



Scale X Design

## Scale X Design Accelerator Cohort 3

View on Screendoor at <https://screendoor.dobt.co/careinnovation/scale-x-design-accelerator-cohort-3/admin/responses/6>

### Initiative and/or Program Name

TESFA+ Unlocking the power and futures of married girls around the globe

### Technical Sector

- Water
- Food Security
- Humanitarian
- Health
- ✓ Gender
- Agriculture
- ✓ Economic Development
- Capacity Building/Governance
- Education
- Dignified Work
- Social Enterprise
- ✓ Youth and Adolescence

**Check this box if your application should NOT be entered in the Accelerator as a finalist.**

No response

**Check this box if your application is a social enterprise or consulting practice that does NOT fit within the Cohort 3 theme: Women's Economic Empowerment.** Hidden

No response

**Are you submitting your application in English?**

- ✓ Yes
- No

### Problem Statement

In Ethiopia, particularly in rural areas, adolescent girls have great potential to bring positive change to their communities and country. Yet their lives are too often constrained and threatened by early marriage. While trending downward, child marriage rates in Ethiopia are still near 40%, with 16% of girls married by age 15. Early marriage contributes both to high primary school drop-out and high fertility rates for adolescent girls. TESFA approach builds on CARE's successful Village Savings and Loan Association (VSLA) model by organizing ever-married girls into solidarity-groups through which a 12-month sexual and reproductive health curriculum is delivered, primarily via peers, in addition to the traditional financial literacy training and savings activities. In TESFA, these groups not only provided a forum for economic empowerment and SRH curriculum, but also a safe place to meet and build a supportive network with other married adolescents. TESFA also works with community 'gatekeepers' (village elders, religious leaders, mothers-in-laws, husbands e.t.c) who are recruited as a part of Social Analysis and Action (SAA) groups. Through SAA groups, key influencers in the community become champions of the program and help to create an enabling environment for married adolescent girls to achieve both economic and health outcomes.

**a) Explain how your initiative solves the problem. What evidence exists to prove your initiative solves the problem?**

Both terminal and ex post evaluations of TESFA have proven this model improves the economic, personal and social lives of married adolescent girls, as well as has positive SRH outcomes. The proportion of girls who used modern contraception increased by 27 percent and there was an increase in SRH knowledge and communication with their husbands around SRH. In addition to positive health impacts, TESFA led to increases in saving for productive investments and income generating activities.

While TESFA focused specifically on economic and SRH outcomes, there was also a positive spillover effect into many other areas of the girls' lives. TESFA participants reported an increase in joint decision making with their husbands, improved mobility and mental health, and a dramatic decline in domestic violence. Further, families and community members joined together to directly prevent 180 child marriages.

The 'Ex Post Evaluation' of TESFA, carried out four years after the program ended, showed that the outcomes and process were not only sustained but also scaled through auto-replication of groups. In fact all 196 of the girls groups and community groups continue to meet, and in the intervention sites as much as 60% of the girl groups have self-replicated to include more girls.

#### Formative Investigation

Building on the 'Ex Post Evaluation', this stage investigate and identify the essential components of the TESFA model that have contributed to the self-replication and sustainability we have already observed in Ethiopia. This will also entail learning from our users what they see as the factors facilitating or impeding TESFA sustainability and scale. Recognizing that the young women from the original TESFA groups have over 7 years' experience participating in TESFA and have already shared ideas and suggestions for how to improve the model.

#### Design Model

Drawing on the insights gathered during formative investigation to redesign the TESFA model, with the aim of pro-actively encouraging scale and creating a more impactful model. including: modifying existing elements to amplify successful components or prototyping new 'innovations' or enhancements' that we think will powerfully contribute to scaling the model, such story-telling or inter-group connectivity components.

#### Implementation and Testing Planning

As the model is not pre-determined and will be designed during design model, model implementation and testing must be planned. This will likely include developing more detailed TESFA+ model theory of change, implementation and evaluation plans, revisiting budgets, and bringing on additional implementation and evaluation partners as needed. Further, as sharing of our lessons and evidence will be integral to diffusing the TESFA+ model and increasing understanding among stakeholders about scaling, our planning will include mapping of audiences and forums for sharing and developing a dissemination plan.

#### Model Implementation and Testing

This phase will be iterative and will include a strong implementation learning component as we roll-out the model. This phase may also include prototyping and further design exploration of add-o components. While the implementation and evaluation plans can, in large part, only be determined after the model is defined we anticipate the evaluation will provide proof of effectiveness.

**b) How does the initiative apply the CARE approach? (Increased Resilience, Promoting Inclusive Governance and Gender Equality and Women's Voice – The initiative does not have to apply all four to qualify)**

No response

**b) b) How does the initiative apply the Women's Economic Impact Strategy?**

CARE's 2020 Program Strategy set an ambitious goal for the organization: 100 million women and girls exercise their rights to sexual, reproductive and maternal health and a life free from violence. Reaching this goal requires designing for impact at scale. We need to iterate and innovate on our approaches to make them more replicable and impactful, we need to forge new partnerships and ways of working that multiply impact, and we need to equip practitioners and policy makers with the evidence and guidance they need to scale our approaches. This initiative will allow us to do just that.

This initiative also contributes to CARE Ethiopia's Strategic Framework, which provides a unified direction for the country office through 2021. This initiative targets two of CARE Ethiopia's impact groups focusing on chronically food insecure rural women at the age of school ( CARE Ethiopia's theory of change ) and closely aligns with its strategic direction of "Innovation, Impact measurement and Learning". By investigating, testing, and innovating on the catalytic elements of the TESFA model, this initiative will play a key role in advancing CARE Ethiopia's strategy and goal to facilitate economic and social transformation of the most vulnerable women and girls.

**c) Why is your initiative better than what's been done before or by others?**

The TESFA evaluation demonstrated that girls' value and benefited from the social connectivity that the TESFA groups cultivated and the ex-post evaluation identified this as one factor that may have contributed to the model's sustainability and scale. In fact, the girls have requested further, inter-group connectivity. Our hypothesis is that social capital acts as a kind of social 'bank' that is accumulated over time and from which people are drawing in order to take social risks – like delaying childbirth. This will therefore be a critical component of the model and leverage for sustainable and scalable change with more inter-connectivity and a larger cohort of social capital for young women allow them to take larger steps towards gender equality.

Girls identified that they would like to tell their stories and experiences from participating in TESFA with other adolescent girls. Therefore a story-telling campaign that builds the brand of the TESFA model and girls' connectivity will be built. Such an addition will serve catalyze adoption and will serve to shift social and gender norms beyond the TESFA implementation areas, thus amplifying the impact.

It's known that girls who have participated in TESFA chose to attend school due to their newfound mobility right and autonomy. As a result the TESFA model will be linked with the school platform, institutionalizing it and reaching more girls earlier.

**a) Describe how this initiative could further impact 1million+ people by 2020? How can this be taken to scale, either at the national or international level?**

This initiative will contribute to CARE's Taking Charge investment opportunity. A portfolio program that aims to improve the lives of 6.5 million married and unmarried adolescent girls by leveraging funding and learning. This investment will initiate this program, which we hope to catalyze with financial support from additional champions for adolescents' sexual and reproductive health. The original idea of Taking Charge was to expand to 7 countries inside and outside of Africa.

**b) Who will pay for taking this initiative to scale? (i.e. what is the funding model? Will government adopt the innovation? Will the initiative be scaled through market-based approaches? Will it be supported through traditional philanthropy or replicated by other NGOs?)**

This project will be funded by taking charge an investment opportunity, which is a multi-donor pooled fund that already has seed money to leverage further investments.

**c) Based on your experience so far, what is the major obstacle or challenge you feel CARE faces in taking this initiative to scale?**

The anticipated challenge will be balancing the necessary core elements of the TESFA model and the need for their quality implementation with certain government partners' capacity and willingness to implement the model.

**a) What is evidence or the analysis that proves there is demand or interest for this initiative? (i.e. is there interest from the government? Are stakeholders such as partners or communities interested in scaling? Have donors or investors shown interest?)**

The project will be implemented in close collaboration with relevant stakeholders – including the kebele administrations, school teachers, religious institutions and community leaders – will be actively engaged with the project as both design partners and change agents for creating the enabling environment for girls to achieve economic success and sexual and reproductive health. Government partners are the co-implementers of this project, and experts from key government offices will take part in all Phases. They will be key partners in investigation, design and implementation.

CARE will bring in several external partners to provide key input and added value during various phases of this project. While all partners are yet to be determined we envision the following types of partners. We may engage women and girl-focused organizations like Setaweet or Girl Effect to participate in the design as they can offer insights into girls' experience and social connectivity.