**Towards Economic and Sexual and 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. The Amhara region of Ethiopia has one of the highest rates of early and forced marriages in the country: almost half of girls there are married by the age of 15.1

CARE launched TESFA (Towards Improved Economic and Sexual/Reproductive Health Outcomes for Adolescent Girls – translates to “hope” in Amharic) in 2010, aiming to address the economic, sexual, and reproductive health problems of ever-married2 girls through an integrated approach that combined peer-based solidarity groups (for the girls) with community engagement (for influential adults in the community). The initial iteration of TESFA, funded by the Nike Foundation and implemented between 2010 and 2013, reached 5,000 adolescent girls in the South Gondar zone of the Amhara region of Ethiopia. After the original implementation was complete, the program was adapted slightly to include non-married girls, schools and teachers, and Johnson & Johnson funded it to scale to additional areas of South Gondar, reaching 2,587 more girls and 1,440 adult community members between 2015 and 2017.

**OBJECTIVES**

The overarching goal of TESFA is to facilitate positive changes in adolescent girls’ sexual and reproductive health and economic status. Specific objectives include:

- Improve adolescent girls’ attitudes about family planning and other reproductive health services in addition to increasing their knowledge and use of such services
- Grow adolescent girls’ income and improve their access to assets through savings and loan groups
- Enhance community support for adolescent girls (particularly from their partners, families, and other gatekeepers), so they can participate more fully within their households and community

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2 “Ever-married” girls are those who have been married at least once, whatever their current marital status.
More Impact:

- Significant improvement in couple communication and joint decision-making
- Significant declines in gender-based violence
- Significant positive impact on mental health

“I observed huge difference in our life before and after TESFA. It is like the distance between the earth and the sky.

Before TESFA, when I want to sell cattle, I would not tell my wife. She had no say. But now we discuss family matters and we will decide after discussing what we want to do.

- Male TESFA participant

STRATEGY AND ACTIVITIES

Peer-based solidarity groups

These groups were built on CARE’s successful Village Savings and Loan Association (VSLA) model, providing a platform for married adolescents to learn, socialize, and get support from others like them. Over the course of one year, participants learned financial literacy (including negotiation skills, savings, and income generation), and health literacy (including where to access health services and how to use modern family planning methods).

Community engagement

“Gatekeepers,” or influential community members like village elders, religious leaders, and health workers, were recruited to be part of Social Analysis and Action (SAA) groups. (CARE’s SAA approach invites participants to engage in critical dialogue and reflection on the factors that contribute to acceptance of harmful social norms including early and forced marriage). Adult participants in TESFA received training in areas related to the main project goals through a peer education system similar to that used with the girls’ groups. They also supported the girls’ groups, acted as liaisons between the program and the community, and took action to prevent early marriage where possible.

RESULTS

An evaluation of the original TESFA program indicated a 72% average increase in proportion of girls having savings of their own and a 27% increase in use of modern family planning methods. In the extended program, the percentage of girls receiving support from spouses or mothers-in-law to use family planning increased significantly, leading to higher uptake rates (up to five times higher in some cases). An ex-post evaluation conducted in 2017 found that all of the groups surveyed from the original TESFA cohort continued meeting after the end of the project, and 60% self-replicated. Participants in the girls’ groups and the SAA groups reported that components of the model were not only sustained but diffused to other parts of their communities, with no assistance from CARE.

FUTURE DIRECTIONS

In an effort to apply the lessons learned from seven years of TESFA implementation, CARE is designing what aims to be a more scalable version: TESFA+. TESFA+ will explore and document 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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5 Evaluation not yet published.