Towards Economic and Sexual/Reproductive Health Outcomes for Adolescent Girls (TESFA)

About TESFA

Every year, more than 14 million adolescent girls are forced into marriage, making them vulnerable to early childbirth, limiting their potential, and perpetuating a cycle of poverty. Towards Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA) was implemented by CARE Ethiopia and it attempted to address some of the sexual and reproductive health (SRH) issues faced by married adolescent girls (ages 10-19) in Amhara.

STRATEGY

The TESFA project built on CARE's well-established Village Savings and Loan Association (VSLA) model, where participants form groups of 20-30 members each and pool financial resources to help each other achieve goals and accumulate household assets. With TESFA, these group members also received economic empowerment (EE) and SRH lessons, delivered primarily through peer educators. The project also used community engagement strategies to mobilize community members around support for family planning and equitable sharing of household responsibilities and decision-making.

EVALUATION

The International Center for Research on Women (ICRW) evaluated TESFA to assess the effectiveness of combining EE and SRH programming versus offering them separately. To this end, participants were divided into four different groups:

1) **EE group** trained participants in the basics of using savings groups, negotiation skills, financial literacy and income generation. This training was based on VSLA curriculum.

2) **SRH group** received training on reproductive anatomy and personal sexual health, sexually-transmitted infectious (STIs), the benefits of contraception and family planning, and negotiation skills to use with their partners and family members.

3) **Combined intervention group** participants received both economic empowerment and SRH education together.

4) **Control/comparison group** participants received a delayed version of the combined intervention after the study was complete.

ICRW researchers analyzed the effects of the different implementation arms through a different-in-difference approach, also comparing indicators between baseline and endline. The evaluation sought to understand the effectiveness of combined versus single-focus programming. Results from the evaluation were published in *Vulnerable Children and Youth Studies* in 2016.
RESULTS

SRH-only Intervention Outcomes
Participants in the SRH-only group significantly outperformed the comparison group in four out of five SRH outcomes and one economic outcome. The data analysis indicates that:

- Use of contraception increased 27%, compared to 5% increase in the control group
- Knowledge of STIs increased by 29%, compared to 9% increase in the control group
- Girls who had ever had an HIV test reached 71%, compared to 51% at baseline and 44% in the control group
- Girls with money saved rose from 21% to 93%, a change 59% greater than the control group

Combined Intervention Outcomes
The intervention arm that included both SRH and economic empowerment education saw some improvement across all desired outcomes, but to a smaller degree than the SRH-only arm. The data analysis indicates that:

- Visits to a health clinic for contraception increased 17%, compared to 9% in the control group
- Girls with money saved rose from 24% to 99%, a change 62% greater than the control group

Unsurprisingly, the combined arm outperformed the SRH-only arm on all economic empowerment outcomes, doubling the percentage of program participants that intended to invest savings and increasing the number of participants that could feed their family by 23%.

Intervention Comparisons
Both intervention arms saw significant and comparable improvements in personal savings, however increases in investment or feeding the family were only notable in the combined arm. This suggests that the economic empowerment supplement provided affects how girls used their increased savings.

The SRH-only group outperformed not only the control group, but also the combined group on all SRH-related outcomes. This suggests that the addition of economic information to the intervention diluted the impact of the SRH curriculum.