



“In the future, I will let my daughter choose the time she wants to get married, after completing her education and getting a job. I personally prefer if she gets married after the age of 20 but this will be only her decision, not mine or anybody else’s.”

—TESFA girl

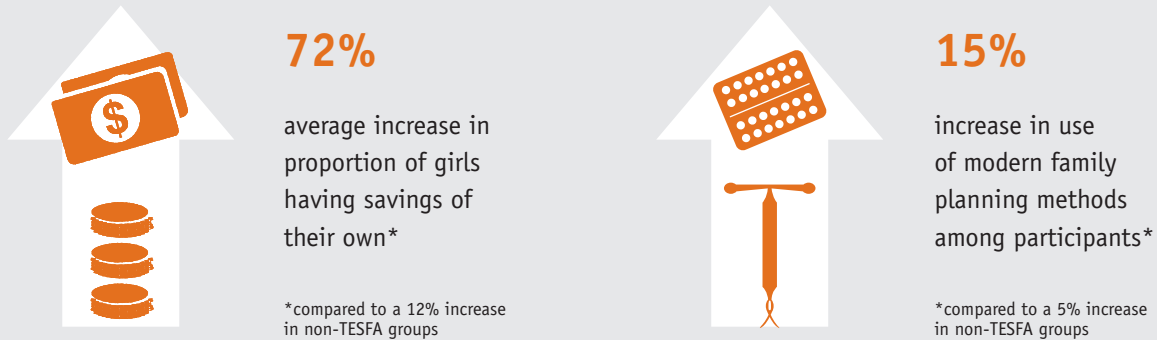
TESFA+ INVESTIGATIVE RESEARCH BRIEF



Background

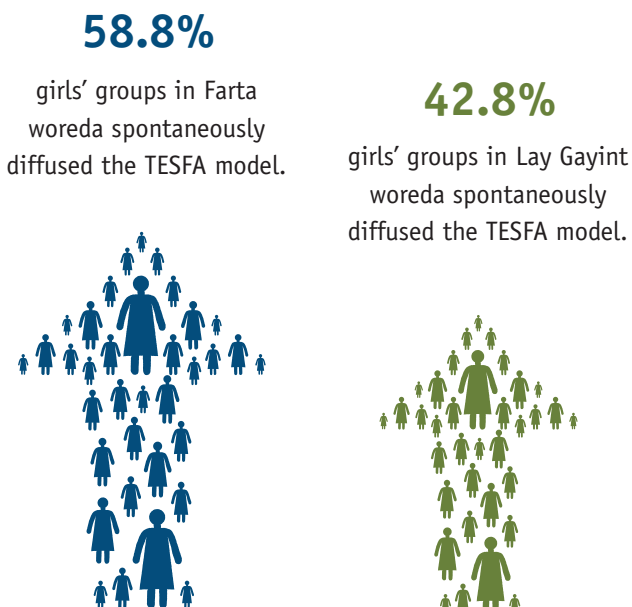
CARE launched TESFA (which means 'hope' in Amharic) in 2010, aiming to mitigate the challenges faced by married adolescent girls in South Gondar zone of the Amhara region of Ethiopia. TESFA impacted the lives of 5,000 girls with the goal of achieving measurable positive change in their economic empowerment (EE) and sexual and reproductive health (SRH) status. TESFA used an integrated intervention combining CARE's successful Village Savings & Loan Associations (VSLA) model within peer-led girls' groups to strengthen both SRH and EE outcomes and Social Analysis & Action (SAA) groups to engage community members to address the social normative barriers faced by ever-married girls. See figure 1 for results from the implementation of TESFA in 2010-2013, from the evaluation conducted by International Center for Research on Women (ICRW).

FIGURE 1: Results from TESFA 2010-2013



In 2017, CARE and research partner Addis Continental Institute of Public Health (ACIPH) carried out an ex-post evaluation that revealed even without continued assistance, support or monitoring from CARE and implementing partners, **100% of groups targeted by the study continued meeting after the end of the project, of which 88% reported that they met in the month before the ex-post evaluation** (see Figure 2 for more results). Girls reported that they continued to meet with their groups for a variety of reasons, including budgeting and savings benefits, gaining and maintaining friendships, getting out of the house, and being a role model for other girls in their community.

FIGURE 2: Ex-Post Evaluation Results



Girls' and SAA groups reported that components of the model were not only sustained but diffused to other parts of their communities, thus disseminating both the TESFA approach and its outcomes to non-TESFA participants. Figure 2 indicates the percentage of girls' groups in two districts that spontaneously diffused the model.

To continue our efforts to support ever-married girls in Ethiopia and beyond, CARE has launched TESFA+. TESFA+ seeks to apply the lessons learned from seven years of the TESFA experience 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 new innovations to prototype for arriving at a more impactful and scalable model. To meet girls' and communities' articulated needs while utilizing their strengths, TESFA+ Phase 1 investigative research builds on the findings of the ex-post evaluation to investigate how to successfully reach more ever-married girls with the TESFA model, including exploration and documentation of facilitators, barriers to auto-replication and complementary pathways to scale. Beginning in January 2019, CARE will use the learnings from Phase 1 investigative research to design the TESFA+ model.

This investigative research aimed to explore and document

1. Barriers, facilitators and critical elements to scaling the TESFA model, including through self-replication
2. Users' suggestions and ideas for improving the TESFA model and scaling it
3. Other avenues and partnerships for multiplying the impact of TESFA and ensuring scale



Methods

This investigative research was completed in Lay Gayint woreda (district) in South Gondar zone, one of the TESFA implementation areas from 2010-2013, where the combined intervention (SRH+EE) was implemented. Among the five intervention kebeles (villages) within the woreda, three were selected for the study and one was selected to conduct the pre-testing of data collection tools. In the three kebeles named Mekuabia, Addis Amba and Zuramba, study participants were drawn from the following groups of individuals to complete a total of 39 focus group discussions (FGD) and 29 individual in-depth interviews (IDI) and key informant interviews (KII):

Target groups	Data Collection sessions planned		Data Collection sessions conducted	
	FGD	IDI/KII	FGD	IDI/KII
Original active girls' groups (married adolescent girls)	9	6	9	6
Dissolved girls' groups	3	3	3	3
Auto-replicated girls' groups	3	3	3	3
Original active SAA groups (social 'gatekeepers')	6	6	2	2
Dissolved SAA groups	3	3	6	5
Auto replicated SAA groups	3	3	4	4
Husbands of the members of the original girls' group members	6		6	
Development Agents	6		6	
Health Extension Workers		6		6
Total	39	30	39	29

CARE conducted a mapping of original and auto-replicated girls' and SAA groups which was used to provide a preliminary understanding of sustainability of the original groups (i.e. if they had continued to meet) and to identify individuals for inclusion in focus group discussions, individual in-depth and key informant interviews, while ACIPH carried out the investigative research.

Members who were leaders in the original girls' and SAA groups were excluded from the FGDs both to evaluate the performance of regular members as well as to minimize bias in sampling. Instead, they took part in individual in-depth interviews. The in-depth and key informant interviews were conducted with all the target groups except for the husbands of original girls' group and the development agents.

Verbatim transcription for all FGD and IDIs was done in the local language of the data collection (Amharic) and then translated into English. The analysis framework was developed along with the study tools based on the priority research inquiries/themes. The English translation of each interview and the field notes (summary notes from debriefing sessions), was used as primary input for the analysis.

Limitations of the study

Since other interventions within the same study areas had some similarities with the TESFA activities, the participants of the study experienced some confusion and gave responses that are unrelated to the TESFA project. It was difficult tracing all groups after five years, and a list retrieved through the mapping was used, which was not exhaustive. Some participants were unable to recall details of the program as much time had passed since its completion.

Results

Girls' and community groups appreciated the results of TESFA, the positive changes in their lives and reported their efforts to maintain their groups, while others tried to replicate a similar process to achieve those results. Though program participants are looking for more content and training on different issues, they are satisfied and inspired enough with the project outcomes and committed to share their stories with others while continuing to be role models in their community. There seems to be a huge need for such an intervention like TESFA, which had been echoed across the different stakeholders involved in this study.



FACTORS INFLUENCING SUSTAINABILITY OF GIRLS' PARTICIPATION IN GROUPS

- **Improved communication and relationships** with husbands and mother-in-laws
- Consistent and strong group **leadership and facilitation**
- **Economic independence**, including saving and loans opportunities, engagement with income generating activities, and group support around financial challenges
- **Health and SRH benefits** such as use of contraception and gaining life skills (confidence to negotiate and uphold rights to access family planning services, attend antenatal care visits and to deliver at facilities)
- **Solidarity and friendships** nurtured through groups was reported to be very important by most girls; groups were considered **safe spaces** where they could share and discuss their lives and feelings with their friends

FACTORS INFLUENCING REPLICATION

- **Economic independence**; ability of the girls to pay for their expenses and the autonomy they earned to engage with income generating activities.
- **Community appreciation** and recognition of TESFA girls as role models in their community.
- Girls' **communication skills and assertiveness** to negotiate for their rights and discuss ideas with their families; and adapting favorable health care seeking behaviors.

"At that time, we were motivated to form our own groups by looking at the benefits TESFA Project beneficiaries were getting. We compared our life standard with them and realized we were backwards. Then we started to see what they were doing and followed their foot step."

—A GIRL FROM AN AUTO-REPLICATED GIRLS' GROUP

Learning for sustainability and impact at scale

Creating safe spaces to enable girls' solidarity, to learn, share their ideas and develop life skills, encourages the adoption of new behaviors and also motivates them to stay connected, support each other and sustain the changes.

Social recognition and community support enabled girls to sustain the changes and motivate others to organize in groups mirroring after the TESFA model. Support from husbands was particularly essential for married girls' mobility outside of the house and active participation with program activities.

Flexible processes and procedures for groups, that can be adjusted based on what works better for them, including meeting schedules, group norms and bylaws, contribute to the ownership as well as the longevity of the groups. Group discussion manuals and curriculums also need to be flexible where groups can adapt and use the sessions to discuss and address other felt needs, especially after they finish with the provided topics and issues.

Group facilitators' commitment and leadership played a key role in maintaining the group activities and successes. On the other hand, the total dependence on the few trained facilitators compromised the sustainability as well as the active engagement of other group members, particularly in situations where the facilitators were unable to pursue with their roles for different reasons.

It is important to consider a longer-term objective with the VSLAs to transition from the small scale savings and loans process towards accessing other financial services, as needs and demands of groups increase over time.

For more information on TESFA+ and CARE's learnings for integrated, gender equality sexual and reproductive health programming, please contact Feven Mekuria at feven.mekuria@care.org

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