The Komera Girls Sexual Reproductive Health Initiative is meant to focus on the empowerment and transformation of 250 adolescent girls by increasing their confidence and agency to 90% from baseline to end-line through our comprehensive trainings on positive behavioral change, decision making, child rights and sexual reproductive health. The outcome is being achieved well with Komera so far with 239 girls in this grant year. The outcome of building their confidence and esteem has so far been achieved to 61% (144 of the 239) from 24% at the start of the program, already reporting to have improved in their way of solving problems especially at home and school and now able to speak out to what affects them as girls as shared in our mid-year qualitative evaluation by Sadrine one of the Form two students, “I now know my rights to education and am able to report any harassment done to me or any girl around me to the right authorities, which we couldn’t do before.”

The emotional wellbeing and relations within the girls’ families and peers is better than before the program with 75% of them sharing how they are able to resolve issues and relate and be supported in their career and education by their parents and care givers compared to the period before the program. Komera has also extended these trainings to their male counterparts under the school empowerment program so as to create a supportive environment for both boys and girls where they should support one another in all areas of life, with no one left behind.

One of the project outcomes was to increase the knowledge and skills in sexual reproductive health among the girls in the prevention program. The skills focusing on sexual reproductive health rights, body change and development, Family planning knowledge and access, pregnancy prevention and diseases control have improved from 23% at baseline to 70% at midline with 70% of them with enough skills to make the right sexual related decisions, able to predict their menstruation cycle and with basic knowledge on where to search and seek for the right sexual reproductive health support. This in turn leads to reduced cases of teenage pregnancy and its related consequences.
The other outcome under the preventive program also focused on transforming relationships with family and peers with a mentorship and social-emotional support program, developing self-love and self-confidence and bringing teen moms out of the shadows, while making SRH a topic of discussion within families. This is being achieved through our mentorship strategy, where Komera works with families to transform relationships with family and peers with mentorship and social-emotional support program, developing self-love and self-confidence among girls, for them to feel loved and supported that has improved to 70% among the girls reporting that there are more supported than before. Komera mentors in the schools and communities are working with teachers and parents and other community members to create a favorable environment for them.

There is the outcome focused on advocating for young women and girls through Komera’s health counseling post where girls and teen mothers can come and learn about SRH and Gender-based violence, as well as access essential feminine hygiene and family planning supplies. Komera mentors will also break the stigma of using birth control by accompanying the adolescent mothers to the local health clinics to advocate for them to take full control of their health with family planning that has been the biggest barrier for girls to use contraceptive, and having a mentor will open the door for girls to learn about SRH and feel empowered about their own health. There is a huge need to provide feminine hygiene supplies and menstruation education in our community, so access to pads, soap, and sanitary supplies is essential to keep girls healthy and safe. This outcome is also being achieved greatly with the mentors supporting the transition of the adolescent mothers from their vulnerability to people of value by helping them access family planning with 77% already on family planning compared to 9.3% at the start of the program. The adolescent mothers also receive basic feminine hygiene supplies including soap, sanitary towels monthly to support them in their health transformation in addition to the trainings.

The Teen Mom Economic Empowerment is the last outcome that focuses on identifying the skillsets of teen moms and aligning them with their career pathway and guiding them to participate in a vocational skills program that cumulates with a certificate and toolkit to launch them into the workforce as empowered, skilled, confident female leaders who are excited about their future. The first two phases of our teen mom curriculum and program that focuses on self-confidence building and resolving issues that leave the teenage moms depressed and isolated and not valued in families have so far been achieved with 65% of them already feeling at peace and healing emotionally with supportive families compared to the start where 95% reported having conflicts within themselves and their families at baseline, feeling unloved, neglected and forgotten. With Komera’s psycho-social support and training, they now believe they can contribute to society and become successful business women and transform their lives and that of their children.

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Through Komera’s pathway to power program, all the teenage mothers now belong to a saving group where each save 500 RW francs weekly that is shared amongst them on rotational method for all of them to begin small businesses from scratch that can sustain their children and families. This is in line with our economic empowerment outcome, where we expect them to change their mindset on personal development and create career opportunities, leading to a change in their life styles that will be supplemented with expansion funds at the end.

Has funding changed for this project? For example, have you received unexpected funding from another source? No

Is your organization or project situation different than presented in the approved proposal? For example, new executive director, significant project staffing changes or NGO affiliation, loss of large funding, or other significant changes? No

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Have the number of beneficiaries changed? To report this please refer to the original numbers in your grant proposal under Number of women and girls Directly Impacted and population Indirectly Impacted.

The project anticipated to reach 250 adolescent girls but is currently reaching 239 girls that was due to the smaller number of girls of senior one and two that were fewer than the targeted number at the start of the program, and a new group of 100 more to benefit from this project is beginning for the next six months for Komera to reach the targeted number.

The teen moms project also projected reaching 250 new teen moms in this grant year but was not possible due to the already 3 existing groups of teen moms with a total of 270 that have graduated from the continuous trainings but still receive continuous psycho-social support and mentorship from our mentors and team and thus reducing on our efforts, that limited the organization’s capacity to add on more numbers since we still serve the 270 continuing teen mothers thus making a total of 345.

The project was also supposed to reach 500 community members who are parents (one parent per girl) of the beneficiaries in both the preventive program and teen mothers’ program. This group of beneficiaries was changed slightly after the stake holders meeting that opted for involvement of boys in schools too in addition to the parents of the teen mothers in the management of the challenges that affect young women so that the problem is tackled from the roots and both sides than the parents of adolescent girls who can be reached through the community awareness sessions that Komera does quarterly. Instead of meeting one parent of the girl, we opted to invite both parents (mother and father) as well in order to have a more holistic approach, including siblings who may be boys or girls. We also included community stakeholders such as teachers of the schools and the local government leaders. We want the trainings and information to be deeply saturated in the community, especially on the topics of teen pregnancy being the most pervasive which needs the most intervention and community-wide support. The interventions currently reach more beneficiaries than the target group, including 345 parents of teen mothers, 219 adolescent boys in senior one and two and 500 community members at a quarterly level. – with a total reach estimate of 1,064

What challenges are you facing as you move forward with this project? How are you approaching these challenges?

One of the major challenges we faced was the involvement of boys so as to tackle the problem fully than training only girls yet the issues that affect the development of women and girls are multi-faceted. This was resolved by the introduction of the school empowerment program where we train and involve boys in all this transformation. In addition, a new approach of involving the community and sensitizing them about the empowerment and equality of all children was also introduced under the quarterly sensitization campaigns where we sensitize the whole community of the necessary empowerment for all children regardless of gender.

Related to the above was the challenge of more family conflicts in families that could not be resolved in a shorter time thus being solved through continuous home visits for the personal issues and community sensitizations for the general issues, though not attended by everyone as anticipated. Although the community outreach strategy was so effective, we noted that it not only does not offer all packages offered by Komera since some equipment especially those under the health screening component cannot be carried to the sites every session, thus limiting the service given and also costly in terms of human resource, timing

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and distribution of materials. And with the Komera center operational, we are opting to work with the next groups from our center so that they receive a full package.

The teenage mother problem is still over-whelming as before. We are constantly challenged by the big numbers of adolescent mothers who would like to attend the program, but we are focusing on vulnerability first, so as to select a manageable number.

**Have you revised your original objectives since the project began? If so, why? What are your new objectives?**

The objectives have not been changed.

**What progress have you made toward achieving your objectives? Please address each stated objective.**

The Project objectives included implementing high quality comprehensive training for adolescent girls with knowledge on self-confidence, decision making, Sexual Reproductive Health and teen pregnancy prevention. The objective has so far been achieved to 61% from 24% at baseline. Showing great achievement of young women initiating saving and empowerment clubs where they share with other girls in schools, being able to speak out on issues that affect their lives and competing favorably against their male counterparts.

The second objective was to Strengthen the self-confidence, skill based training and economic empowerment for adolescent mothers with an aim of re-building their confidence, resilience and decision making and economic prosperity as a foundation for preventing teenage pregnancy. This objective was appreciated most by the teenage mothers, with all the 75 participants embracing economic empowerment and self-reliance by belonging to a saving group and 60% of them already running small scale businesses to empower them and change their way of living.

The objective of ensuring that adolescent girls and teenage mothers are emotionally strong and safe by promoting a supportive environment that respects social norms and gender equality through engagement with parents and communities is also on good progress with 65% of the 75 teenage mothers already feeling at peace and healing emotionally with supportive families compared to the start where 95% reported having conflicts within themselves and their families at baseline, feeling unloved, neglected and forgotten. 70% of the 239 girls also reported to be more supported by their parents, teachers and family members now than before the program, and most of their parents understand their rights than before.

**Do you anticipate any difficulties in completing your project in the timeframe outlined in your proposal?**

No

**Additional Comments:**

As an organization, we thank Together Women Rise for offering us the opportunity to address some of the major challenges that affect women and girls. The grant has created positive lasting memories to our beneficiaries in the adolescent mothers’ program and adolescent girls’ program who have faced by the gender stereotypes that affect women and girls try to work towards gender equality and elimination of the challenges that affect women and girls where they are discriminated against, especially after getting pregnant while still adolescent. We need to involve boys and men who should be ambassadors to the change, so that the challenges are all tackled from all sides in managing the problem, rather than the problem being seen as a girls’ problem alone because the consequences affect all children and families in turn.