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

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Launched in 2010 reaching over 5000 ever-married adolescent girls (ages 10-19) to mitigate the effects of child marriage through a focus on sexual/reproductive health (SRH) and economic empowerment (EE)

**CONTEXT**
- no/little education + lack of social networks / isolation
- high GBV + FGC + limited reproductive health services
Innovative Programming

Working directly with hard to reach married and most vulnerable adolescent girls

Creation of buy-in and sustainable social support systems for married girls through Social Analysis & Action (SAA) groups

Group based peer education model based on VSLA approach to provide safe spaces for discussion and education on SRH and EE

Photo Credit: Jeff Edmeades
Program Implementation

**Girls’ Groups**

- **curricula**
  - comprehensive & age specific
  - takes into account gendered issues relevant to the community
  - tailored curricula for 3 arms: SRH only; EE only; and combined

- **formation**
  - community leaders identify/recruit girls based on set criteria
  - organized to be participant led group

- **facilitation**
  - peer facilitators selected by group members & trained on curricula & facilitation skills
  - groups meet regularly and receive support through community/SAA
  - group members receive trainings, take loans, save, and engage in income generating activities
Program Implementation

Community / Social Analysis & Action Groups

- “gate keepers” nominated by community members
- includes religious leaders, kebele leaders, HEW, mother in laws, husbands and fathers
- go through critical reflection dialogue on socio cultural practices

formation

function

- liaison between project and community
- challenge community attitudes using accurate information
- identify eligible girls, visit households of participating girls & provide ongoing support to girls’ groups
Core Question: Is there a synergistic relationship between increased capacity around economic and sexual/reproductive health matters? Does providing both types of programming together result in better outcomes for each than providing each individually?

TESFA Improves SRH and Economic Outcomes
Evaluation Approach

Quasi-experimental Mixed-Method Approach

- Three main intervention arms and smaller comparison group
- Study *kebeles* purposively matched
- Cohort design with one year apart baseline and endline data collections
- 3,197 girls were interviewed at both points
- Quantitative data complemented by qualitative data and detailed monitoring data
Preliminary Findings: Sexual and Reproductive Health

Increased correct knowledge about contraception

Increased use of contraceptives

Increased use of reproductive health services (e.g. ante-natal care, childbirth assistance)

Increased support for using contraception

Increased ability to negotiate contraceptive use with husbands
Preliminary Findings: Economic Empowerment

Sharp increases in economic activity
  Savings and loans in EE arms
  Greater diversity of income

Greater confidence in ability to deal with economic crises

Increased ability to negotiate with husbands about earning money

Photo Credit: Jeff Edmeades
Preliminary Findings: Unexpected Benefits

Intent to return to school

Significant increases in couple communication

Improved self-worth, mental health and self-confidence

Changed view of women’s roles in society and best age at marriage

Direct prevention by community members of at least 180 child marriages

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

“I want the world to know that washing his feet used to be my responsibility! I don’t have to wash his feet anymore…”
TESFA Program Participant

Source: Qualitative and Project Monitoring Data
Lessons Learned

Peer-led girls support groups work even in rural, conservative context by providing critical **safe spaces**, expanding **social capital**, and as effective **vehicles for** a variety of **training** topics

Contextualized community outreach and continued engagement is key:

Active inclusion in project is key for achieving buy-in

Community reflection and transformation is possible and generates supportive environment for girls

Targeting and engaging gate keepers is key to creating mutual accountability

Linking to existing community support systems inspires commitment for further social change
Rapid changes in knowledge and behavior are feasible using this approach.

Including tailored ‘life skills’ training, particularly around negotiation skills is key.

Effects extend beyond health and economic empowerment.

Photo Credit: Jeff Edmeades
Lessons Learned

Coordination between project design and evaluation from the beginning is key.

Program participation itself can make a very large difference in the lives of girls.

Mitigating the effects of child marriage should be a focus of more programming and can contribute to prevention.

Photo Credit: Jeff Edmeades
Recommendations

More focus on married girls is needed
   Most vulnerable yet underserved
   Significant in number, yet invisible
   Safe spaces and supportive environments key to unleashing their potential
   Give married girls more voice and visibility

Working with community through social gate keepers is key
   Deliberate and active engagement at all stages of program cycle
   Create sense of ownership and accountability
   Enable *them* to be change agents

Fully integrate evaluation and program design
Next Steps

Communication and dissemination
- National
- Global

Going to scale
- Huge need and demand both in Ethiopia and elsewhere
- Research on how to effectively go to scale with group-based programming needed

Active engagement in national and global forums on child marriage to both inform and influence
Thank You