



Reaching Married Adolescent Girls in Ethiopia through the TESFA approach

The Challenge

Despite large declines in child marriage over the last decade, child marriage in Ethiopia is still near 40%, with even higher rates evident in various parts of the country. Early marriage contributes to both high primary school drop-out and high fertility rates for adolescent girls. Married adolescent girls are particularly vulnerable as they are at greater risk of experiencing intimate partner violence, become isolated to the domestic sphere and do not have information or power to make critical decisions related to their own sexual and reproductive health.

The TESFA Approach

In 2010 CARE developed a model to directly impact the lives of ever-married adolescent girls and their communities. Toward Economic and Sexual/Reproductive Health Outcomes for Adolescent Girls (TESFA), which means 'hope' in Amharic, **transformed the lives of 5,000 girls and prevented 180 child marriages in Ethiopia.**

The TESFA approach included two main components:

Peer-based solidarity groups and **community engagement**



The **peer-based solidarity groups** were built on CARE's successful Village Savings and Loan Associations model and organized ever-married girls, ages 14 to 19, into groups that received sexual and reproductive health, life skills, and financial literacy and savings curriculum over 12 months. The groups not only provided a forum for the delivery of the curriculum, but also a safe space to meet and build a supportive network with other married adolescents.

Through the integrated curriculum, girls learned about savings and loans, negotiation skills, financial literacy and income generation along with personal health, benefits of and information on various family planning methods, and where to access services.



The **community engagement** component built on CARE's Social Analysis and Action approach and helped mobilize community 'gatekeepers' (village elders, husbands, mothers-in-law) to create an enabling environment for the girls to achieve both economic and health outcomes.

Community groups would meet once a month to discuss how to support the girls as they went through the program as well as the gender and social norms that drive both child marriage and the challenges faced by married girls. These sessions were facilitated by elected community members and guided by the SAA approach of critical reflective dialogue.

Village Savings and Loans Associations

CARE's micro-finance model forms savings groups at community level with vulnerable populations - particularly women - which financial institutions usually ignore. The process enables women to pool together their resources in order to save money, lend to each other and start income generating activities. Through the TESFA approach, VSLA was adapted for ever-married adolescent girls.

Social Analysis and Action

As one of CARE's models for *gender transformation*, SAA is a community-led social change process through which individuals and communities explore and challenge social norms, beliefs and practices around gender and sexuality that shape their lives.

TESFA's Results

Results from TESFA's implementation in 2010 indicated a 72% average increase in proportion of girls having savings of their own (compared to a 12% increase in non-tesfa groups) and a 15% increase in use of modern family planning methods among participants (compared to a 5% increase in non-tesfa groups). An ex-post evaluation was conducted in 2017 and found that despite the program having ended in 2013, 100% of groups surveyed continued meeting after the end of the project. Girls' and SAA groups both reported that components of the model were not only sustained but diffused to other parts of their communities.





Diffusion was achieved through auto-replicated groups (groups resembling original TESFA girls' groups emerged, which are supported by TESFA original members) or sustained groups (original groups replaced members when they left the group due to various reasons).

Lessons Learned

CARE has learned valuable lessons from the TESFA model's implementation. The various applications of TESFA have shown that:

- **Girls' groups took ownership:** girls' groups adapted the curriculums on sexual and reproductive health and financial skills to be story-based and more participatory, including development of role-plays.
- **Community engagement went beyond support for the girls:** the community engagement component of the project created mutual accountability between the girls, husbands and community members. The community took on the prevention of child marriage in their community, which was not an intended objective of the program.
- **Girls' group platform served as a catalyst for change outside of sexual and reproductive health and economic empowerment:** with their newfound negotiation skills and mobility, many of the girls chose to go to school. The model has had unintended, but positive consequences. Later iterations of the TESFA model have used this lesson to direct adaptations of the original model to include in-school girls and school-based mentors.

The TESFA Journey

CARE's successful TESFA model has been adopted and adapted in different parts of Ethiopia. In 2015, Johnson & Johnson funded the TESFA approach, seeking to reach 3,000 ever-married adolescent girls. The project aimed to improve sexual and reproductive health, economic status and increase negotiation of ever married girls, as well as enhance community support for the girls and their partners.

In 2016, the Bill & Melinda Gates Foundation began funding a project focusing on the empowerment and improvement of girls' health and development. The project uses key components from the TESFA model while adapting the approach for younger girls who may not yet be married.

In an effort to apply the seven years of implementation lessons learned from the TESFA model, CARE is designing a more impactful and scalable version: **TESFA+**. TESFA+ will first build on the Ex-Post evaluation findings to investigate how to successfully reach more ever married girls, including exploration and documentation of facilitators and barriers to auto-replication and complementary pathways to scale. With this additional understanding, CARE will work with communities to design a model that builds on the essential components of the initial program to explore girls' own improvements and capitalize on innovative avenues for impact.

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Notes

1. <https://www.girlsnotbrides.org/child-marriage/ethiopia/>



2010

What: TESFA invented and piloted

Where: South Gondar Zone, Amhara Region, Ethiopia

Who: Ever-married adolescent girls ages 14-19 & community members

When: 2010-2013

Evaluation conducted in 2013.

Expost evaluation conducted

in 2017



2013

2015

What: TESFA continued with funding from Johnson & Johnson

Where: South Gondar Zone, Amhara Region, Ethiopia

Who: Ever-married adolescent girls ages 14-19 & community members

When: 2015-2018



What: Abdiborou Project, funded by Bill & Melinda Gates Foundation uses TESFA as core model to improve sexual and reproductive health of adolescent girls

Where: West Hararghe Zone, Oromia, Ethiopia

Who: Adolescent girls 10-14

When: 2015- ongoing

2017



What: TESFA+ Launched

When: 2018

2018

