

TESFA Project

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

Ex-Post Evaluation Report

September 2017



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Acronyms

EE	Economic Empowerment
FGD	Focus Group Discussion
GBV	Gender Based Violence
GG	Girls Groups
EW	Health Extension Workers
HIV	Human Immunodeficiency Virus
HTP	Harmful Traditional Practices
IGA	Income Generating Activity
MFI	Micro finance institutions
ORDA	Organization for Relief and Development of Amhara
SAA	Social Analysis and Action
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Disease
VSLA	Village Saving and Loan Association

Executive Summary

TESFA project (Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls) was launched in 2010 which targeted ever-married adolescent girls' economic status and reproductive health. The project envisioned to mitigate the effects of early marriage among ever-married adolescent girls in two woredas, Farta and Lay Gayint, of South Gondar zone in the Amhara regional state of Ethiopia. The project aimed to reach five thousand adolescent girls having marital history under the age of 19 in 25 kebeles in the two woredas, with the goal of achieving measurable positive change in their economic empowerment and sexual and reproductive health status. The project operated through four programmatic arms: Economic empowerment only (EE only), Sexual and reproductive health only (SRH-only), Economic empowerment with sexual and reproductive health (combined) and a delayed implementation arm (Delayed comparison).

This sustainability assessment (Ex-Post Evaluation) was conducted in the areas where TESFA project was implemented for three years to improve economic (EE-only), and sexual and reproductive health (SRH-only) outcomes for ever-married adolescent girls (10 - 19 years old). The Ex-post evaluation is conducted four years after the completion of TESFA project to assess the sustainability and auto-replication of original girls groups formed by TESFA project. Qualitative approach with purposive sampling method was employed in this sustainability study. Ever married girls groups from the former TESFA project SRH and EE arms, SAA group members (Adult male and female community members) in the SRH Arm, and different level government officials such as Kebele Officials, Health Extension Workers (HEW) and experts from different government offices were participants in the study. Detail information about the group was pulled from archived documents at field office and mapping exercise was done by identifying the girl groups with the help of CARE field office and SAA members in each kebele prior to the focus groups and key-informant interviews.

This report is organized around three main themes. The first focuses on sustainability and auto-replication of the TESFA project, to what extent the participants continued meeting, what the reasons were for continued participation and the ripple-effect of the project in giving rise to self-emergent groups after the program was closed. The second area is on reported benefits of the

project from former participants, which were categorized in to economic, SRH (sexual and reproductive health) and social benefits. The third one is on the impacts of the project, which is discussed under a number of subcategories below.

The overall findings indicated high degree of sustainability of the TESFA program. Most girls and SAA groups were found to be active and regularly meeting in both woredas. While all groups reported continued meeting after the completion of TESFA project in 2013, the meeting frequency differs from group to group. The groups also mostly maintained the same composition and same number of members since establishment; even group facilitators and cashiers were not changed since originally formed. Newly formed (auto-replicated) 'TESFA-like' groups reportedly exhibited three variations on development of group membership and group formation. The first one was new groups with all new members, second one was original TESFA groups lose members due to different reasons such as out-migration and replaced for lost members and the last members of an original TESFA group breaks away from original group and starts a new group with new members that she recruits. These new groups were identified through the groups that were established by TESFA project. According to the study respondents, the new groups were formed to basically replicate the model and benefits of TESFA groups.

Respondents recognized TESFA for teaching them how to save money and the benefits of saving. This was consistently reported by both FGDs and KIIs participants in both arms studied in this ex-post evaluation. Learning saving as a group made members of the group accountable to each other and helped them stay together. The groups often meet once a month, usually on their choice of Saint's Day on which most community members do not engage in labor work, to deposit their saving.

Under economic benefits, engagement in own income generating activities (IGAs) with the knowledge gotten from TESFA's VSLA was widely mentioned. Buying grains when cheap in the market and selling it later in the year when prices go higher, fattening cattle, poultry rearing and cultivating vegetables in their backyard were among the common IGAs. Starting local collective seed bank was another IGA mentioned by few groups, but they admitted this was difficult to sustain because of lack of experience, fear risks in taking collective loans and lack of strong support from the local government offices, particularly MFIs. Participants also claimed to have

learned from TESFA how to balance their income and spending. Married girls were able to buy things for themselves, which was regarded as a major economic benefit. SAA members also reported greatly benefitting from the economic knowledge they acquired by participating in TESFA. They reported minimizing unnecessary expenses for festivities, they used to spend hard earned income for preparing festivities, they said, now they manage their resources wisely and have minimized unnecessary expenses. In SRH benefits, use of modern contraceptives, positive experiences regarding utilization of antenatal care and delivery services at health facilities, and better understanding of STDs and their means of transmission were forwarded from participants. GBV, reportedly, has significantly decreased in recent years. Harmful traditional practices (HTPs) such as early marriage, FGM, removing early tooth, cutting the uvula and abduction have also been declining significantly since TESFA as influential community members have been included in TESFA SAA groups. Increased visibility was one of the major social benefits TESFA has brought to the girls. Improving communication and negotiation skills, opportunities to mix up with other community members and enhanced relationship with their husbands were key social benefits found in this study. Participants also reported improved confidence and positive self-esteem following their participation in TESFA.

TESFA had impacted the long standing norm of early marriage in the communities. The practice of early marriage was reported to have significantly decreased. Another impact attributed to TESFA was free movement of married girls which was limited in previous times. Couples discussion and making joint decisions on their property (selling/buying), their savings, what to cultivate on their land, and number of children was another interesting impact. Participants also mentioned that roles and responsibilities are no more strongly defined by gender. There is no more shame in sharing household chores for husbands like helping in food preparation, housekeeping and child care. While not all improvements in the economic domain are directly attributable to the TESFA program, due to government and other interventions, the findings suggest a number of areas of improvements that are directly related to the TESFA intervention curriculums.

A detailed description of the main findings of the ex-post evaluation for the TESFA project can be found below.

1. Background

Adolescent girls in Ethiopia face serious economic and health problems that can significantly affect their life. The root causes of the problems vary from country to country; and within the same country depending on the prevailing social and cultural norms. Efforts to develop and test interventions to improve the lives and economic well-being of adolescent girls have been challenged by variation in the contexts to which interventions were applied.

TESFA project (Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls) was launched in 2010 with the goal of mitigating the effects of early marriage among ever-married adolescent girls in two woredas, Farta and Lay Gayint, of South Gondar zone in the Amhara regional state of Ethiopia. Both implementation woredas are predominantly rural and typical of rural areas in Amhara as a whole, particularly in terms of the socio-cultural environment governing the behavior of adolescent girls. Most adolescent girls in the area are at risk of early and forced marriage and female genital cutting. The project aimed to reach five thousand adolescent girls having marital history under the age of 19 in 25 kebeles in the two woredas, with the goal of achieving measurable positive change in their economic empowerment and sexual and reproductive health status. Of these girls, 1,147 participated in a six-month pilot version of the project that focused on assessing the feasibility and quality of the programmatic intervention. The remaining 3,773 girls are included in the full program, which is one year in duration.

TESFA project basically employed on Village Savings and Loan Association (VSLA) model, established by CARE, where girls were organized into different groups and program content was delivered primarily via peer-educators. While this approach has been widely used, it had not been used exclusively with adolescent girls or as a mechanism for delivering a health-related curriculum. In addition, the project sought to engage the community to a greater. In particular, community members were recruited as a part of Social Action and Analyses (SAA) groups, which received training in areas related to the main project goals through a peer-education system similar to that used with the girls groups, acted as liaisons between the project and the community and were tasked with providing support to the girls groups.

The project operated through four programmatic arms:

1) Economic empowerment only (EE-only): In this arm participants received a stand-alone program that is focused on developing effective saving behavior, effective negotiation and communication strategies around economic issues, financial literacy, and income generation capabilities.

2) Sexual and reproductive health only (SRH-only): In this arm, participants received a stand-alone SRH program focused on improving their basic SRH knowledge, developing effective negotiation and communication strategies around SRH issues, awareness of available health services and how to access them, the benefits of contraceptive use and available methods, and broader issues such as gender-based violence and gendered power structures.

3) Economic empowerment with sexual and reproductive health (combined): In this arm, participants received a tailored program that combined the elements of the EE-only and SRH-only arms.

4) A delayed implementation arm (Delayed): Participants in this arm received no programming for a period of one year, after which they receive the combined package of programming.

In all four arms, girls were organized into support groups in a structure modeled on CARE's VSLA model.

Social norms in the intervention areas principally favor investment on male over female children which impacts girls' educational opportunities, and their decision-making power on matters that affect their life. Consequently, the vulnerability of adolescent girls in rural Ethiopia to sexually transmitted infections and other physical as well as mental health issues is very high. Several efforts to prevent or reverse the social and economic consequences of early marriage have resulted in immediate positive changes of varying degree following interventions. However, efforts to assess the sustainability of those changes in the post-project period are uncommon.

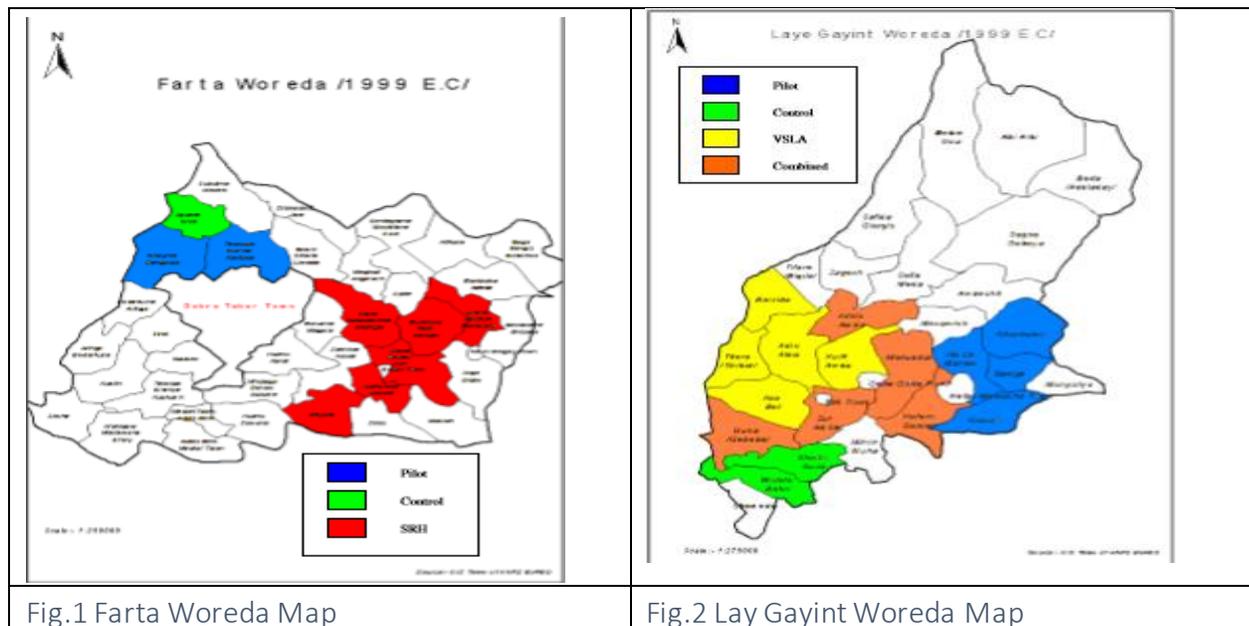
This sustainability assessment (Ex-Post Evaluation) was conducted in the areas where TESFA project was implemented for three years to improve economic, and sexual and reproductive health outcomes for ever-married adolescent girls (10- 19 years old). The Ex-post evaluation is

conducted four years after the completion of TESFA project to assess the sustainability and auto-replication of original girls groups formed by TESFA project.

2. Methodology

2.1 Study setting

The TESFA project Ex-post evaluation was conducted in two woredas of south Gondar; Farta and lay Gayint. The former TESFA project Economic Empowerment only (EE-only) and Sexual and Reproductive Health only (SRH-only) each of these two contained five kebeles each. For the Economic Empowerment only (EE-only) the five kebeles were Mesob Terara, Chehceho, Akabet, Hageregenet and Titira. For the Sexual and Reproductive Health only (SRH-only) Farta Woreda the five kebeles were Wukro, Amjaye, Fartakuskuwam, Buro kantona and Awzet.



2.2 Study population

The study involved ever married girls groups from the former TESFA project SRH and EE arms, SAA group (Adult male and female community members) in the SRH Arm, and different level

government officials such as Kebele Officials and Health Extension Worker (HEW) in the selected kebeles. Woreda level key informants were experts from different government offices. For Farta woreda expert from Health office and for Lay Gayint expert from women and child affairs office were interviewed as key Informants.

2.3 Sampling and sample size

Purposive sampling method was used to identify and select respondents in the consultation with CARE field office staff. The CARE field office was instrumental in tracking the former TESFA groups. Detail information about the group was pulled from archived documents at field office. Girls groups from former TESFA project in SRH and EE arms (ever married girls), SAA groups in SRH arm (both Adult male and female community members) and key informants from different level government offices were selected.

Table 1: Number of participants mapped in selected kebeles (GG and SAA)

Intervention Kebele Girls and SAA groups					
Farta Woreda	Number of groups		Lay Gayint Woreda	Number of groups	
	Girls groups	SAA		Girls groups	SAA
Wukro	17	4	Mesob Terara	14	4
Amjaye	15	4	Hagere Genet	15	4
Burokantona	18	4	Checheho	15	4
Fartakuskuwam	19	4	Akabet	18	4
Awzet	13	4	Titra	12	4

Table 2: Number of FGD and KII participants

Key Informants (KII)		Focused Group (FGD)	
Farta	Lay Gayint	Farta	Lay Gayint
Woreda level: Woreda health office (1)	Woreda level: Women and Child Affairs (1)	Girls groups:(2)	Girls groups (2)
Kebele level: • HEW (2) • Kebele official (2)	Kebele level: • HEW (2) • Kebele official (2)	Female SAA groups (2)	
		Male SAA groups (2)	

2.4 Data collection tools and procedures

The overall field work was facilitated in collaboration with CARE field office. At the kebele level the SAA group facilitators, Health Extension Workers, and kebele managers helped in identifying the target informants. We developed and used three different study tools based on the objective of the ex-post evaluation:

- Mapping checklist: four different tools (for girls group and SAA in TESFA sexual reproductive health intervention area, and for girls group and SAA in TESFA economic empowerment area)
- Key informant interview: semi-structured interview guide
- Focus group discussion: semi-structured interview guide

2.5 Mapping: The mapping exercise was done by identifying the girl groups with the help of CARE field office and SAA members in each kebele. From each group identified two facilitators (representatives) were invited to come to the nearest health post or to their kebele office. The two group facilitators (representatives) were interviewed together about the group they represented. Interviews were conducted in private space after obtaining verbal Informed consent. Mapping was done by six interviewers who received training on qualitative interviewing technique, mapping procedures and mapping tools. They were supervised by Addis Continental

Institute of Public Health researchers. Researchers conducted daily debriefing with the interviewers to refine the study procedure and ensure the collection of relevant information.

2.6 Focus Group Discussion: Based on the results of the mapping exercise, kebeles were ranked by the researchers. The rating was done for the purpose of capturing maximum variation and one best/high performed and one least/low performed kebeles selected for FGDs in each woreda. The performance ranking was operationalized using a question in the tools which asked about the last time the group met, and used “met within the last month” as definition of “high sustained.” Accordingly, two FGDs were conducted with girls’ group members from each woreda). In addition, in Farta woreda, a total of four FGDs were conducted from both performance woredas (2 with Male and 2 Female with SAA group members). The focus group discussions were conducted in a private space either at the nearest health post or in their kebele office. Each discussion was moderated by ACIPH researcher and assisted by a note taker.

2.7 Key Informant Interview: Key informants who were believed to have sufficient information regarding the former TESFA project were selected in consultation with CARE field office. In Farta woreda, Key informants include an expert from woreda health office (1), HEWs (2) and Kebele officials (2). In Lay Gayint, key informants include an expert from women and child affairs office (1), HEWs (2) and Kebele officials (2). They were all interviewed in a private space in or around their office after obtaining informed consent. The key informants’ interviews were conducted by ACIPH researchers.

2.8 Data Analysis procedure

The data gathered during the mapping exercise were used to calculate the percent of sustainability and auto replication of the girls and SAA groups. Group prolonged sustainability after former TESFA phased out was checked for all the groups. Accordingly, month and year of last group-meeting was considered to compare sustainability performance of the kebele. The group that met in the most recent month and year (April, 2017) were taken as high performing

in terms of sustainability but only for the purpose of identifying where to conduct the FGDs for further understanding of the project status after phasing out. Otherwise since in practice we found this question of “met within the last month” did not actually result in understanding about sustainability (as the groups have been operating in a sustained way without meeting in the past month) we considered the regularly meeting groups to collectively be in the sustained category. Auto replicated groups, other groups in some ways different from the original, which emerged and started as a group on their own were also assessed. The SAA groups’ sustainability and auto-replication was also assessed in the same fashion as were the girls’ groups.

The FGDs and KIIs were summarized by thematic areas and data triangulation between Focus group discussion, key informant interview and mapping was done.

2.9 Ethical Consideration

Ethical clearance approval was obtained from Addis Continental Institute of Public Health Institutional Review Board. Additional support letters were secured from Zonal and Woreda level administration offices in South Gondar. Verbal informed consent was also obtained from each study participant. Each interview and discussion was conducted in a private space where the participants felt most comfortable. The right to voluntary participation and confidentiality of the information was explained to each participant.

3. Results

3.1 Overall observation of the researchers

Almost all study participants remembered the TESFA project well including how the groups were formed and what issues the project used to address. Most of study participants also recalled correctly TESFA project implementation period. Majority of the respondents in Farta also remembered by name the CARE staffs who served as field facilitators of the TESFA project. Most of the TESFA SAA and Girls groups were still active in terms of regular meeting and were willing to participate in the ex-post evaluation. The SAAs helped in disseminating the study invitations and were very helpful in gaining access the girl group representatives and organizing the numerous groups needed for the study. The SAAs and Girls' groups seem to have a good communication between them and demonstrated positive attitude towards each other.

The two woredas are different in two main aspects that can affect their performance with regard to sustainability of TESFA project activities. The first difference is their geographic location, Farta is more urban and accessible, located adjacent to the zone town, than Lay Gayint. Secondly, CARE itself was the TESFA project implementer in Farta woreda and still have the implementation office in Debretabor, as it did during TESFA intervention, which is close to the former TESFA kebeles. The implementer in Lay Gayint was ORDA, whose office was not operational and thus not accessible at the time of the Ex-post evaluation.

3.2 Sustainability and auto replication

3.2.1 Sustainability

Sustainability and auto replication were the critical indicators in this ex-post evaluation study. Most girls and SAA groups were found to be active and regularly meeting in both woredas. While all groups reported continued meeting after the completion of TESFA project in 2013, the meeting frequency differs from group to group. Groups that reported meeting up to the month preceding the evaluation were taken as highly sustained in this study.

It was found that most sustained groups maintained the same composition and same number of members since establishment; even group facilitators and cashiers were not changed since originally formed. Some groups however reported accepting new members to replace members that left the group due to different reasons such as moving away from the kebele. All the SRH, EE and SAA groups continued meeting mainly for saving purposes. TESFA project is considered as uniquely fitting the context and inclusive of the usually forgotten young married mothers.

“What makes TESFA unique and successful from many other projects that intervened in our communities was the choice of target groups. Recognizing marginalized married girls from their hiding kitchens and empowering them was a thoughtful and fresh approach to tackling early marriage and other harmful traditional practices. You see they were not left out in TESFA, unlike other approaches that consider them ...they are not much important since they are already married” KII_Woreda Health Office

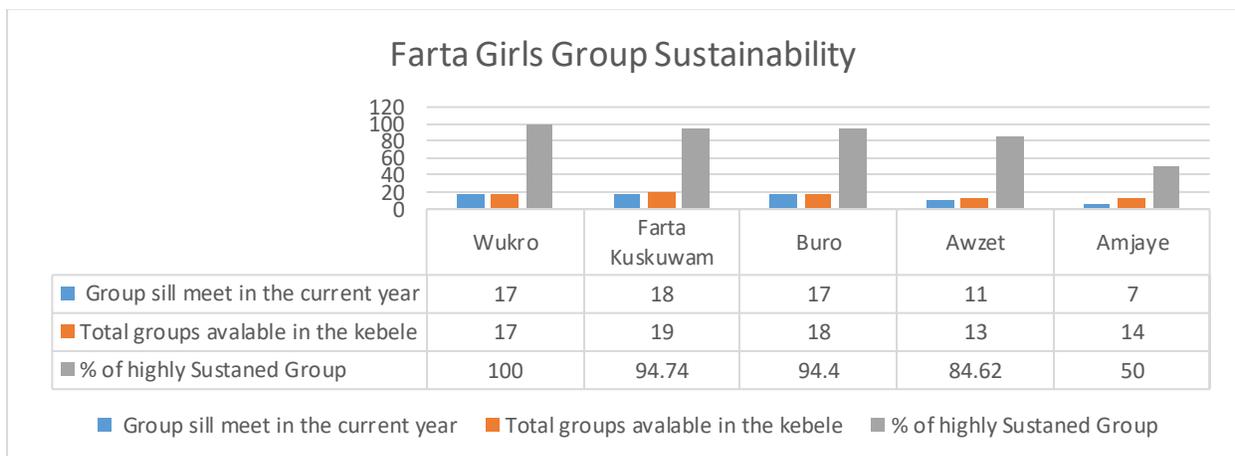
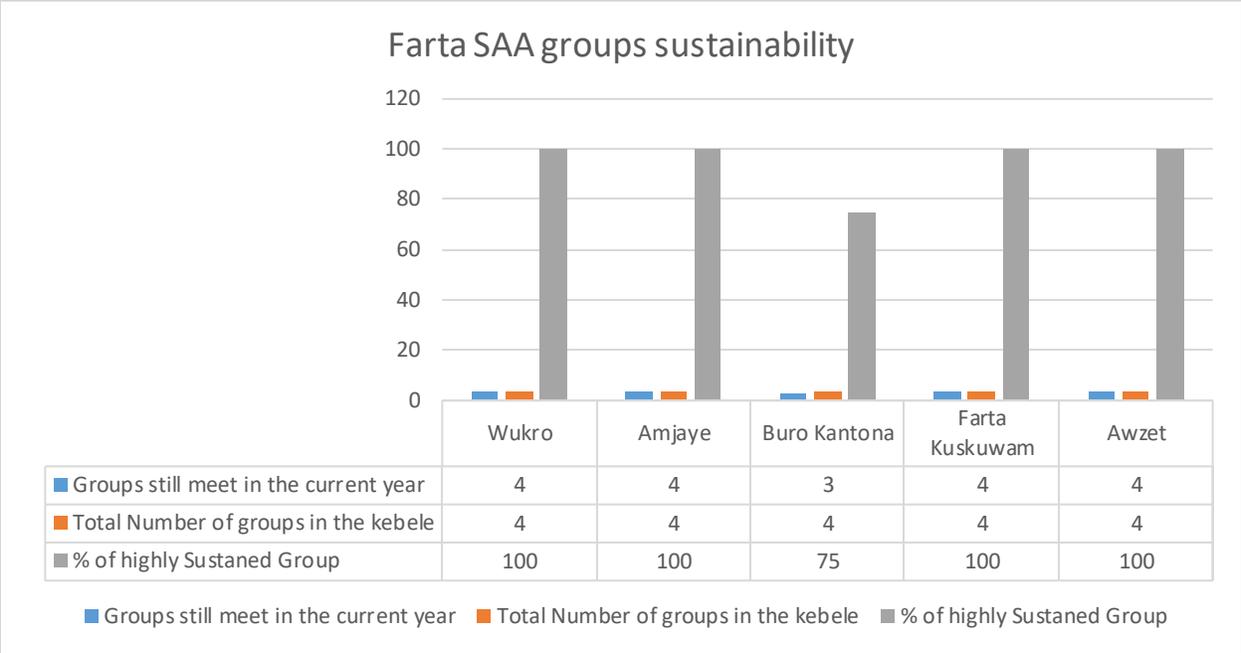
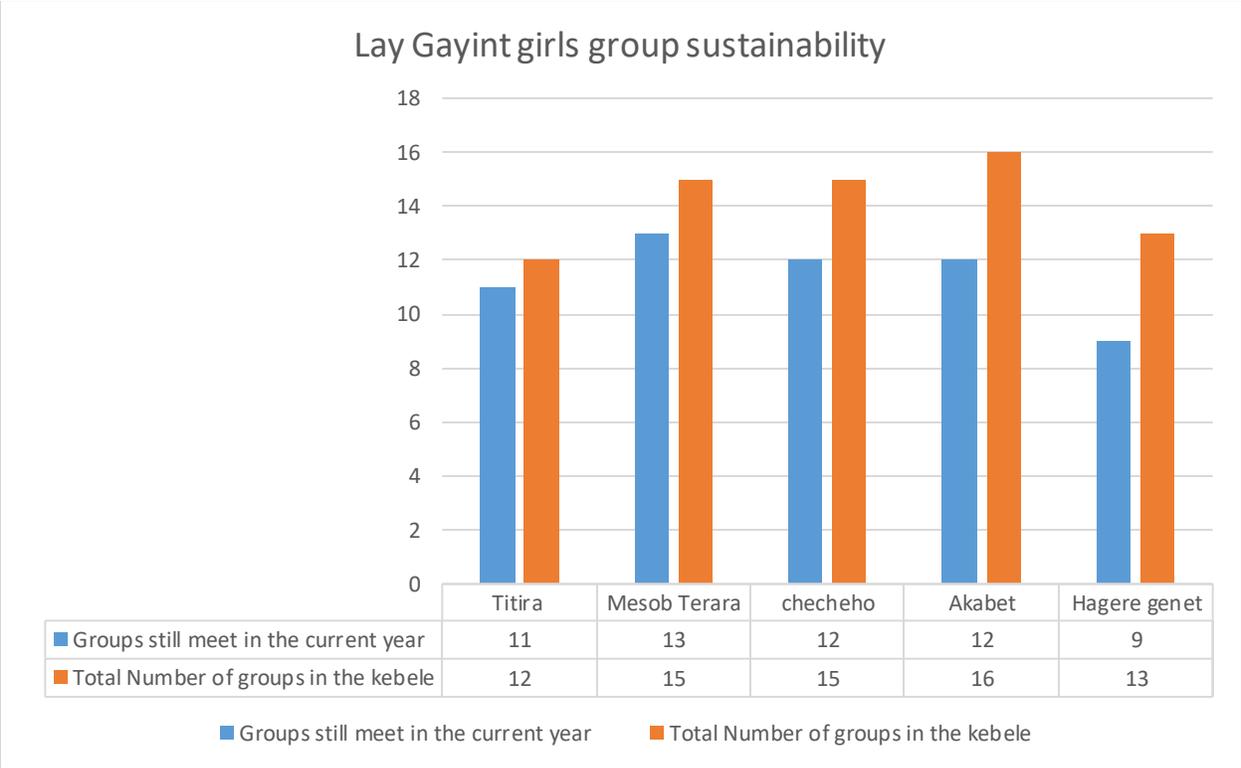


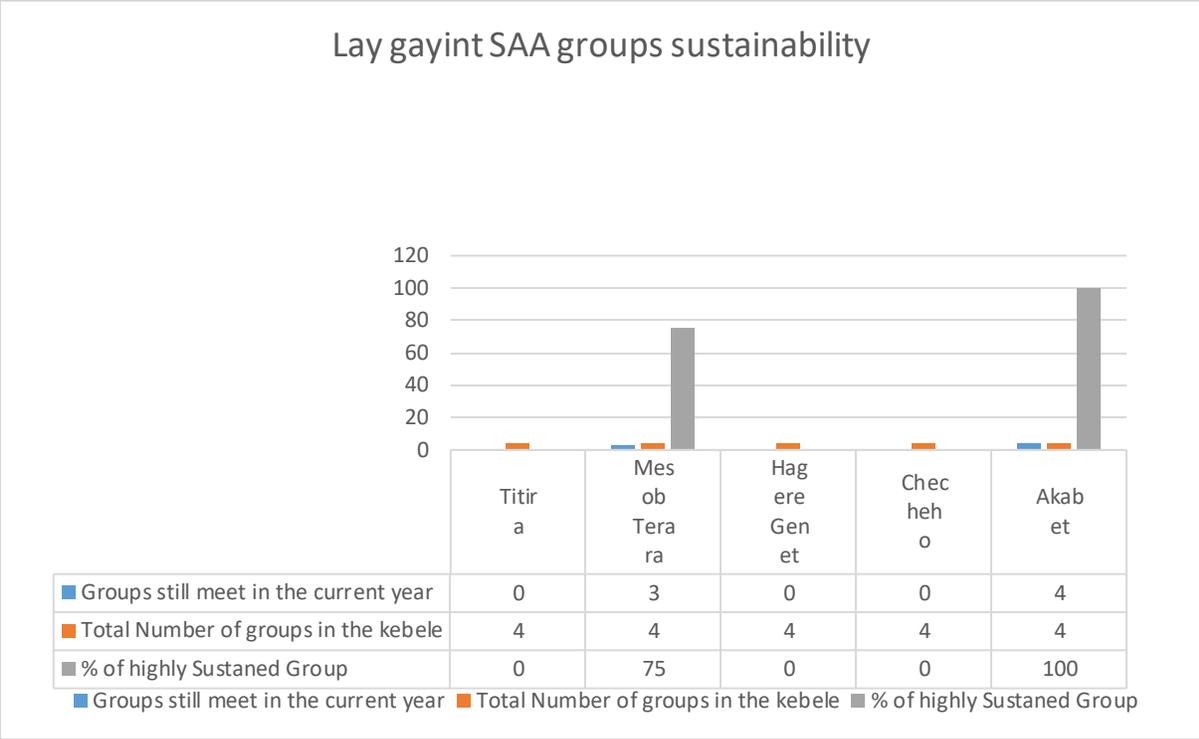
Figure 1: Farta woreda: sustained girls groups



Graph 2: Farta woreda: sustained SAA groups



Graph 3: Lay Gayint woreda: sustained girls groups



Graph 4: Lay Gayint woreda: sustained SAA groups

The study participants outlined a number of reasons for continuing meeting over time and sustaining their groups. They voiced all the advantages they have been missing before TESFA and how they don't want to miss out on any opportunities and lessons that they would continue receiving in their TESFA groups. Table 3 summarizes the commonly reported reasons.

“In TESFA, I learned the possibility of generating my own income...I reared chicken and was introduced to the poultry business that I maintained. I wouldn't have known these possibilities...these things we have in our hands wouldn't be known to us without the lessons we were given. So I continued meeting with my group friends, to learn more and to know even more.”
 FGD_Girls Group members

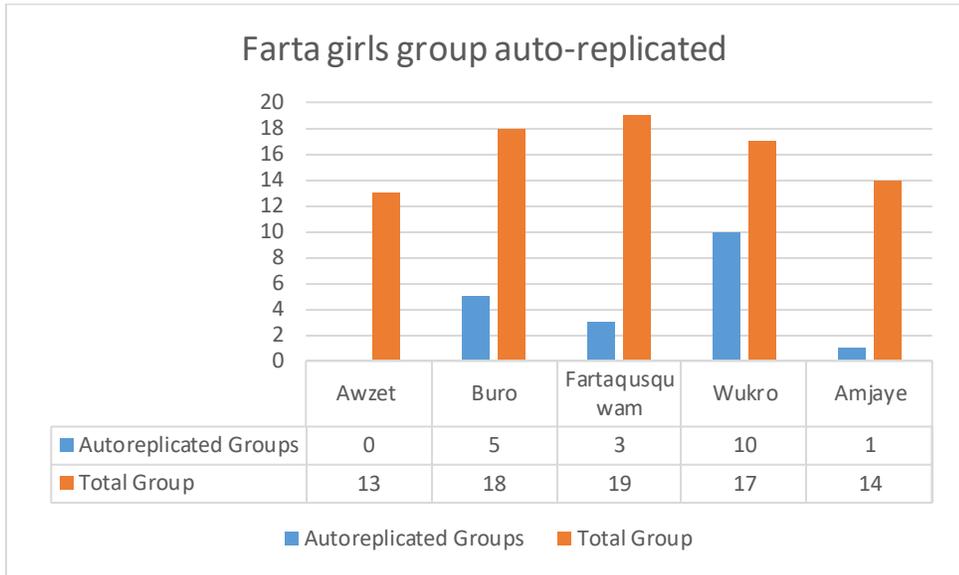
Table 3: Reported reasons for sustained participation over time

Commonly reported reasons for participation over time
• <i>Because our life is generally much better since TESFA</i>
• <i>To save money</i>
• <i>To continue discussing and learning about different social issues of concern to us</i>
• <i>Because the lessons were useful for us (saving and SRH lessons)</i>
• <i>To maintain our friendship</i>
• <i>To go out of the house</i>
• <i>To buy things we need in a group (e.g. cloth)</i>
• <i>To start own business from the savings</i>
• <i>Because our rights have been respected</i>
• <i>To be a role model in the community</i>
• <i>Hoping TESFA project may return one day, we keep up our promises to sustain our group</i>

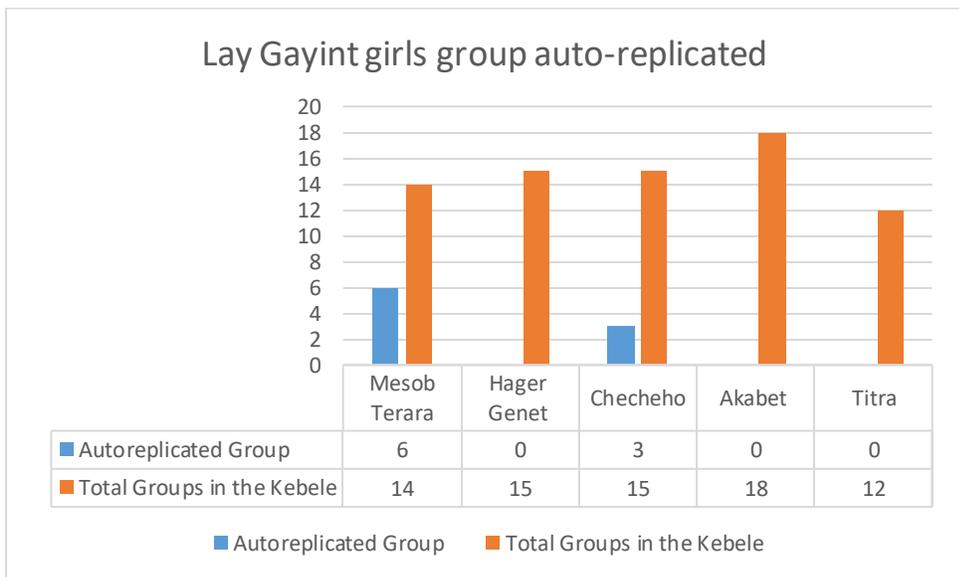
3.2.2 Auto-replication

Auto-replication, in this study, refers to groups established voluntarily on their own after TESFA project was completed without the support of CARE. These newly formed 'TESFA-like' groups reportedly exhibited three variations on development of group membership and group formation. The first one was new groups with all new members, second one was original TESFA groups lose members due to different reasons such as out-migration and replaced for lost members and the last members of an original TESFA group breaks away from original group and starts a new group with new members that she recruits. These new groups were identified through the groups that were established by TESFA project. According to the study respondents, the new groups were formed to basically replicate the model and benefits of TESFA groups.

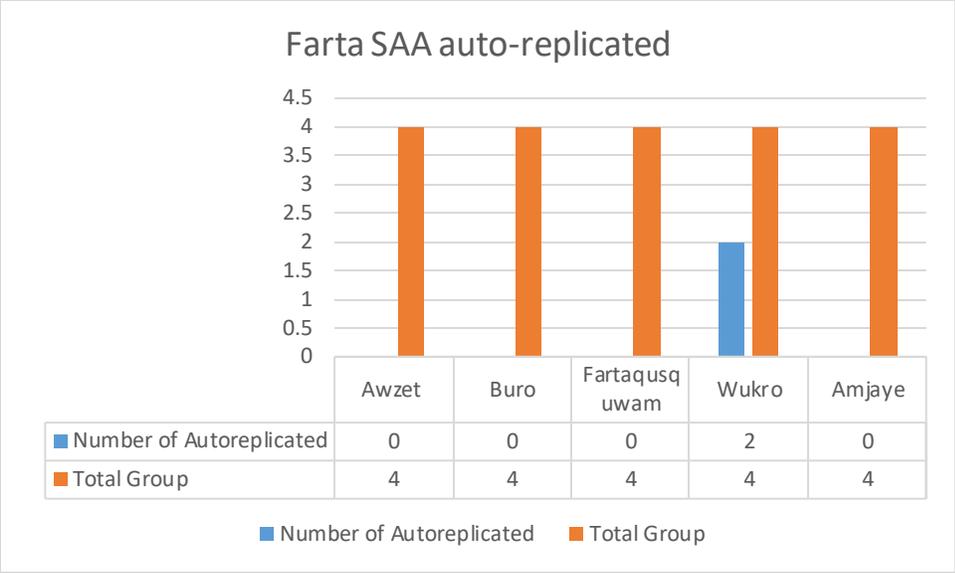
Former TESFA girls' group members reported sharing TESFA manuals and their experiences to the new groups, thus the new groups are following most of the TESFA principles.



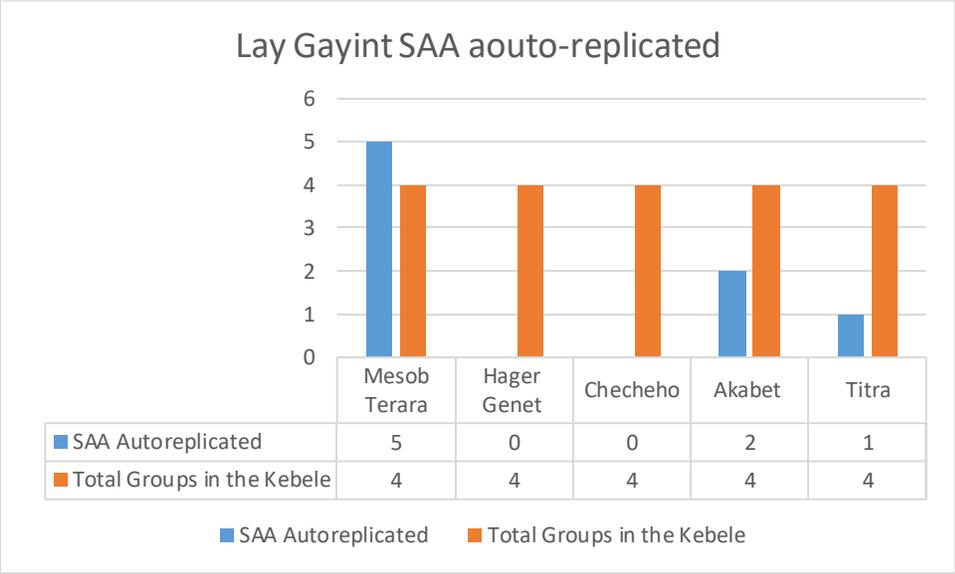
Graph 5: Farta woreda: auto-replicated Girls groups



Graph 6: Lay Gayint woreda: auto-replicated girls groups



Graph 7: Farta woreda: auto-replicated SAA groups



Graph 8: Lay Gayint woreda: auto-replicated SAA groups

3.3 Reported benefits of TESFA

According to respondents, girls’ groups established by TESFA have benefitted a lot from the project. We have classified the reported benefits into three main categories:

3.3.1 Reported Economic Benefits

Increasing economic empowerment was the main goal of TESFA project and respondents have also reported economic benefits first-hand. The TESFA project envisioned empowering girls economically through two main ways, engaging in income generating activities (IGAs) and increasing saving and loans. Respondents recognized TESFA for teaching them how to save money and the benefits of saving. This was consistently reported by both FGDs and KIIs participants in both arms studied in this ex-post evaluation. Learning saving as a group made members of the group accountable to each other and helped them stay together. The groups often meet once a month, usually on their choice of Saint's Day on which most community members do not engage in labor work, to deposit their saving.

Some respondents revealed their engagement in own income generating activities (IGAs) with the knowledge they got from TESFA's VSLA. Buying grains when cheap in the market and selling it later in the year when prices go higher was mentioned as one of the methods to generate income. Fattening cattle was also among the common IGAs mentioned by most respondents. Poultry rearing and cultivating vegetables in their backyard were also among the common IGAs. A few mentioned bakery and traditional tea/coffee shops as IGAs in the area. Starting local collective seed bank was another IGA mentioned by few groups, but they admitted this was difficult to sustain because of lack of experience, fear risks in taking collective loans and lack of strong support from the local government offices, particularly MFIs.

The participants also mentioned that they learned saving of resources and using them economically at the household level. For instance, they mentioned improved management of household food with minimum wastage and ability to store leftover food items safely. They also reported that they learned how to use 'economic' traditional stove to prepare '*injera*' and '*wot*' at the same time, which helped them to save fuel and time. Participants also claimed to have learned from TESFA how to balance their income and spending.

Most respondents who are members of the girls groups proudly mentioned their economic independence. Married girls were able to buy things for themselves, which was regarded as a major economic benefit. Some girls buy cloth as a group with their saved money symbolizing their

collective economic independence from their husbands. The girls groups reported keeping their savings either in a bank or Micro Finance Institutes (MFIs).

“I was just a child before and didn’t know anything about house or money management. I didn’t know saving or planning. Now I know how to manage my house and family with program” FGD_Girls Group members

SAA members also reported greatly benefitting from the economic knowledge they acquired by participating in TESFA. They reported minimizing unnecessary expenses for festivities, they used to spend hard earned income for preparing festivities, they said, now they manage their resources wisely and have minimized unnecessary expenses. Spending without planning is now considered ‘old fashion’. They instead reportedly improved their saving culture that enhanced their economic status. They also reported using fertilizers and “improved seed” to increase their agriculture productivity due to TESFA.

“...nowadays everybody saves ... It has become culture... the one who does not save is considered a fool and careless whose life wouldn’t get any better...” FGD SAA Male

3.3.2 Reported Health/SRH benefits

Health and SRH benefits were widely expressed by participants. Most former TESFA girls’ group respondents disclosed use of modern contraceptives, more commonly injectable contraceptives. According to a HEW, one of the key informants, the demand and use of modern contraceptives is high in the community. Although other governmental and NGO interventions were mentioned, the change in contraceptive use was largely attributed to TESFA.

“Most girls use depo (injectable contraceptive)...most believe the implants cause arm pain and the pills cause marks on the face. After birth women rush for contraceptive, they are awake now... they come to us for the injection. ” KII_ HEW

Participants mentioned positive experiences regarding utilization of antenatal care and delivery services at health facilities. Most of girls’ group respondents correctly knew the number of

recommended ANC visits for a pregnant mother and most said birth at home is not recommended. TESFA was mentioned repeatedly to have taught the girls about the risks of giving birth at home. The participants also mentioned the risk of fistula associated with home-birth. The participants also reported that they discuss and jointly decide the use of contraceptives and desired number of children with their husbands. Respondents also said TESFA has helped them better understand STDs and their means of transmission. They share to their husbands what they learned in TESFA. Similarly, husbands of the girls also reported about joint decision on the desired number of children and about spacing childbirth.

“...we benefitted from TESFA project a lot... TESFA girls help promote our tasks...they know very well about child care and family planning ...they serve as role-model.” KII_HEW

“We were married at an early age and gave birth to children even before our body matured. But after TESFA we use family planning and are able to space our children. Before TESFA we used to hide from our family when we go to health post for seeking contraceptives. Now we are open about it (contraceptive use) ... our mothers-in-law and husbands are also educated about family planning through SAA group.” FGD_Girls group

Most married girl respondents had good awareness on gender based violence (GBV), they described GBV as ... *‘Violence because of being female, oppression by mother in-law and husbands, beating, rape, restricted movement, verbal harassment and defamation on women’*. It was reported that GBV has significantly decreased in recent years because, first of all, women know their rights and stood up for themselves. Reporting to legal authorities was claimed to be a common deterrence to offenders. Improved communication and negotiation skills also helped married girls to prevent violence. SAA members mentioned that TESFA helped to substantially reduced violence against women...husbands as well as the community now see married girls as ‘human beings’ and ‘worthy members of society’. Harmful traditional practices (HTPs) such as early marriage, FGM, removing early tooth, cutting the uvula and abduction have also been

declining significantly since TESFA as influential community members have been included in TESFA SAA groups.

“Many HTPs have been stopped now. We don’t exercise most of those practices because we have now understood all the harms of it on our health. Now on mother will comply to having her girl child undergo genital cutting.” FGD_Female SAA

TESFA was also attributed to the reported improvement in the general health and wellbeing of married girls... TESFA participants have been reportedly leading a better hygienic life style. The participants too acknowledged more awareness about their own and their family’s health affairs. Married girls who participated in TESFA demonstrated good Knowledge about waste management, construction and utilization of latrines, and the advantage of separating human residence from cattle.

“The TESFA girls are easily identified in the community. You can easily tell as they cloth better and appear clean. They also keep their children’s hygiene better” KII_Kebele official

3.3.3 Reported Social/agency benefits

The girl respondents mentioned increased visibility was one of the major social benefits TESFA has brought to them; they said TESFA ‘rediscovered’ us to have claim our importance in the society. TESFA undoubtedly helped improving their communication and negotiation skills and now those married girls articulate their voices in community meetings and group discussions. These skills helped them improve their interactions in the community as well as in their households. The married girls reported that TESFA enabled them to speak equally with men and opened opportunities to mix up with other community members.

“We feel that have been neglecting and abusing our girls in the past...we marry them at an early age without considering the difficult life they would have. We learned from TESFA to consider their interest and now work hard to completely stop that practice” FGD_Male

Married girls reported having equal voice and decision making power in their marriage. Their ability to skillfully speak their views on household matters including selling or buying properties, borrowing or lending money/equipment improved equality in decision making and enhanced their relationship with their husbands. They now feel being like equal partners in all matters. Husbands, FGD participants, also said now they operate as a team with their wives, giving their wives due credit and respect they deserve as a partner. Married girls also talked about improved confidence and positive self-esteem following their participation in TESFA... 'we are not afraid of talking and moving freely anymore'. The girls reported that they believe in themselves as capable as anyone else in their community. They said we no more 'hide behind husband or other people'. They can even go back to school after marriage if they want to, two married girls were reported to have continued their education after marriage and have now joined university. Both married girls and SAA respondents strongly condemned early marriage and expressed their strong determination to strengthen the movement against early marriage.

"We found hope in TESFA. Things that seemed impossible, like going to school after marriage, were made possible. We have a friend in TESFA who went back to school years after dropping out due to marriage ...she is now studying in university."
FGD_Girls

3.4 Impacts of TESFA

The impact of the TESFA project after four years of phase out is summarized in this section. The life skill components both in the Sexual and Reproductive Health and Economic Empowerment interventions were found to have major impact on the participants as well as social norms. TESFA was believed to have such an impact because of the involvement of influential people such as village elders, local government officials, religious leaders and health workers as well as the direct influencers of the lives of adolescent girls including their husbands and mothers-in-law.

"TESFA was effective because SAA members were composed of different influential members of the community...just like we spice 'shiro'." FGD_ Female SAA group participant

3.4.1 TESFA impact on early marriage

Early marriage was one of the long standing social norms in the area. Parents were expected to marry their daughters around the age of ten year often without their knowledge or consent. Men also preferred to marry younger girls for 'purity' issues. However, after TESFA the practice of early marriage has significantly decreased; early and forceful marriage is uncommon now. Social norms have changed and people are aware of the harmful effects to the girls. Educating girls instead of marrying them off early is regarded more beneficial now. Targeting ever married adolescent girls in TESFA was considered innovative approach to teach community about early marriage. The project used those girls to show others the difficult journey they have gone through and was successful in influencing community. Moreover, engaging norm holders in the SAA groups was a great facilitator to this norm shift around early marriage.

"We are victims of early marriage, TESFA taught us to fight to spare our younger sisters" FGD_Girls

"I was preparing to marry off my 10-year-old daughter when TESFA project came to our village. She was spared because of the project. I am happy. Now she is in school." FGD_Male SAA

"Girls used to marry at 7, 8 or 9 without their consent; in large wedding party... no such practice happen now. The girls know their rights" KII_Kebele official

3.4.2 TESFA impact on freedom of movement

Another impact attributed to TESFA was free movement of married girls which was limited in previous times. Currently, girls can leave their house and go to places they want freely. They can now go to church, market places, the health post, attend meetings, and visit relatives as they find it necessary and without resistance from their husbands and mothers in-law.

"Wherever I wish to go, even if it is going to Addis Ababa, no one stops me now... as long as I let them (husband and mother-in-law) know where I would be going." FGD_Girls

Since TESFA, it was reported, women not only move freely but they regularly attend meetings in their TESFA groups and also take part in community meetings. This enabled the girls to be more expressive of their views and less stressed about their life, contributing to their mental wellbeing. The girls repeatedly spoke of 'being and feeling free' in most matters related to their life.

"... these days it is our husbands who remind us to go to health post on appointment days (for family planning)" FGD_Girls

3.4.3 TESFA impact on decision making

TESFA promoted equality among couples; now couples have better communication between them and exercise shared decision making. Couples discuss and make joint decisions on their property (selling/buying), their savings, what to cultivate on their land, and number of children they want to have and the type of contraceptives they may use. In the unlikely event of divorce, they share assets equally. TESFA reportedly also inspired unmarried girls to freely decide when and whom to marry. Women also claimed that now they are more actively engaged in community issues.

"Previously, if a neighbour asks to borrow a farm equipment, I was not allowed to give, even to touch. Now even if he is not home I can lend our things as I see it necessary..." FGD_Girls

3.4.4 TESFA impact on redefining household roles and responsibilities

According to most participants, husbands' these days are involved in household chores which were previously considered solely 'a woman's job'. Fetching water was reported to have been taken over by men. Participants also mentioned that there is no more shame in sharing household chores for husbands like helping in food preparation, housekeeping and child care.

“...just opening a sauce (wot) dish was a big shame for a man in the old days. Now if she is baking Injera, I could help making the wot (sauce)” FGD_Male SAA

“Previously he acted as if our son was only mine... mothers are supposed to take care of children...he (my husband) wouldn't even touch him. Now, even when children are sick, the fathers are the first to hold them close and take care of them.” FGD_Girls

It was also emphasized that it is not only the men who started to share responsibilities, but also women. Some wives have started taking leading role in the farm field, they have learned to plough by themselves, instead of only taking supportive roles. Roles and responsibilities are no more strongly defined by gender. Couples function as a team, helping each other in most of their activities.

“...if we have to classify, I would say baking Injera is still mostly wife's job and farming is for husband's. But it really is not a matter of being a man's or woman's job. It is just that the women are more experienced in Injera baking and men have developed the muscles for pushing the plough. But even these are changing...unless it is on God's work such as pregnancy and child bearing...” FGD_ Female SAA

3.4.5 TESFA impact of couples relationship

According to participants, TESFA shaded light on what a husband-wife relationship need to be, couples now treat each other with respect and understanding. Married girls claimed that was invaluable to enjoying marriage, the feeling of being valued and respected by their husbands as well as their mothers in-law was expressed with a great sense relief. In TESFA, they learned it was actually possible for a wife to be 'equal' with her husband. They now reported equal participation regarding their marriage and household decisions. The life skill lessons were reported to enhance their communication skills and also enabled them to have reasonable dialogue with their husbands even when they had differences of opinions. Before TESFA, said the participants, girls

were considered shameful to talk back, even to look in the eyes of their husbands or mothers in-law.

“Before TESFA, whenever we argue (girl and husband) I used to cry and nothing changes. Now I know what to do. I listen to his idea, then I also tell him mine patiently. Now he listens to me, he accepts my ideas. We understand each other. Whatever the final decision, it would be ours.” FGD_Girls

3.4.6 TESFA impact on reducing violence against women/girls

Violence against women has markedly declined in recent years. Previously, all kinds of abuses (physical, emotional and sexual) against girls/women were common. Husbands were expected to discipline and control his wife. That has changed a lot now and husbands reportedly have become kinder to their wives. Girls and women also claimed that they now know how to better protect themselves from violence.

“It used to be common for a husband to beat and insult his wife. She had to do what he asks whether or not she likes it.” KII_HEW

“Women are awaked now... It is not like our time...no wife tolerates beating and mistreatment now. They go straight to the legal offices and report. They know they can get a divorce and still can share their assets equally.” KII_Kebele official

“There was a time that I used to beat my wife even when she was pregnant if she refuses to wash my feet; now I regret it because I have learned that it is not right. I didn't even care that she was carrying my own child. Now I always wash by myself. I now know yelling at your wife is wrong let alone beating.” FGD_Male SAA

3.4.7 TESFA impact on communication and negotiation skills

The life skill training component of TESFA was believed to have significantly impact on communication and negotiation skills of married girls; they described it by saying ‘we learned to walk with our heads up’. According to respondents, TESFA girls speak loud and communicate better even in large community gatherings; they ask questions and forward their ideas freely.

“After TESFA project, the girls learned to sit in a circle so that everyone can be seen and listen to one another. No hiding behind each other. They express themselves well, be it about early marriage or saving”
KII_Women and child affairs expert

3.4.8 TESFA impact on connectedness

Most Girls and SAA groups revealed that TESFA has improved their connectedness with other similar minded groups in or out of their village. However, the review meetings between groups that used to be facilitated by TESFA projected faded way slowly due to lack of responsible body to organize the meetings. Groups gave more emphasis to maintain their original formation and gave much weight for regularity of their own groups meetings rather than the maintaining links to other groups despite strong positive perception that interactions with other groups are useful.

3.4.9 TESFA impact on promoting leadership

One of the interest areas in this ex-post evaluation was to cognize presence and extent of any former TESFA group members who were assigned by the government in leadership positions. According to participants, there was no systematic approach to recruit former TESFA group members by the government for leadership positions. However, few kebele officials mentioned that there have been discussions in doing so given the impact TESFA groups participants had on social changes in their communities.

3.5 Participants' Recommendation

Participants strongly urged both Girls and SAA groups *'not to break apart'* their groups and not to withdraw from meetings as the groups were instrumental to gaining the observed economic and social changes. Several participants also expressed their hope that TESFA like project would come back again to provide them with new skills to spearhead further economic and social changes in their communities.

“Even students change books from year to year as their grades progress. We have been learning this manual (showing an old VSLA manual) for many years. We know all the topics here. Our group members say ‘we are tired on these topics, lets discuss on new ones’. I am hopeful that TESFA like project will come back to us with manuals and lessons on new sets of skills” FGD_Girls

Most participants recommended to form ‘TESFA like’ groups everywhere to improve the lives of girls/women. They recommended that other people form TESFA like groups to start saving in groups, fight harmful traditional practices, improve personal and environmental hygiene, and enhance health services utilization for antenatal care, institutional delivery, and contraceptives use. Collectively girls/women can learn better effective communication skills to improve their relationships with their husband and mothers in-law.

“We highly recommend things we learned in TESFA to everyone. We advise against early marriage ...we encourage useful habits like saving to flourish. We speak in public meetings and teach in churches ...” FGD_Female SAA

Woreda level key informants emphasized the need to proper hand-over of phased out projects to the most relevant stakeholder that can take responsibility for sustaining the initiatives.

“Engaging other government stakeholder was not done early from the beginning of the project. TESFA tried to create linkage at the end of the project and gave handing over responsibility for a lot of sectors which finally resulted in lack of project ownership in the end.” KII_Women and child affairs

4. Discussion

Over all the current ex-post evaluation conducted in two of the four original intervention arms, found the TESFA project has sustained to a high degree, four years after project completion. While all groups were found as sustained in the SRH and EE arms, the regularity of meeting slightly varied by time. While some of the groups consistently met up to the last month before the ex-post valuation, some revealed their meeting consistency was becoming lenient. Monthly

meeting as a group was the general trend by both the girls and SAAs groups. Regarding auto replication, the former TESFA groups were sharing manuals with new groups that emerged in various ways. We perceived that others also wanted to fill up their groups with new members when they lost members due to outmigration and other reasons. Although we did not interview any newly formed group members directly to see the structure, topics of discussion or governance of the new groups we could grasp what they are like by the description from the interviews we did with original group members. In view of that, they appear to be less structured and we called them “TESFA-like” because they appear to be trying to simulate in methods, and recruiting similarly young girls.

The respondents from the original TESFA groups told us the replicated groups are similarly meeting mainly because of the saving of money. They, like the former groups, did ask for new manuals and also indicated that the discussion topics was not updated. They lost interest in the discussion part since it’s the same topic again and again. They reportedly want new interesting topics. The replicated groups appear to be discussing SRH/FP and early marriage although we did not meet with them or interview them.

While no structured interface was report between the SAA and girls groups during this ex-post study, the two groups remained informed about each other’s main activities such as monthly meeting dates and group dynamics. We assessed if the original girls groups had connections among themselves (between groups), or communication with other TESFA groups outside their kebeles. The SAA groups are particularly connected to the girls’ groups they were supporting. They know about each other’s groups to certain degrees. But, the regular meetings together are not maintained.

Saving, was the strongest advantage for the girls that uniquely emerged clearly in this Ex-post post evaluation. Regardless of the woreda variation and the curriculum differences in the SRH-only and VSLA-only arms, saving emerged as the first obvious reason for the groups’ sustainability. The common goal of saving money and having shares in their respective groups enabled the girls to continue meeting as a group. Where there is money, there is always connection. The traditional money saving and loan associations (equub) resembles the VSLA approach in numerous ways such us being a community support group where voluntarily join to

contribute money regularly as a saving. While the curriculum and program implementers revealed that the girls groups in the original TESFA project met regularly, in the Ex-post, we found most groups were meeting monthly. This is likely because of two possible reasons: the first one is naturally following the traditional and long standing equb trends of monthly meeting. The other possible reason is, as also implied indirectly by few participants, the girls may have agreed to prolong their meeting frequencies to a monthly base, instead of the bimonthly schedule in the curriculums, when time gets by and every two weeks appeared to frequent as they only had one manual to discuss on with limited topics.

The SAA groups, who were initially tasked with supporting the girls groups and act as a bridge between the girls and the project were found as strongly sustained as the girls groups. Resembling the same findings about savings among the girls groups, the SAA groups also had that as sole purpose for continued meeting over time. These older groups of different community member, while not being originally trained in the VSLA methods, were later on provided with VSLA training from CARE, which may have a considerable assistance to the savings reason for still meeting.

The two intervention arms (SRH-only and EE-only) studied in this ex post remained single intervention until the end of project and final evaluation. However, implementers revealed that the SRH-only arm participants have later received the VSLA training upon request. But the EE-only arm participants did not get any training on SRH manuals, which may have contributed to the strong appearance of the SRH-only arms in terms of sustainability and maintained structure. Regarding health and hygiene benefits, the reported improvement by both the girls and HEWs may have been enhanced due to an indirect cause. While there was no curriculum that was specifically targeting hygiene, the lessons they obtained from the intervention curriculums and also the fact that the girls were more aware of themselves and their environment while going out frequently to attend these meetings may have encouraged them to take better care of themselves. Another important reason for this is environmental hygiene is one of the key components of the health extension package widely implemented in Ethiopia. Coupled with the trainings they were receiving, practicing what they were thought in this package could have directed them to a better hygienic life style than they previously had. In addition, as was found

in the final report also, being generally enrolled in any of the intervention programs have improved the health seeking behaviors.

Increased use of modern family planning methods was in line with the end line report. The qualitative discussions in this ex post study further discovered that using contraceptives have become more popular among married couples in the community, beyond the TESFA participants. While it was indicated in the final evaluation qualitative data that lack of financial stability and ownership of land were main motivators for FP use, it was found in the ex post that couples were more aware of the advantages of spacing and limiting children, to provide them the best possible care and support, as well as to 'not over-burden the wife physically' due to unplanned pregnancies. This can be taken as strong sustainability point in terms of SRH as most respondents confirmed the continued use of contraceptives since TESFA.

The change in visibility and community mix-up opportunity was a major finding in social benefit. Findings from the end line evaluation also showed increased sense of hope and happiness from the girls' side. The communication skills in their house, which was similarly reported to have significantly improved. This intra household communications were found poor from the final evaluation, but since the girls were much older during the ex post than the time of the final evaluation, it is possible that they took on more matured roles as wives and mothers as their age increased.

While TESFA has obviously shed light in pointing out the harms of early marriage through ever married girls, the government law enforcement and other interventions to mitigate early marriage over the years was crucial to the successful changes in the social norm. Freedom of movement, which was branded as 'ground-breaking' by the married girls, was also acknowledged to have generally improved due to positive changes in economy and better access to technology in recent years. While TESFA has clearly paved routes for the girls to go out more freely, efforts by the government and other interventions also helped improving the freedom of movement for women/girls. Although the ex-post evaluation was more of a collective informant, and therefore in short of detailed understanding about underlying factors, it was noted that impact on decision making have remained strong since the end line evaluation. This impact was reflected from both arms showing increased confidence and agency in terms of financial/economic decisions and SRH

decisions. Communication between couples and negotiation/communication skills were pointed out by the SAA members as much as by the girls. The researchers gathered from the ex-post that the skills training included in both interventions' curriculums had great impact on the participants which made them very vocal about their sustained and current practices. Again, though program effect is mixed in the ex-post study, the qualitative data suggested violence against to have steadily decreased since TESFA. The engagement of husbands in TESFA SAA groups is believed to have helped in steering such changes, in addition to other governmental and non-governmental interventions that worked to mitigate gender based violence in the areas.

Annex: 1 consent form

Hello. My name is [NAME OF INTERVIEWER]. I am a member of the team that is working on the evaluation of the TESFA project which was is “Assessment of intervention sustainability on Economic and Sexual Reproductive Health Outcomes among Adolescent Girls in South Gondar, Amhara Region, Ethiopia. Cooperation for Assistance and Relief Everywhere (CARE) and Addis Continental Institute of Public Health (ACIPH) are responsible for conducting this evaluation study. We are here today to understand the general status of girls and adults in your area who took part in the TESFA project. We will be asking you some questions about adolescent girls and how families and the communities are involved in important issues that involve adolescents and what things have taken place since the project has ended.

You are selected because of your deep understanding and knowledge of the community and how important issues of adolescent girls is dealt with in the community. All information you give us will help us to understand how effective the interventions were. What you will discuss with us will not be shared to anyone outside of the study team. We are not going to record your name or make any information available in such a way that exposes your identity.

With your permission we will be recording the discussion we are going to have. The record will help us to remember in detail what you tell us today when we later on write report. We would like to re-assure you that the records are only used by the research team. Your record will not be made available to the media or any other purpose.

Your participation in this study is voluntary. You can refuse to participate, withdraw at any point or skip any question you don't wish to answer. We would like to tell you that you will not face any consequence for doing so.

Participating in this study may take some of your time. We will be asking you to tell us things you know and remember regarding the TESFA project. We don't expect any physical, major psychological or social harm as a result of your participation in this study.

While we will not be paying you for your participation, your responses will benefit your society by helping us to properly understand and address issues around adolescent girls that are prominent in this area.

If you have any questions regarding this study, you may contact Prof. Yemane Berhane at ACIPH (+251 114 16 82 07)

Do you agree to proceed with this interview? (Mark agreement)

Yes, I agree.

No, I do not agree.

Today's date: || || ||||
Day Month Year

Annex 2: Study Tools

Study tool 1: Mapping Check list-SRH-GG

Girls group checklist for SRH Group			
	Questions	category	Remark
1.	Woreda name		
2.	Kebele name		
3.	Group Name		
4.	When was your TESFA group established? (<i>probe for and record relative time if exact date is not remembered</i>)	DD/MM/YY	
5.	What was your role in the group?		
6.	Interviewee name	1. 2.	
7.	How many members did your group have when established?	-----	
8.	When did this group meet last? (<i>probe for and record relative time if exact date is not remembered</i>)	DD/MM/YY	
9.	<i>If they meet after TESFA phased out, ask why do you still meet?</i>		
10.	Did your group request for connectivity to other similarly minded girls' groups inside or outside of the village?	1. Yes, inside 2. Yes, outside 3. Yes, both 4. No	
11.	Do your group worked together to make any change in your own community related to you own priority? How?		
12.	Is there any member of your group who were using modern SRH services like family planning, institutional deliver etc.?	1. Yes 2. No	
13.	Is there any potential linkages of the girls in your group to HEW or other SRH institutions?	1. Yes 2. No	
14.	How are HEW responsive for the girls' needs?		
15.	After the TESFA project ended was there any girl's group member who was recruited by the government for leadership position?	1. Yes 2. No	
16.	What do you recommend for your group? For other community who have not had the opportunity to participate in TESFA?		
17.	Is there any new groups formed by this group (original TESFA group)?	1. Yes 2. No	
18.	How many new group were formed?		
19.	How were these groups started? (<i>Probe process: like by whom, how many girls each group has etc.</i>)		

Study tool 2: Mapping Checklist-EE-GG

Girls group checklist for EE Group			
	Questions	category	Skip
1.	Woreda name		
2.	Kebele name		
3.	Group Name		
4.	When was your TESFA group established? (<i>probe for and record relative time if exact date is not remembered</i>)	DD/MM/YY _/_/___	
5.	What was your role in the group?		
6.	How many members did your group have when established?	-----	
7.	When did this group meet last? (<i>probe for and record relative time if exact date is not remembered</i>)	DD/MM/YY _/_/___	
8.	<i>If they meet after TESFA phased out, ask why do you still meet?</i>		
9.	Did your group request for connectivity to other similarly minded girls' groups inside or outside of the village?	1. Yes, inside 2. Yes, outside 3. Yes, both 4. No	
10.	Does your group worked together to make any change in your own community related to you own priority? How?		
11.	Is there any member of your group who were involved in joint entrepreneurial activities like creating a cooperative, seed bank, larger loans etc.?	3. Yes 4. No	
12.	Is there any potential linkages of the girls in your group to Micro finance Institutions?	3. Yes 4. No	
13.	How are Micro finance Institutions responsive for the girls' needs?		
14.	Is there Any potential linkages of the girls in your group to Agricultural extensions?	1. Yes 2. No	
15.	How are agricultural extensions responsive for girls' needs?		
16.	After the TESFA project ended was there any girl's group member who was recruited by the government for leadership position?	1. Yes 2. No	
17.	What do you recommend for your group? For other community who have not had the opportunity to participate in TESFA?		
18.	Is there any new groups formed by this group (original TESFA group)?	3. Yes 4. No	> end
19.	How many new group were formed?		
20.	How were these groups started? (<i>Probe process: like by whom, how many girls each group has etc.</i>)		

Study tool 3: Mapping Check list-SAA

SAA Group checklist			
1.	Woreda name		
2.	Kebele name		
3.	When was your TESFA group established? (<i>probe for and record relative time if exact date is not remembered</i>)		
4.	How many members did your group have when established?	-----	
5.	When did this group meet last? (<i>probe for and record relative time if exact date is not remembered</i>)	DD/MM/YY	
6.	<i>If they meet after TESFA phased out, ask why do you still meet?</i>		
7.	Did your group request for connectivity to other similarly minded groups inside or outside of the village?	5. Yes, inside 6. Yes, outside 7. Yes, both 8. No	
8.	Does your group worked together to make any change in your own community related to you own priority? How?		
9.	After the TESFA project ended was there any SAA group member who was recruited by the government for leadership position?	1. Yes 2. No	
10.	What do you recommend for your group? For other community who have not had the opportunity to participate in TESFA?		
11.	Is there any new groups formed by this group (original TESFA group)?	1. Yes 2. No	
12.	How many new group were formed?		
13.	How were these groups started? (<i>Probe process: like by whom, how many girls each group has etc.</i>)		

Study tool 4: EE-GG-FGD

1. For how long were you involved in the TESFA project?
2. What were the main benefits that you got from the project?
3. What is different in your lives that was not there before TESFA?
Probe about any Family Planning use history,
 - What experiences have you had regarding FP use? Do/did you discuss and decide FP use with husband
 - Do you know and/or practices recommended # of visits to health facility while you are pregnant? (ANC visits)*Probe*
 - Have you decided to use or started using FP? Why (why not)?
 - Do/did you discuss and decide on how many children you are planning to have with your husband?
 - Do you know how to prevent HIV/STI? Do you know about their testing? Do/did you practice yourself?
Probe: what are the methods, how are the tests done...
 - Do you know what Gender Based Violence is? How would one deal with Gender Based Violence problems when they arise? *Probe: the process and what she would do in such scenarios.*
4. Since TESFA, do you think there have been changes in your community/ neighborhood related to gender norms?
Probe: Expectations about child marriage, mobility, domestic violence, roles and responsibilities of a wife/husband?
5. Since TESFA, are there any changes (or not) in regard to your relationships with your husband? *Probe: tell me more on this, give me examples*
6. Since TESFA, Do/did you and your TESFA friends meet on purpose? For what purposes do you meet? Are there things you do as group? (*probe* : Have they worked together to make any changes in their own communities related to their own priorities, are they seeking to make connections with other similarly-minded groups outside of their villages?)
7. Since TESFA have there been any new groups formed by the original TESFA groups? How and why have new groups been formed?
8. What were your reasons for your sustained participation over time? (*Probe: reported benefits from participation, what took them to get there, any lessons about content or mode of delivery that supported it*)
9. Has there been request by your group members to connect to other girls' groups –if so, why? If no, why not?
 - has there been request by group members for more manuals or information? If so, why? If no, why not? *Probe: what were the major topics manuals/information were requested from*
10. What do you recommend for your own groups or in other communities who have not had the opportunity to participate in TESFA?

Study tool 5: EE-GG-FGD

1. For how long were you involved in the TESFA project?
2. What were the main benefits that you got from the project?
3. What is different in your lives that was not there before TESFA?
Probe about economic empowerment history,
 - How would the members of the original groups progress from VSLA savings activities to small entrepreneurial business opportunities? To larger loans or access to existing micro-finance institutions? Why or why not?
 - What do you think is the importance of providing economic empowerment component in TESFA project?
4. Since TESFA, do you think there have been changes in your community/neighborhood related to gender norms? Probe: Expectations about child marriage, mobility, domestic violence, roles and responsibilities of a wife/husband?
5. [for those who are married] Since TESFA, are there any changes (or not) in regard to your relationships with your husband? *Probe: tell me more on this, give me examples*
6. Since the project TESFA ended, how often do you meet together as a group? Why do you meet (or why not)? What activities do you do together as a group? Have you started any new groups like yours for other girls like you? Probe: has your group done anything to connect with others with similar interests? Done anything to create changes in the community?
7. Since TESFA have there been any new groups formed by the original TESFA groups? How and why have new groups been formed?
8. What were your reasons for your sustained participation over time? (*Probe: reported benefits from participation, what took them to get there, any lessons about content or mode of delivery that supported it*)
9. Has there been request by your group members to connect to other girls' groups –if so, why? If no, why not?
 - has there been request by group members for more manuals or information? If so, why? If no, why not? *Probe: what were the major topics manuals/information were requested from*
10. What do you recommend for your own groups or in other communities who have not had the opportunity to participate in TESFA?

Study tool 6: SAA-FGD

1. What were the main benefits, if any, that you got from the TESFA project?
2. What is different in your life that was not there before TESFA?
3. Since TESFA, do you think there have been changes in your community/ neighborhood related to expectations about marriage and girls (gender norms)? *Probe: Expectations about child marriage, mobility, domestic violence, roles and responsibilities of a wife/husband?*
 - *Probe: Does your community have a common agreement or standard about age or preparation for marriage?*
 - *(If yes to above) Do these standards pertain to daughters? What about daughters-in-law? Same or different levels to daughters and daughters-in-law?*
 - *Does your community have a common agreement about roles and responsibilities of wife/husband? Violence in the family?*
4. Since the project has ended, Did you continue to meet as a group on purpose? How often? For what purposes do you meet? What were the reasons for your sustained participation over time? *Probe: what were the benefits from participation, What took them to get there, any lessons about content or mode of delivery that supported it*
5. Since TESFA have there been any new SAA or girls' groups formed by the original TESFA groups? How and why have new groups been formed?
6. What were your reasons for your sustained participation over time? *Probe: reported benefits from participation, what took them to get there, any lessons about content or mode of delivery that supported it.*
7. Has there been request by group members for more manuals or information? If so, why? If no, why not? *Probe: what were the major topics manuals/information were requested from*
8. What do you recommend for your own group or in other communities who have not had the opportunity to participate in TESFA?

Study tool 7: HEW/Health office-KII guide

1. Have you heard of the TESFA project? *Probe: tell me what things you have heard or know about the project*
2. What do you think are the main benefits that girls groups got from the TESFA project? What benefits did they get regarding SRH issues?
3. What difference, if any, have you observed as a HEW in the girls lives that was not there before TESFA?
Probe about any Family Planning use history,
 - Do the girls know and/or practices recommended number of ANC visits? Do they come seeking these services? *Probe*
 - Do the girls knows and practice (plan to) having institutional delivery? Do they come seeking these services? *Probe*
 - Do the girls know how to prevent HIV/STI? Do they know about the testing? Do they come seeking these services?
4. What impacts do you think have been sustained within reproductive health institutions since the project ended?
Probe: What would you report as a service provider? Can you give examples?
5. What effect does the TESFA project have on you as a health service providers?
6. Since TESFA, do you think there have been changes in your community/ neighborhood related to gender norms?
Probe: Expectations about child marriage, mobility, domestic violence, roles and responsibilities of a wife/husband?
7. What do you recommend for the original groups or in other communities who have not had the opportunity to participate in TESFA?

Study tool 8: SRH Kebele official -KII guide

1. Have you heard of the TESFA project? *Probe: tell me what things you have heard or know about the project*
2. What do you think are the main benefits that girls groups got from the TESFA project? What benefits did they get regarding SRH issues?
3. What difference, if any, have you observed as a kebele official in the girls' lives that was not there before TESFA?
Probe about any Family Planning and institutional delivery
 - Do girls practices recommended number of ANC visits? Do they seek FP services?
 - Do the girls practice institutional delivery?
 - Do the girls know about HIV/STI testing? Do they seek these services?
4. What impacts do you think have been sustained within SRH institutions since the project ended? What do a service providers report?
5. Since TESFA, do you think there have been changes in your community/ neighborhood related to gender norms?
Probe: Expectations about child marriage, mobility, domestic violence, roles and responsibilities of a wife/husband?
6. How much auto-replication do you think exists or how extensive are new groups forming of the girls' groups? What about SAA groups? What enables or facilitates auto-replication?
7. Was there any effect on other (married or unmarried) girls beyond the original target population? *Probe: can you please give us examples*
8. Can you tell us about the extent of the girls' groups or SAA groups later recruited by the government for leadership positions? *Probe*
9. What do you recommend for the original groups or in other communities who have not had the opportunity to participate in TESFA?

Study tool 9: EE Kebele official/Women's and child affairs -KII guide

1. Have you heard of the TESFA project? *Probe: tell me what things you have heard or know about the project*
2. What do you think are the main benefits that girls groups got from the TESFA project? What benefits did they get regarding financial management and saving issues?
3. What difference, if any, have you observed as a kebele official in the girls' lives that was not there before TESFA?
Probe: saving and loan history
 - Has there ever been any potential linkages of the girls to MFIs? *Probe*
 - How are MFIs responsive to girls' needs? *Probe*
 - Is there evidence of joint entrepreneurial activities (creating a cooperative etc.) among the members?
Probe
 - Are the girls working together for entrepreneurial activities (collective business opportunities etc.)?
Probe
4. What impacts do you think have been sustained within financial institutions since the project ended? What do service providers report?
5. Since TESFA, do you think there have been changes in your community/ neighborhood related to gender norms?
Probe: Expectations about child marriage, mobility, domestic violence, roles and responsibilities of a wife/husband?
6. How much auto-replication do you think exists or how extensive are new groups forming of the girls groups? What enables or facilitates auto-replication?
7. Was there any effect on other (married or unmarried) girls beyond the original target population? *Probe: can you please give us examples*
8. Can you tell us about the extent of the girls' groups later recruited by the government for leadership positions?
Probe
9. What do you recommend for the original groups or in other communities who have not had the opportunity to participate in TESFA?