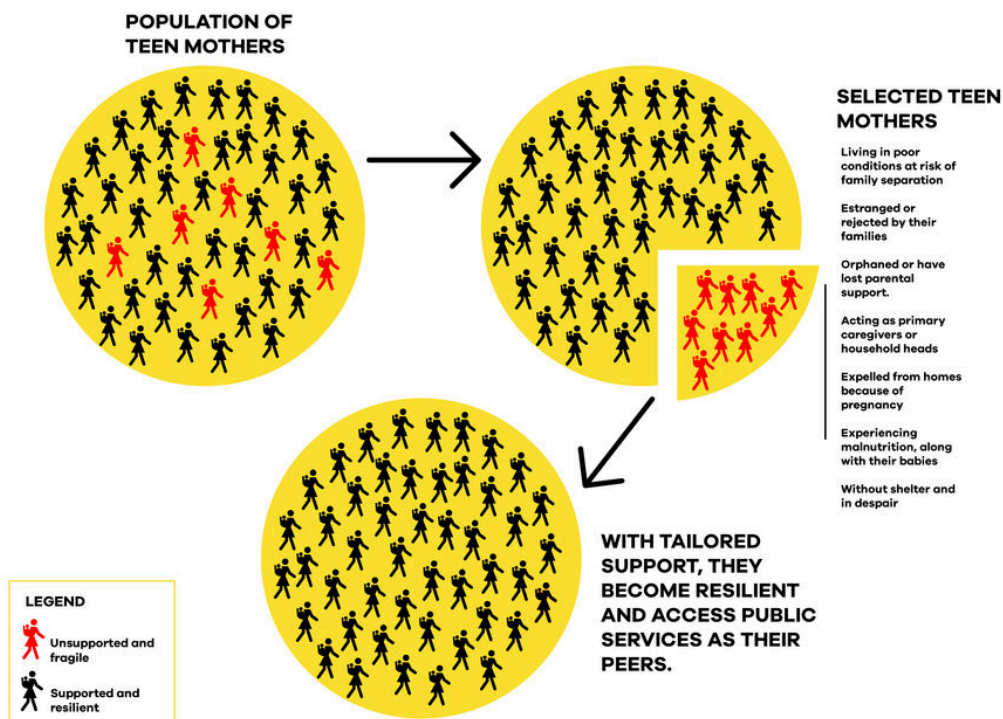
- To assess the feasibility of implementing the intervention program with teen mothers.
- To evaluate the acceptability of the intervention components among teen mothers.
- To identify potential challenges and barriers to implementing the intervention.
- To gather preliminary data on the potential impact of the intervention on teen mothers' well-being and empowerment.

METHODOLOGY

PARTICIPANTS OF THE PILOT STUDY

The project aimed to support the most vulnerable teen mothers by addressing their unique challenges. Eligible candidates were young girls between 13 and 19 years old who were either pregnant or had a baby. These teen mothers had to be living in poor conditions, estranged from or rejected by their families, orphaned, or separated from their families due to urbanization and employment issues. Additionally, the project targeted those who were the primary caregivers for their siblings, expelled from their homes due to pregnancy, experiencing malnutrition, or had babies suffering from malnutrition.

The project also focused on teen mothers who were homeless and hopeless, ensuring comprehensive support for their critical needs. By targeting these specific groups, this project aimed to improve the living conditions, health, and future prospects of the most at-risk teen mothers, helping them navigate their challenging circumstances and build a better life for themselves and their children.



DATA COLLECTION

Pre- and post-intervention assessments were conducted to measure changes in living condition, family and social relationship, access to health, education, and socio-economic development. Qualitative and quantitative assessments were conducted to gather feedback on the intervention's acceptability and impact.

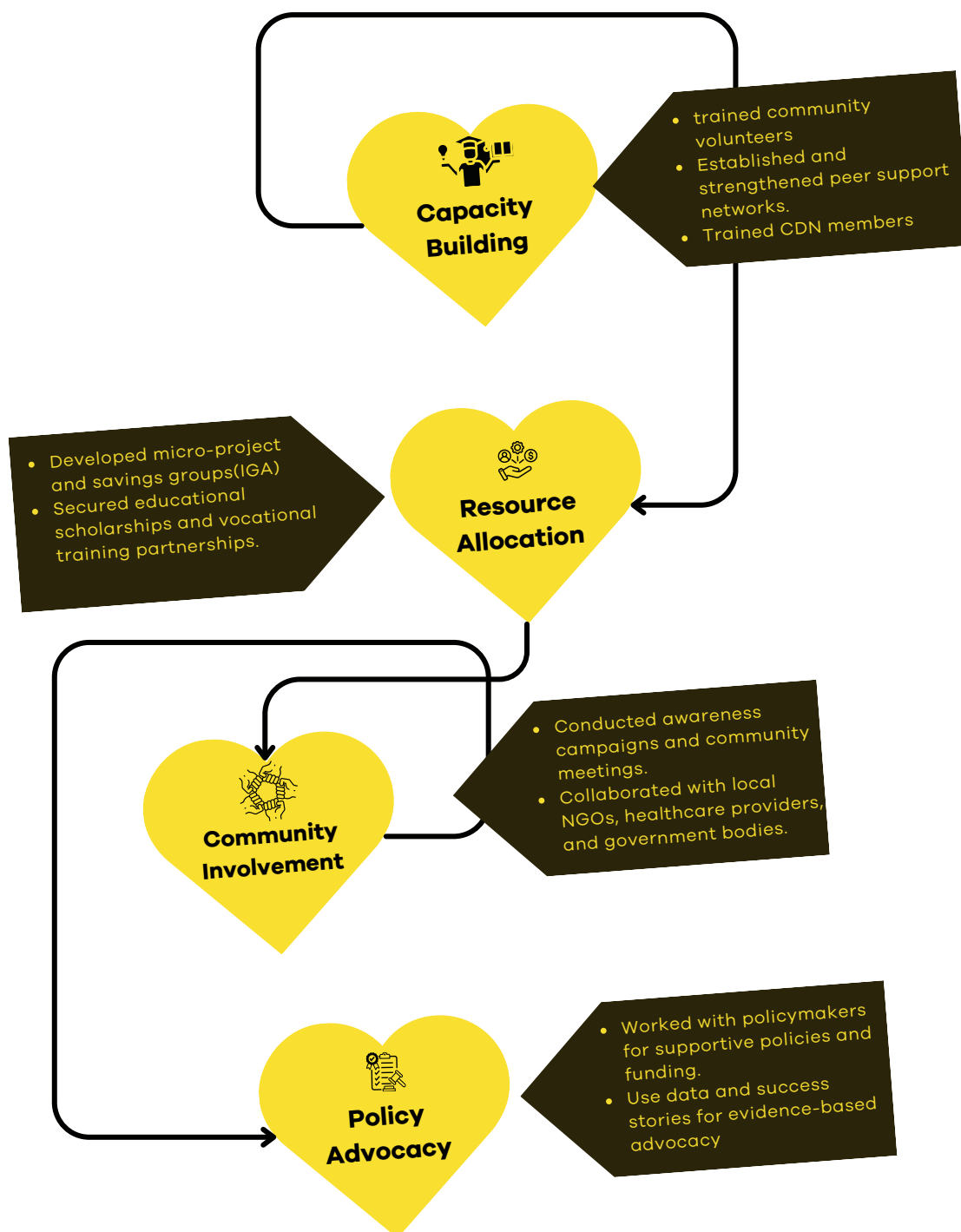
PILOT PROGRAM RESULTS /IMPACT

Descriptive statistics were used to analyze the quantitative data, while thematic analysis was employed to analyze the qualitative data. The pilot program with 100 teen mothers showed positive outcomes. The intervention improved living conditions, family relationships, access to education and healthcare, and economic opportunities for teen mothers. Based on the pilot program, HHC refined the intervention model and expanded it to reach more teen mothers.

REFINING THE INTERVENTION MODEL

Based on the findings from the pilot program, Hope and Home for Children refined the intervention model as needed. This involved adjusting the content, delivery methods, or implementation processes to optimize the intervention's effectiveness and impact.

SUSTAINABILITY PLAN



CONCLUSION

This pilot study provided valuable insights into the feasibility, acceptability, and potential impact of the intervention program for teen mothers. Findings informed the refinement and adaptation of the intervention model for future implementation, with the goal of supporting teen mothers in achieving positive outcomes for themselves and their children.

SCALING UP

Once the intervention model has been tested and refined, Hope and Homes for Children did scale up the program to reach 252 teen mothers in the community. With this successful model intervention the project is aiming to reach out teen mother in a little setting and new group in Kigali.

5

EVIDENCE OF EFFECTIVENESS TO JUSTIFY RIGOROUS EVALUATION

The final evaluation of the interventions presents compelling evidence of its effectiveness, warranting rigorous evaluation and broader implementation. This comprehensive intervention significantly improved the lives of teen mothers by addressing their economic vulnerability, mental health concerns, and educational opportunities. The results from the final evaluation highlight the substantial impact of this initiative across different key intervention components, providing a robust justification for its continued and expanded use.

This model has demonstrated its effectiveness in urban settings, prompting the need for its implementation in rural areas to comprehensively assess outcomes in both contexts

ECONOMIC IMPROVEMENT AND STABILITY

Before the intervention, many teen mothers and their families lived in dire economic conditions, lacking regular income, facing poor housing, and struggling to access nutritious food. The introduction of financial aid and associated training proved transformative. Remarkably, 92% of the mothers were able to start their own businesses and join savings and lending groups. These activities not only improved their living conditions but also established a foundation for economic stability and growth. The ability to generate income through businesses such as selling food and sewing clothes, mechanics and working in beauty salons marked a significant shift from economic vulnerability to economic resilience.

ENHANCING MENTAL HEALTH AND SOCIAL RELATIONSHIPS

Psychosocial healing sessions and family conflict mediation were pivotal components of the intervention, addressing the profound mental health and social challenges faced by teen mothers. Prior to receiving support, 85% of the mothers were living in problematic family environments, with conflicts often exacerbated by their pregnancies. Family mediation sessions facilitated better communication and understanding within families, leading to improved dynamics and reduced conflicts. Post-intervention, 78% of the mothers reported enhanced family relationships. Additionally, the healing sessions enabled 92% of the mothers to share their experiences, build resilience, and manage their emotions more effectively. These improvements in mental health and social relationships contributed significantly to their overall well-being.

BOOSTING HOUSEHOLD ECONOMY AND EDUCATIONAL OPPORTUNITIES

The project also focused on empowering the teen mothers through education and vocational training, which proved crucial in enhancing their household economy. Teen mothers were able to start and sustain businesses, thereby generating stable incomes. The training on saving and lending groups encouraged prudent financial planning, further strengthening their economic resilience. In terms of education, 81% of the mothers attended vocational training in various fields, equipping them with practical skills essential for self-sufficiency and supporting their children. These vocational skills not only opened up new avenues for employment but also fostered a sense of empowerment and independence among the teen mothers.

COMPREHENSIVE SUPPORT AND LONG-TERM IMPACT

The intervention's comprehensive support approach, encompassing financial aid, mental health support, and educational opportunities, effectively addressed the multifaceted challenges faced by teen mothers. The holistic nature of the support provided by HHC ensured that the teen mothers received the necessary skills and resources to overcome their adversities and build better futures for themselves and their children. The success of the intervention is evidenced by the significant improvements in economic stability, mental health, social relationships, and educational attainment among the participants.

SPECIAL LESSONS LEARNED

1. Holistic Approach is Essential

Addressing the multifaceted needs of teen mothers requires a holistic approach. Combining psychosocial support, educational opportunities, economic empowerment, and family relationship strengthening proved to be more effective than focusing on a single aspect. This comprehensive support system ensured that teen mothers received well-rounded assistance, improving their overall well-being and prospects.

2. Community Involvement and Collaboration

Engaging the community and collaborating with local leaders, community structures and other service providers were critical to the success of the program. Community-based identification and support networks fostered trust and facilitated the active participation of teen mothers into the program. This approach helped in overcoming stigma and ensuring that the interventions were culturally sensitive and contextually appropriate.

3. Importance of Psychosocial Support

Providing psychosocial support through group and individual therapy, peer support groups, and family mediation was vital in addressing mental health challenges faced by teen mothers. These efforts helped improve their emotional well-being, resilience, and ability to cope with their circumstances.

Strengthening family and social relationships through counseling, mediation, and support groups helped create a supportive environment for teen mothers. This focus on improving family dynamics and community integration was essential in reducing isolation and enhancing the support network around teen mothers.

4. Tailored Interventions

Customizing interventions to meet the specific needs of teen mothers based on thorough baseline assessments and continuous feedback ensured the program's relevance and effectiveness. This adaptability allowed for the provision of targeted support that addressed the unique challenges faced by each participant.

5. The power of choice in education and economic Empowerment

Empowering teen mothers to make choices and decisions regarding their educational training and income-generating activities significantly enhance the success and impact of projects aimed at supporting vulnerable populations. By allowing teen mothers to select the type of educational training that aligns with their interests and strengths, as well as enabling them to choose the type of business that can generate income, the Project demonstrated the importance of autonomy and self-determination in driving positive outcomes. This approach not only increases participants' engagement and motivation but also ensures that the support provided is tailored to their individual needs and aspirations, ultimately leading to greater success and sustainability of the project. Empowering individuals to take ownership of their learning and economic activities can foster a sense of agency, independence, and empowerment, contributing to their overall progress and well-being.

6. Sustainability and Scalability

Planning for sustainability from the outset and building local capacity were crucial for the long-term success of the program. Developing partnerships, mobilizing resources, and integrating the intervention into existing systems helped ensure that the support for teen mothers could be sustained and scaled up to reach a larger population.

7. Monitoring, Evaluation, and Iterative Adaptation

Continuous monitoring and evaluation allowed for the identification of challenges and the measurement of outcomes. Establishing feedback mechanisms enabled iterative adaptations to the program, ensuring that it remained responsive to the needs of teen mothers and effective in achieving its goals.

8. Stigma Reduction and Community Awareness

Conducting awareness campaigns and engaging in community education helped reduce stigma associated with teen motherhood. Promoting empathy and understanding within the community encouraged broader support and acceptance.

By implementing these lessons, other organizations initiating similar projects with teen mothers can create a supportive and empowering environment. This approach will improve teen mothers' well-being, economic stability, and social inclusion. These insights can guide the design and implementation of effective interventions in various contexts to support teen mothers.

Conclusion

The final evaluation of the intervention by Hope and Homes for Children-Rwanda provides strong evidence of its effectiveness, justifying the need for rigorous evaluation and broader implementation. By significantly improving the economic conditions, mental health, and educational opportunities of teen mothers, the intervention has demonstrated the profound impact of a comprehensive support approach. The positive outcomes highlight the potential for this model to be replicated and scaled up, offering a robust solution to the challenges faced by vulnerable teen mothers. The findings advocate for continued investment in such interventions to empower teen mothers and ensure better futures for them and their children.

BIBLIOGRAPHY

1. Mangeli M, Rayyani M, Cheraghi MA, Tirgari B. Exploring the Challenges of Adolescent Mothers from Their Life Experiences in the Transition to Motherhood: A Qualitative Study. *J Fam Reprod Health*. 2017 Sep;11(3):165–73.
2. Seitz V, Apfel NH. Effective interventions for adolescent mothers. *Clin Psychol Sci Pract*. 1999;6(1):50–66.
3. An Early Intervention Program for Adolescent Mothers: A Nursing Demonstration Project - Koniak-Griffin - 1999 - *Journal of Obstetric, Gynecologic, & Neonatal Nursing* - Wiley Online Library [Internet]. [cited 2024 Apr 29]. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1552-6909.1999.tb01964.x>
4. Letourneau NL, Stewart MJ, Barnfather AK. Adolescent mothers: Support needs, resources, and support-education interventions. *J Adolesc Health*. 2004 Dec 1;35(6):509–25.
5. Erkkilä et al. - 2011 - Individual music therapy for depression randomise.pdf [Internet]. [cited 2024 May 1]. Available from: <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/A1CD72904929CECCB956F4F3B09605AF/S0007125000256110a.pdf/individual-music-therapy-for-depression-randomised-controlled-trial.pdf>
6. Floyd M, Scogin F, McKendree-Smith NL, Floyd DL, Rokke PD. Cognitive Therapy for Depression: A Comparison of Individual Psychotherapy and Bibliotherapy for Depressed Older Adults. *Behav Modif*. 2004 Mar;28(2):297–318.
7. Kolko D, Baugher M, Bridge J, Birmaher B. Cognitive and Family Therapies for Adolescent Depression: Treatment Specificity, Mediation, and Moderation. *J Consult Clin Psychol*. 2000 Aug 1; 68:603–14.
8. Mead et al. - 2001 - Peer support A theoretical perspective..pdf [Internet]. [cited 2024 May 1]. Available from: https://d1wqtxts1xzle7.cloudfront.net/106204298/0b983d7db6d8716180b26c05a42d6e0ff07b-libre.pdf?1696419683=&response-content-disposition=inline%3B+filename%3DPeer_support_A_theoretic_al_perspective.pdf&Expires=1714560299&Signature=Mw0zvMecmGFkcjAUOukZh7uU9MIVdBPaeEg8~gE3sgixtFfhz9uzecLyp~4-OPxbKCqX6jtQFgwMT45yDI04KCGZV9TICSfv7Pmm1VNgcbtbktw9ay4m8fISSvwpZ8tzS8o7-bras3L7SDUzb-eAKxJTdliAFN5vUQ765XACOICjvYWT-op3oPuU-ORB2qv2f0pvtZCMDEvtuF-y6xN2cOiQKCgsKu32nNUcNRQo-5CiiBllJC935UIXN8AXambebQWWI67rpk-Ky~2OBbqcHhnicNI6c-jT~UE-NOXynL0vSrLhZK5wsBUujAeoW5M6SOlulR09olzvvSedYGCfLg_&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA
9. Perrin EC, Sheldrick RC, McMenamy JM, Henson BS, Carter AS. Improving Parenting Skills for Families of Young Children in Pediatric Settings: A Randomized Clinical Trial. *JAMA Pediatr*. 2014 Jan 1;168(1):16.
10. Ellis-Sloan K. Teenage Mothers, Stigma and Their 'Presentations of Self.' *Sociol Res Online*. 2014 Feb;19(1):16–28.
11. Crooks R, Bedwell C, Lavender T. Adolescent experiences of pregnancy in low-and middle-income countries: a meta-synthesis of qualitative studies. *BMC Pregnancy Childbirth*. 2022 Sep 12;22(1):702.
12. Bah YM. Teenage Pregnancy: Teenage Mothers' Experiences and Perspectives: A Qualitative Study. 2016;
13. Challenges associated with teenage motherhood in Ghana: a qualitative study: *Vulnerable Children and Youth Studies: Vol 15, No 1* [Internet]. [cited 2024 Apr 29]. Available from: <https://www.tandfonline.com/doi/abs/10.1080/17450128.2020.1719251>
14. Yardley E. Teenage mothers' experiences of stigma. *J Youth Stud*. 2008 Dec 1;11(6):671–84.
15. Cox JE, Harris SK, Conroy K, Engelhart T, Vyavaharkar A, Federico A, et al. A Parenting and Life Skills Intervention for Teen Mothers: A Randomized Controlled Trial. *Pediatrics*. 2019 Mar 1;143(3): e20182303.
16. Hindin MJ, Kalamar AM, Thompson TA, Upadhyay UD. Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low- and Middle-Income Countries: A Systematic Review of the Published and Gray Literature. *J Adolesc Health*. 2016 Sep 1;59(3, Supplement): S8–15.
17. Asmamaw DB, Tafere TZ, Negash WD. Prevalence of teenage pregnancy and its associated factors in high fertility sub-Saharan Africa countries: a multilevel analysis. *BMC Womens Health*. 2023 Jan 17;23(1):23.
18. Healthcare professionals' experience of teenage pregnancy and motherhood in Haiti [Internet]. [cited 2024 Apr 29]. Available from: <https://www.degruyter.com/document/doi/10.1515/ijamh-2023-0157/html>
19. Kamuzinzi M. BASELINE STUDY REPORT ON TEEN PREGNANCY IN KICUKIRO DISTRICT.1. Mild terms evaluation Teen pregnancy in Kicukiro District final Version (1).pdf.
20. Urgent-Teenage Pregnancy Jan22-Stephen Ucembe (1).pdf.
21. Baptiste NJ. Abangavu barenga ibihumbi 19 batewe inda mu 2023 - IGIHE.com [Internet]. 2024 [cited 2024 May 28]. Available from: <https://igihe.com/amakuru/urwanda/article/abangavu-barenga-ibihumbi-19-batewe-inda-mu-2023>