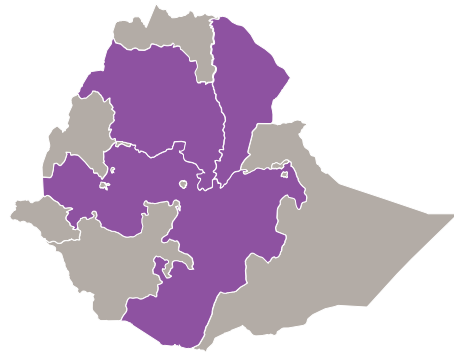




ACT WITH HER



WHERE

Amhara, Oromia, and Afar regions of Ethiopia

WHY

While Ethiopia has made remarkable socio-economic progress over the last decade, too many adolescent girls are still vulnerable to child, early, or forced marriage; female genital cutting; and sexual or gender-based violence. Their voice, agency, education, and livelihood options are often more limited compared to boys due to restrictive gender and social norms.

WHAT

Act With Her is a multi-sectoral program partnering with adolescent girls to forge healthy and happy futures while also connecting with boys, parents/caregivers, and local leaders to ensure that girls have allies and support now and in the future from peers, partners, and social services and systems.

WHO

Pathfinder International, CARE International, Gender & Adolescence: Global Evidence (GAGE), Government of Ethiopia, funding from the Bill & Melinda Gates Foundation

WHEN

2017–2022

What Costs are Involved in Multi-Faceted Adolescent Programming? Perspectives from the Frontline

Pathfinder International, in collaboration with the Government of Ethiopia, in partnership with CARE International, and with funding from the Bill & Melinda Gates Foundation, is implementing a five-year umbrella program that partners with girls to forge the health, education, economic, and social pathways they need to thrive during the transition to adulthood. By 2022, we aim to reach 50,000 adolescent Ethiopian girls and boys by scaling up an existing girls' empowerment program (called Her Spaces) while simultaneously assessing the potential value-add of an expanded version (called Act With Her). A randomized impact evaluation conducted by the UK Department for International Development (DFID)-funded Gender & Adolescence: Global Evidence (GAGE) research consortium will determine to what extent Her Spaces and the variations of Act With Her:

- strengthen individual and collective capabilities among adolescent girls across six domains: physical health, education, bodily integrity, psychosocial well-being, voice and agency, and economic empowerment;
- increase gender equitable attitudes, behaviors, and norms throughout social networks, families, and communities; and
- increase responsiveness and access to high-quality services for adolescents.

Both Her Spaces and Act With Her engage very young adolescent girls (10 up to 14) in weekly curriculum-based groups facilitated by “near peer” mentors ages 18–24 over the course of 10 months. Topics covered include a wide range of puberty and menstruation, health, nutrition, education, safety, gender, communication, and economic empowerment themes.

Act With Her expands this foundational model to also include mentor-led group programming for older adolescent girls (ages 15+) and younger and older adolescent boy peers, and a series of group sessions with parents or caregivers of both girl and boy adolescents.

In select sites, Act With Her also partners with local communities to catalyze positive shifts in gender and social norms, and to make key health, education, child protection, and other social services more adolescent-responsive.

In a small number of Act With Her sites girls also receive a moderate material asset transfer aimed to support their menstrual health and continued education.

WITH OVER 13,000 GIRLS and BOYS 
PARTICIPATING IN OVER 500 GROUPS

Designed to separately serve very young adolescents (VYAs) and older adolescents, with a learning period built in between, Act With Her (AWH) engaged the first cohort of VYAs from March 2019 through January 2020, with over 13,000 girls and boys participating in over 500 groups. This brief summarizes the costs of delivering the program to this first cohort and contributes to a growing body of experiential knowledge about forecasting, tracking, and quantifying the financial resources needed for these types of adolescent empowerment interventions.

Budgets versus costing

Every project has a budget and most project teams track expenditures against that budget. Yet the total budget ceiling of a grant is not typically equal to the actual cost of an intervention's implementation. The overall budget figure reflects what the implementer will spend in total, and includes indirect organizational costs that may not pertain only to a single intervention, such as office rent, human resources and administration support, etc. Despite this distinction, few implementing teams conduct a detailed spending analysis that allows them to isolate the array of actual intervention-specific costs of delivering a program. Yet it is this 'price tag' which can most meaningfully help funders, policymakers, or other implementers who may want to adapt or replicate the model elsewhere, or who wish to compare costs between several program options. Rather than offering the total budget amount of a grant or contract in response to these queries, intervention costing offers a more precise and pragmatic view of the resources need to implement a compelling or proven program.

Guided by this difference, we estimated the actual costs of implementing both Her Spaces (HS) and Act With Her (AWH), the two distinct but related adolescent empowerment models being tested for effectiveness through randomized evaluation. Our methodology used activity-based costing,¹ wherein for one out of our three regions² of implementation we: parsed out the resources needed for every activity; quantified how frequent the activity was; retrospectively analyzed real spending data to calculate what was spent on resources per activity; and then divided that figure by the number of participants to get an estimated cost per participant. We also only costed the implementation period and not the full startup phase, as the costs associated with first creating the full curricula and materials would not need to be repeated (with the exception of some adaptation needed in a new geography or cultural setting).

We share here the actual dollar amount spent as it is useful to show on balance how the two models differed in overall cost. However, given that we were involved in a randomized study that affected our implementation structure and therefore our real costs, and also considering that the price of labor, materials, and transportation vary so widely not only across but even within countries, we have also organized the analysis in a way that categorizes what 'ingredients' or inputs an implementer would need to pay for to replicate this model. In other words, although the bottom-line total budget for the program will likely be quite different in a new setting, it is this set of 'ingredients' that a new implementer could use to price out and build a realistic budget in their context.

¹ Costing of Social Norm Interventions: http://irh.org/wp-content/uploads/2016/10/Costing_Social_Norm_Interventions_Passages.pdf

² Given the time required to do detailed activity-based cost analysis, we chose one region for the in-depth assessment and consider it as illustrative for the broader program.

Looking at the numbers

"...it is this set of 'ingredients' that a new implementer could use to price out and build a realistic budget in their context."



The program models being costed

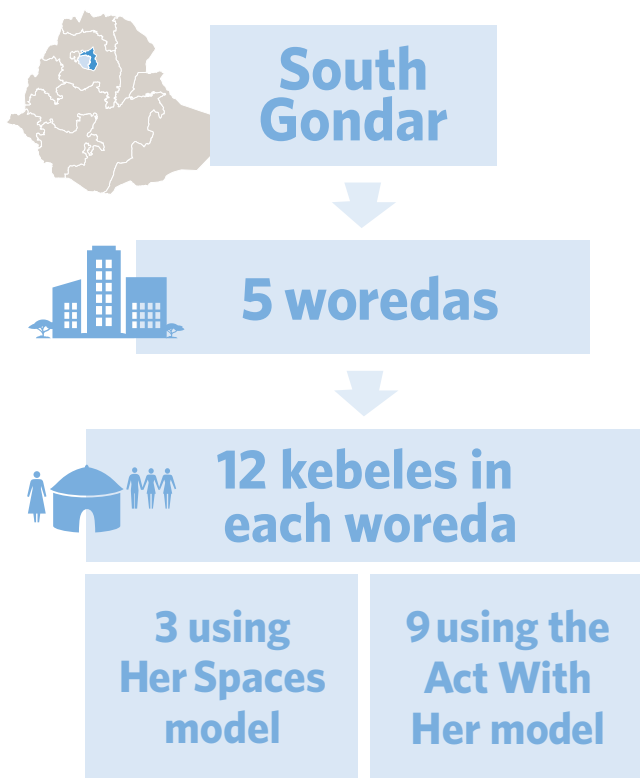
	HER SPACES (HS)	ACT WITH HER (AWH)	IMPLICATION ON COST
Participants	Adolescent girls	Adolescent girls, boys, and their parents	
Saturation <i>[an Ethiopian kebele is similar to a village, and a woreda is similar to a district]</i>	Two girls' groups* per kebele Three kebeles per woreda	Two girls' groups, two boys' groups, four parents' groups per kebele Nine kebeles per woreda	Girls are the only participants in the HS model, while the core model of AWH engages girls, boys, and parents in group-based sessions. With more people involved in each AWH site and more total AWH sites within each location, this deeper geographic saturation resulted in cost efficiencies for AWH.
Group-based sessions for individuals	Weekly sessions for adolescent girls	Weekly sessions for adolescent girls, twice-monthly sessions for adolescent boys, six sessions for parents of all adolescents	
Broader community-based activities per kebele	N/A	Social Action and Analysis (SAA) ³ groups for social and gender norms change Community Score Card (CSC) groups ⁴ for social accountability of services Tailored local systems strengthening	One variation of the AWH model expands upon the girl-focused and group-based design of HS to also include community-based and local-level social norms change and system strengthening. Though community-led, the associated training, supervision, and monitoring imposed additional costs to the core model.
Material asset transfer	N/A	A package of menstrual hygiene and/or school supplies for girls	One additional variation of the AWH model includes the group-based and the community-based efforts, plus provision of a material asset transfer for girls. The package was valued at \$74 per girl. Our total cost for the assets was \$2,631 but this is not included in our final per-participant cost analysis due to the small proportion of overall sites where this was offered.
Mentor compensation	Mentors for girls' groups received ~\$3/month	Mentors for girls' groups received ~\$20/month Mentors for boys' groups received ~\$10/month	Mentors are considered volunteers in HS, reimbursed for travel related costs. Mentors in AWH receive a stipend in compensation for their time.

*All groups had roughly 25 participants, and each group had 1 mentor

³ CARE Social Analysis and Action Global Implementation Manual: https://insights.careinternational.org.uk/images/in-practice/Gender-in-the-workplace/SAA.GlobalImplementationManual_FINAL.English.rights-reserved_2018.pdf

⁴ CARE Community Score Card toolkit: https://www.care.org/sites/default/files/documents/FP-2013-CARE_CommunityScoreCardToolkit.pdf

Where We Worked



What we spent

To minimize the staff time required to trace and analyze spending across all of our 124 implementation sites, we conducted the costing exercise for spending on activities within one out of the three regions of Ethiopia where we work, and consider this illustrative for the general program. In the Amhara region, we operated in the South Gondar zone (similar to a province) and five woredas (similar to a district) within the zone. Within each of the five woredas, we delivered programming in 12 kebeles (similar to a village), with nine assigned to the AWH model and three assigned to the HS model. The project as a whole (for all regions) is supported and managed by three global staff and three staff based in Addis Ababa, with regional implementation directly delivered by 22 staff based in Amhara and through partnership with 210 kebele-based mentors.

Importantly, Act With Her was designed with the intent to be a multi-country, international platform and therefore includes full time US-based global project staff. Though adding value through facilitating connections with existing and potentially new adolescent interventions outside of Ethiopia, this structure itself is fairly expensive. Such a management model may not always apply to or be appropriate for new replication settings and is therefore not accounted for in the regional or per-participant analysis.

In one year of implementing both HS and AWH models in the Amhara region we spent \$529,419 to collectively reach 3,000 adolescent girls, 2,250 adolescent boys, 4,500 parents, and a broad range of local stakeholders, leaders, and community members. **This total cost reflects all of the inputs needed to deliver each of the different model variations, including:**

Management and technical partnership with the national project team (who support the program in Amhara but also in the other two regions)*	\$75,076
Adolescent group-based costs including materials needed to facilitate groups and mentor supervision	\$139,750
Amhara Region staff salaries, mentor stipends, and transportation	\$146,459
Trainings for staff, local stakeholders, and community members	\$120,337
Monitoring, evaluation, and learning	\$3,181
Cross-cutting project-wide activities including community introduction meetings, stakeholder engagement, communications, and learning and dissemination meetings	\$40,772

* includes Addis Ababa based management staff who oversaw both programs and therefore their salaries were not included in project specific calculations below

TOTAL \$525,575

⁵ GAGE's midline results from the randomized evaluation are expected in late-2020 and will assess immediate and short-term impacts. Their endline results are expected in 2023 and will reflect longer-term impact.



	ANNUAL COST	# OF PARTICIPANTS
HS	\$65,269	• 750 adolescent girls
AWH	\$385,230	<ul style="list-style-type: none"> • 2,250 adolescent girls, • 2,250 adolescent boys, • 4,500 parents, • broad range of local stakeholders, leaders, and community members

To translate this total annual spending in Amhara into a per-participant cost estimate for both program models, we needed to account for several model-specific characteristics and could not simply divide the total cost by the number of participants for each. Additional calculations were performed to account for the deeper levels of geographic saturation and higher number of participants associated with AWH, and the costs for regional staff who support both models simultaneously were pro-rated to reflect a proportionate level of effort.

- Strengthening implementation of the national School Health and Nutrition Package
- Improving menstrual health and hygiene management (MHM) in schools
- Establishing “Roll Back Early Marriage” clubs for girls

While the AWH local systems strengthening activities included and benefited a wide range of community stakeholders, they were not included as participants in the cost per participant calculation. Instead, those were calculated based on participants who received direct intervention activities, namely the adolescent girls and boys and their parents.

PROGRAM	TOTAL COST OF ACTIVITIES PER PARTICIPANT	COSTED COMPONENT PER MODEL
Her Spaces	\$32	<ul style="list-style-type: none"> • Adolescent girl group sessions; 1-time sensitization/orientation meetings for boys and parents
Act With Her	\$41	<ul style="list-style-type: none"> • Adolescent girl, boy, and parent group sessions: \$26 • SAA social norms groups: \$5 • CSC social accountability groups: \$3 • Local systems strengthening: \$7

The cost of the expanded AWH model is more per participant than HS, yet reflects a broader set of activities and a higher level of intended (yet not confirmed) impact. For the magnitude of increased reach and the multi-layered approach represented by AWH when compared to HS, we feel that the increase in cost is reasonable and defensible with regard to value for money. For example, the largest driver of costs for hosting group sessions is the initial training followed by the provision of supportive supervision for the mentors over the course of the 10 months of group programming. As the mentor supervision can be offered for both the mentors of girls’ and boy’s sessions by the same supervisor, we were able to include boys in the program at an extremely minimal cost. Moreover, for only an additional \$15 per participant on top of the group session costs, in the expanded AWH model we implemented a wide range of local systems strengthening activities over the course of the year, including:

- Offering gender- and age-sensitivity training with a focus on school-based violence

How being part of a randomized evaluation influenced our costs

A critically important reason that the monetary sum for both our total and per-participant costs are not fully transferrable to a replication effort is that being part of a randomized control trial directly influenced the way we were staffed and structured. In short, it meant that we were delivering multiple different variations of a program simultaneously across several geographic areas in a way that would be counterproductive and unrealistic in a real-world setting. For example, our intervention sites had to be geographically separated enough from one another to limit cross-contamination. Rather than clustering sites more closely together and hosting many more groups within each location to reduce transportation and staff costs and gain economies of scale, we needed to do the opposite and support a far more geographically scattered pattern of sites, each with only a handful of groups (see the map on the next page).



■ The highlighted areas each contained control and intervention sites (with the latter randomly assigned to several different program variations).

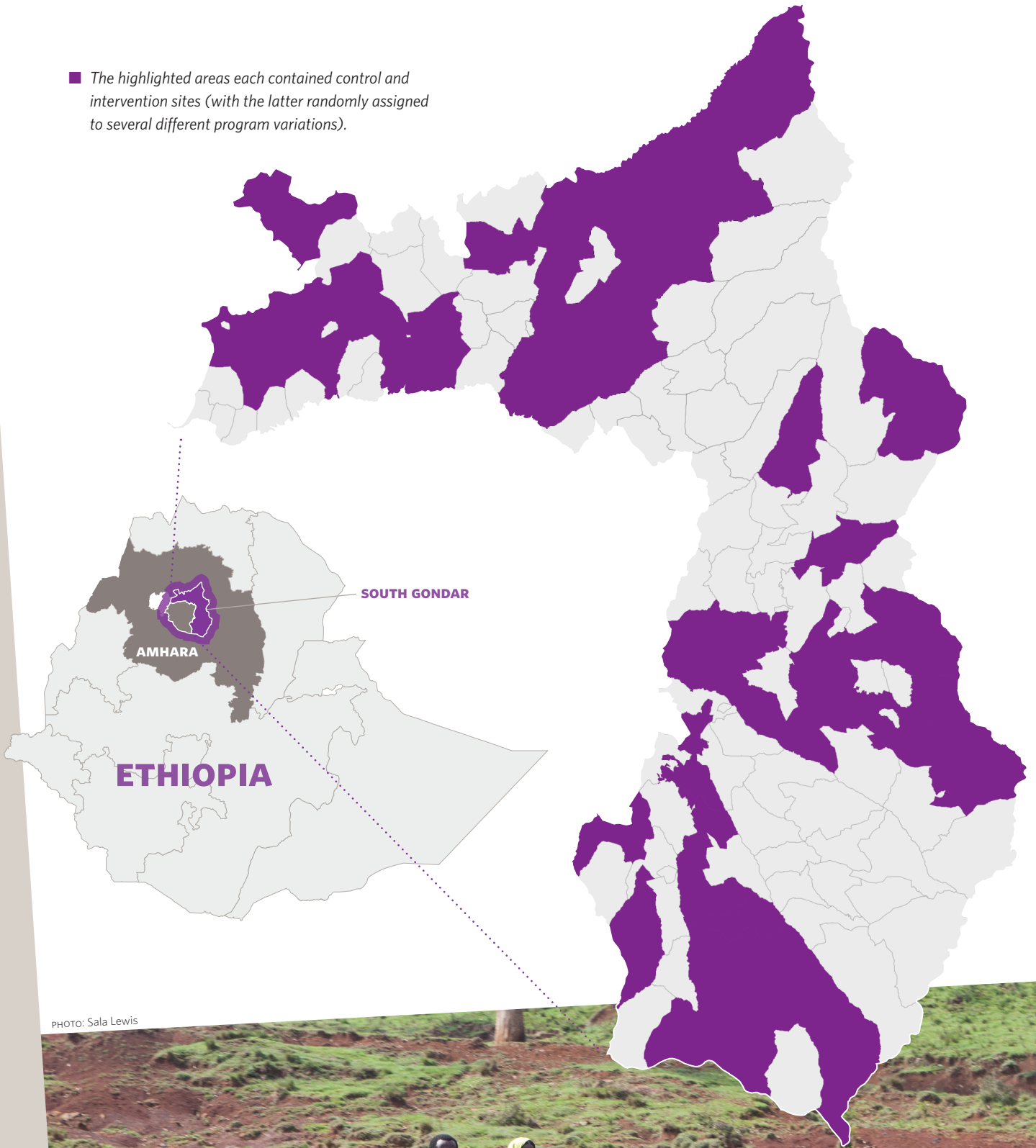


PHOTO: Sala Lewis



As a result, due to how far apart some of the areas were and the fact that most neighboring intervention sites were hosting different variations of the program, we had to hire a higher number of supervisors than would have been needed had the sites been nearer to one another and implementing the same program. Travel costs associated with routine data collection, monitoring, and supervision visits were in turn further inflated as well. In a non-research setting, neighboring communities could deliver the same program, host a far higher number of groups in each location, and be reached and served by a smaller number of staff with far less travel involved, therefore reducing costs when compared to our experience.

Ingredients needed to build a replication budget

To determine the financial resources that would be needed to offer portions of or the full AWH program model in a new setting, our costs in Amhara cannot simply be transferred. The real price of key inputs in the new context will be needed, as they are likely different from costs in the regions of Ethiopia where we worked. For example, salary ranges, appropriate mentor stipends, venue hall fees, per diems, and transportation may be either more or less expensive in a different country. Therefore, instead of simply using our own spending totals to budget for a replication effort, it will be more useful for a new team to understand what they would need to buy and pay for to deliver this program and then budget for those inputs using local prices. Also, this list only describes elements specific to AWH and does not include budget line items that are standard across projects, such as a monitoring and evaluation system.

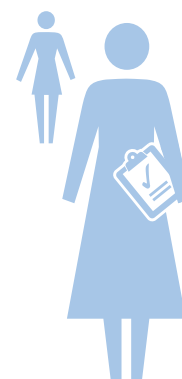


Adapting group session curricula:

In addition to the version that was customized for the Ethiopian context, we have global versions of our curricula that were designed for adaptation in new countries. Materials include the curricula for younger adolescent girls and boys (ages 10-14), older adolescent girls and boys (ages 15-19), and their parents, respectively. These include the facilitation manuals for mentors plus participant handbooks. Adaptation would include language translation and ensuring culturally appropriate references and examples.

Mentor recruitment, training, and stipends:

Mentors are the heart of this program. They host the sessions for the adolescents and for the parents, support broader community activities, collect crucial monitoring data, and provide valuable feedback throughout implementation. We recommend 'near peer' mentors who are between the ages of 18-25, and who live in the same communities as the adolescents. We assigned mentors to work in pairs, with each pair responsible for leading two groups together. This proved a valuable approach to reduce the challenges posed by mentor attrition and we would recommend this structure in a replication effort. Our trainings lasted for 2 weeks, and we conducted at least one refresher training in each area over the 10-month period of group programming. Please see this brief for more information on our experiences with mentors.

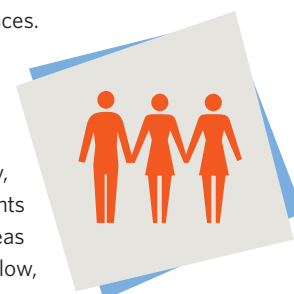


Program management and mentor supervision:

Each site had a full-time supervisor who was responsible for the overall management of program activities, including the community-based efforts plus supervision of the mentors. Supervisors periodically observed mentors facilitating a session to offer real-time guidance (we budgeted this to be monthly but in some areas insecurity or weather events caused this to be a little less consistent). On a quarterly basis, all of the mentors from the same area were convened to share challenges and best practices and learn from their peers' experiences.

Materials for the adolescent group sessions:

The curricula exercises were designed for very low-resourced settings so the materials needed are fairly minimal, and include flip charts, stationary, etc. We also purchased small mats for the adolescents to sit on, as most of our sites were in very rural areas and often the groups met outdoors. If resources allow, additional items are useful for certain group sessions. For example, we used a local vendor to create a "fuzzy uterus" that helped in the session describing the female body and reproduction. We also developed audio stories that accompanied several sessions and therefore had to pay for their recording, and for small speakers the



mentors used to play them. Though they increase costs slightly, we found mentors used to play them. Though they increase costs slightly, we found these “extras” useful in making the meetings fun and interactive, which especially younger adolescents seem to enjoy. We also recommend budgeting for simple “graduation celebrations” for the mentors, the adolescents, and the parents at the close of their 10-month sessions, to recognize their hard work and achievements.

- Social Analysis and Action (SAA) groups:** SAA is a community-led social change process pioneered by CARE through which individuals and communities explore and challenge social norms, beliefs and practices around gender and sexuality that shape their lives.ⁱ CARE recommends conducting a situational analysis before beginning this work, to ensure that the most pressing restrictive social, cultural and gender norms in your specific implementation area are being addressed. This diagnosis exercise would have a similar cost to basic formative assessments, though it may not be needed if existing data on local social norms and barriers is already available. Once the norms are confirmed locally, basic SAA discussion guides are needed for the community members who will lead the social norms groups over time. The SAA leaders receive an initial training, though the methodology does not include compensation. Groups of about 30 community members and 2 SAA leaders per group are recommended for each program location. As a community-led effort, costs over time are minimal.
- Community Score Cards (CSC) groups:** The Community Score Card (CSC), also pioneered by CARE, is a two-way, ongoing participatory tool for social accountability of local services. It uses a participatory dialogue approach that engages service users and providers together to improve quality (and in the case of AWH, the adolescent-responsiveness of services).ⁱⁱ CSC facilitators first need to be trained, then the CSC committee’s ongoing meetings need to be budgeted for (initially quarterly, then bi-annually).

“...individuals and communities explore and challenge social norms, beliefs and practices around gender and sexuality that shape their lives.”



- Additional local systems strengthening activities:** We developed additional activities for the community level to enhance the adolescent-responsiveness of key education, health, and social systems (see page 5 for the list). We chose these activities in response to the very specific challenges and opportunities present in the locations where we were working at the time, and therefore this effort could look quite different in another setting. We recommend that local teams determine what, if any, additional activities would contribute to this objective within your model, and then account for the associated costs in the budget.

Key Takeaways

- Adolescent-girl focused, group-based programs can potentially include activities directly supporting boys, parents, and the community at large at very reasonable cost increases.
- The cost of delivering programs that are part of randomized research are likely influenced by the logistic and operational nuances associated with that structure and are not perfectly transferrable to budgeting for real-world implementation settings.
- Interventions should share “ingredient lists” in addition to just cost information, so implementers in new and different settings can estimate costs using the prices in their area and create a context-specific budget.

ⁱ CARE Social Analysis and Action Global Implementation Manual: https://insights.careinternational.org.uk/images/in-practice/Gender-in-the-workplace/SAA.GlobalImplementationManual_FINAL.English.rights-reserved_2018.pdf

ⁱⁱ CARE Community Score Card toolkit: https://www.care.org/sites/default/files/documents/FP-2013-CARE_CommunityScoreCardToolkit.pdf



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MINISTRY OF HEALTH-ETHIOPIA

Act With Her is led by Pathfinder International, in collaboration with the Government of Ethiopia, in partnership with CARE International, and with funding from the Bill & Melinda Gates Foundation. Evidence of impact is being assessed by the UK Department for International Development (DFID)-funded Gender & Adolescence: Global Evidence (GAGE) research consortium.

TO LEARN MORE VISIT www.pathfinder.org/projects/act-with-her/

#ActWithHer on social media