**Background**

CARE launched TESFA (which means ‘hope’ in Amharic) in 2010, aiming to improve the economic, sexual, and reproductive health (SRH) outcomes for ever-married girls through an integrated approach that combined peer-based solidarity groups (for girls) with community engagement (for influential adults in the community). The TESFA approach builds upon CARE’s successful Village Savings and Loans model by organizing ever-married girls 14-19 years of age into solidarity-groups through which a 12-month SRH curriculum was delivered, primarily via peers. These groups not only provide a forum for economic empowerment and SRH curriculum, but also a safe space to meet and build a supportive network with other married adolescents. The community engagement component works with community gatekeepers as key influencers in the community to become champions of the program and help to create an enabling environment for married adolescent girls to achieve both economic and health outcomes.

TESFA+ seeks to apply the lessons learned from seven years of TESFA implementation by embarking on a 4-phase path to scale up the model. The objectives of the first phase are to identify the critical elements of the model and facilitators for replication as well as explore enhancements and innovations to prototype a more impactful and scalable model. As part of phase I, the scale up investigation seeks to engage CARE’s peers, government partners, potential end-users of the model and potential donors to answer our research questions in a systematic fashion to inform phases II-IV of TESFA+.

**Methodology**

The scale up investigation was conducted to answer three main research questions:

1. What are the capacities and experiences of stakeholders and partners and how will these affect the scaling of TESFA?

2. How can we effectively handover the program to the end user once the project cycle is complete?

3. How do we change the model in order to facilitate implementation at scale?

**Key informant interviews**

A total of 18 key informant interviews were conducted with peer organizations, government stakeholders and partner organizations as well as field based CARE office staff.

Stakeholder Analysis Framework was utilized for data analysis which was adapted from the Manchester Metropolitan University stakeholder analysis toolkit. Interviews were transcribed, and information gathered from various sources, tabulated and aggregated across the key themes and main research questions of this investigation.
Key findings

Most informants had a good recollection of TESFA, though they had various levels of engagement. District and village level informants were better informed on the details of the program implementation and deliverables than zonal and regional counterparts. Informants attest to the key results reported by the TESFA evaluation.

However, respondents mentioned that not all of the achievements of TESFA were sustained. Some of the reasons mentioned include: short time frame of the program and not reaching all eligible target groups in a given area.

There are many community-based women’s associations (around 16,500 per zone) organized by the government at the grassroots level and include almost all eligible women of reproductive age within the community. These platforms can be leveraged by projects like TESFA. Additionally, there are informal but influential community groups like edis (neighborhood, social associations), equbs (traditional saving groups) as well as religious institutions in each community that are highly influential in setting norms and certain behavioral expectations for the community. These are important groups to work with in these communities according to informants.

Participants also indicated that manuals and modules designed by the TESFA program provided limited flexibility for the community to adapt or modify; and the program did not facilitate or encourage changes on the content of these materials so that community groups could use them to address different issues beyond the project topic areas.

The other gap highlighted around the handover process was the limited effort made to link the informal groups at the community level with formal institutions (governmental or non-governmental organizations) and other potential funders. It is also necessary to assess the institutional capacity of relevant government sector offices to take over and scale up project initiatives.

Respondents also mentioned the need for coordination with government programs, including the selection of program location and alignment of activities with government work plan and budget, for effective handover and ensuring sustainability.

Recommendations

Based upon the interviews and research conducted, several recommendations surfaced that can be addressed in the subsequent phases of TESFA+.

• Establish strategic partnerships at different levels of government and consistently share project learning and findings with various stakeholders within the government.

• Engage in national level discussions around adolescent sexual and reproductive health and the broader adolescent girls’ agenda, including the alignment of the program with the government’s efforts to end early and forced child marriage.

• Use existing community structures and platforms to expand the reach of the program and link them to relevant formal institutions and structures as appropriate.

• Strengthen the capacity of government stakeholders to implement the project and work jointly to ensure the sustainability of the program.

• Include the handover process as part of the project cycle, preparing relevant partners to gradually take over the implementation.

• Additionally, active engagement at higher levels (national and regional) to inform and influence programs and policies within the country should be considered as part of taking the TESFA initiative to scale.

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