APRIL 2023

The Act With Her Program Legacy Report: Learning from Implementation in Ethiopia & Jordan (2017–2023)

Act With Her (AWH) is a panoramic program model that partners with adolescent girls in laying the health, education, economic, and social foundations that they need to thrive during the transition to adulthood. This upstream approach provides girls with support during one of the most crucial life stages, reaching them before or during some of the most common disruptors of their future well-being (such as forced marriage, pregnancy, or school dropout). Although it's a girl-centered program, AWH also directly includes adolescent boys and connects with parents/caregivers and local communities, to ensure that adolescent girls have support now and in the future from their peers, partners, families, and influential allies. First launched in 2017 in Ethiopia, in 2021 the project expanded into Jordan.

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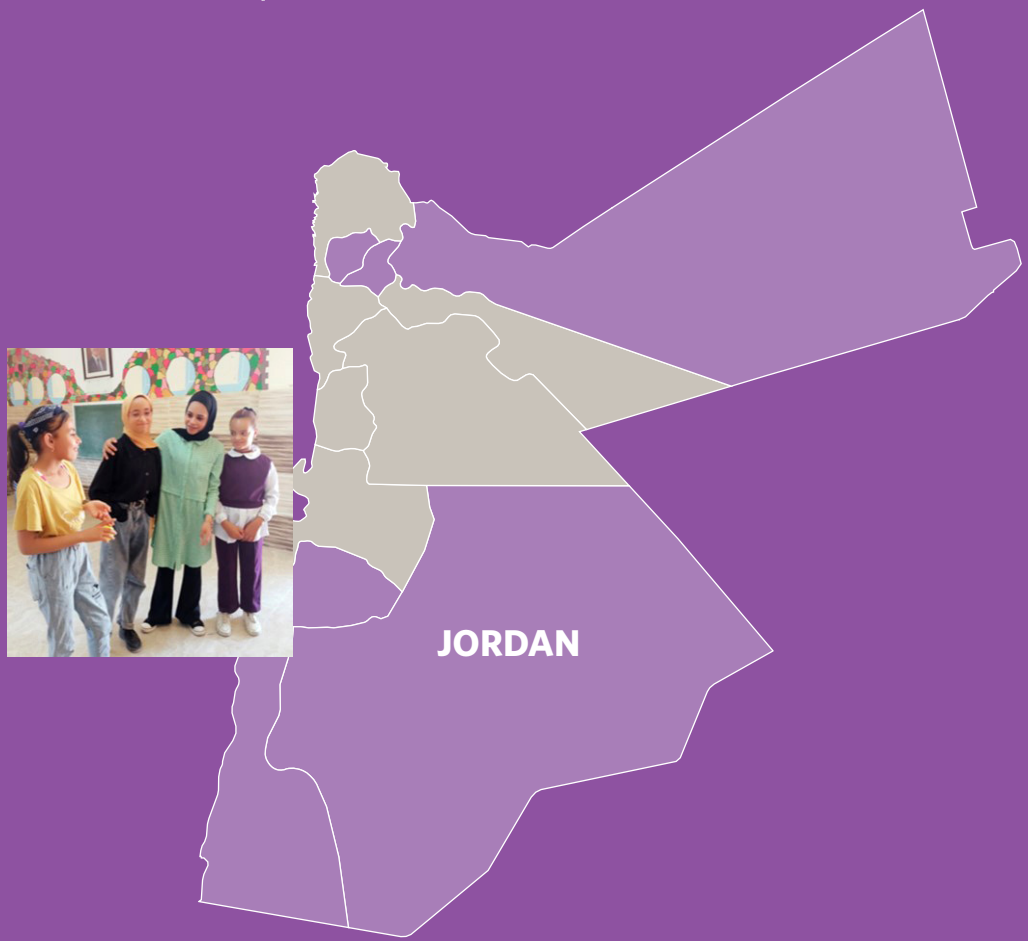

JORDAN

In Ethiopia, Pathfinder collaborated with the Government of Ethiopia, in partnership with CARE International, and through funding from the Bill & Melinda Gates Foundation to implement the flagship AWH program from 2017 to 2023. After a startup period that involved collaborative design and planning with government stakeholders, between 2019 and 2023 we reached more than 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 with additional components (called Act With Her). A randomized impact evaluation conducted by the UK Aid-funded Gender & Adolescence: Global Evidence (GAGE) research consortium is determining to what extent Her Spaces and the variations of AWH: a) 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; b) increase gender equitable attitudes, behaviors, and norms throughout social networks, families, and communities; and c) increase responsiveness and access to high-quality services for adolescents.

In 2021, leveraging the original investment from the Gates Foundation, the Elsa & Peter Soderberg Charitable Foundation provided Pathfinder with a matching grant to expand AWH from Ethiopia into Jordan. We adapted the model for the new context and reached more than 3,000 Jordanian and refugee adolescents living in Amman and five governorates of Jordan. The initial 2-year project was delivered in close partnership with the Institute for Family Health (IFH). While the impact of various component combinations for the model continues to be evaluated in Ethiopia through 2024, the 'Essential' package for very young adolescents was used in Jordan (see Figure 1).

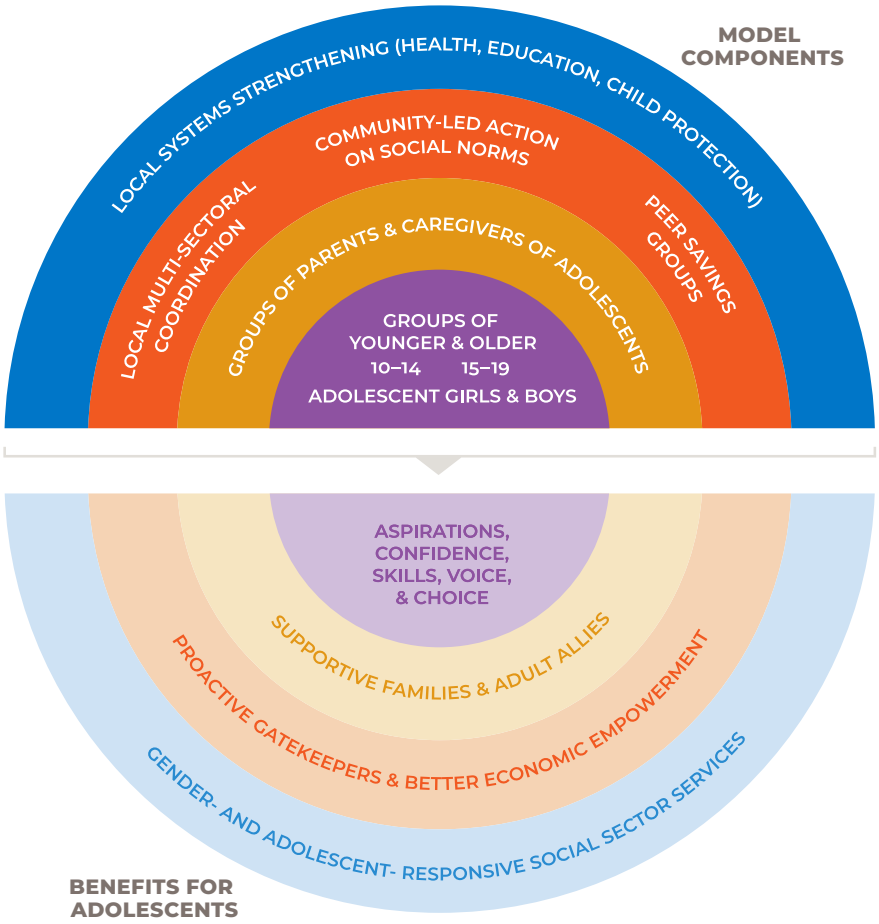
This document summarizes our cross-cutting implementation insights, key achievements, and what we found challenging during the program's delivery from 2017–2023.[1] A broader suite of resources describing deeper lessons learned on a variety of themes in more detail and a full package of open-access materials and tools for decision-makers or implementers who would like to introduce this model to a new setting are also available (see the Resources Appendix).

[1] This report describes our learning from implementation. For more information on the evidence available to date from GAGE's randomized controlled trial, please see 'Snapshot of GAGE Quantitative Findings on Act With Her in Ethiopia (2019-2022)'

Key Facts

	ETHIOPIA	JORDAN
Adolescents reached	**OVER 50,000** (45,000 very young and 5,000 older adolescents)	**OVER 3,000** very young adolescents
Initial project duration	2017–2023	2021–2023
Geographical setting	Rural, urban, pastoralist in 4 regions	Urban, semi-urban in 6 governorates
Implementing partner	CARE	Institute for Family Health (IFH)

The Act With Her Program Model



ESSENTIAL

- Adolescents in age- and gender-segmented groups receive either 25 discussion modules (ages 15–19) or 40 discussion modules (ages 10–14). Topics covered include a wide range of puberty and menstruation, health, nutrition, education, safety, gender, communication, and economic empowerment themes (with 4 sessions designed as joint-gender meetings). The curriculum-based discussion groups are led by local "near peer" mentors of the same gender ages 18–25. Mentors are provided with training, stipends, and supportive supervision.
- Parents or caregivers of adolescents meet 5 or 6 times for facilitated discussions on the topics shared with their children, improving their own knowledge and their ability to communicate about complex issues with their children.

STRONGLY RECOMMENDED

- Key local powerholders from multiple sectors committed to jointly playing a more vocal and proactive role in bringing adolescent issues to the forefront of local policy and community discussions.
- CARE's Social Analysis and Action (SAA) methodology uses a community- led cycle of dialogue that encourages challenging restrictive local gender and social norms through joint reflection and problem-solving.
- Older adolescents form streamlined Village Savings and Loans Associations (VSLAs). If feasible, we recommend expanding these self-managed, sustainable savings groups for use by younger adolescents and by adults participating in the parent or social norms activities.

COMPREHENSIVE

Light-touch local-level systems strengthening activities should be responsive to specific local conditions, capacity, and needs. Ours included:

- Improving Youth-Friendly Health Services at local clinics
- Enhancing social accountability structures via Community Score Cards
- Offering gender- and age- sensitivity training with a focus on school-based violence
- Strengthening implementation of a national School Health and Nutrition Package
- Improving menstrual health and hygiene management (MHM) in schools
- Establishing "Roll Back Early Marriage" clubs for girls

Cross-cutting implementation insights

The following are key takeaways aggregated from across the program's learning materials over time (with additional materials available in the Resources Appendix).

Working with Very Young Adolescent Girls and Boys

- Significant differences for individual young people are possible in a short time and are often multi-faceted in nature (versus sector-specific)
- Young people are very eager to learn and grow, but they appreciate being approached sensitively and with play and fun in mind
- Given their authority over younger adolescents, hosting group sessions with parents and care-givers is a "must-do" for this particular age group
- Including boys in girl-centered programming has compelling benefits but requires careful balancing
- Very young adolescents are socially and intellectually mature enough to be engaged in monitoring, evaluation, and learning

Engaging mentors in very young adolescent programming

- No one-size-fits-all profile for mentor demographics will suit every program
- Mentors volunteering their time and energy deserve compensation, yet other factors such as high levels of effort or competing opportunities can still drive attrition
- Mentors may create impact by becoming influential to adolescents or community members outside of the program
- Supervision of mentors is crucial, and supervisors themselves may need help with reporting and tracking performance objectively and transparently
- Mentorship models are a win-win across sectors, advancing not only adolescent well-being but also better educational, livelihood, or career opportunities for young adults

Mobilizing adult allies for adolescents

- Equipping young people with an elevated awareness about their rights, and expanded knowledge, skills, and goals, is not sufficient for them to live up to their full potential. They need a wide range of adult allies who actively champion their rights, autonomy, aspirations, and positive development to reach their full potential.
- Adult participants not only applied the principles from the program to support their adolescents, but also diffused them further within their own relationships, families, and broader communities.
- Parents and community leaders are busy and have multiple competing priorities. Financial compensation for participation in programs is often not an option for sustainability purposes. We recommend options proposed by our frontline staff such as offering Ethiopian coffee ceremonies, or guiding parents or SAA members to establish their own microfinance structures, like basic savings and loans groups.
- Resist the common misconception that men and boys are not enthusiastic and proactive change agents for adolescent or gender issues. Boys and older males involved in AWH (program mentors, fathers, religious leaders, and local officials) all showed a significant level of engaged commitment and action.

Strengthening local systems for very young adolescents

- Efforts to improve the individual well-being of VYAs could potentially be amplified by ensuring that the local systems and services that surround them are sufficiently responsive to their unique needs
- Thoughtful tailoring for system strengthening is required for this age group as they are in between the two life stages targeted by most health and other social services (early childhood and young adulthood)
- Very young adolescents are capable of playing leading roles in change efforts
- School leaders and staff can be very receptive to making small but powerful changes to better support their VYA students
- Integrated and cross-sectoral action is well-suited for confronting the multi-faceted challenges facing VYAs

What costs are involved multi-faceted adolescent programming?

- 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.

Key Achievements

Slow but steady shift in gender norms

Programs aiming to shift gender or social norms must always acknowledge that these shifts take time, sometimes even generations. What a single, time-bound project can realistically achieve will always have limits. Despite this reality, our frontline staff and participants[2] consistently reported a wide range of examples over several years that indicated in some places and for some individuals, families, or communities, meaningful changes were happening at a local level and often within a fairly short period of time. For example, we heard numerous stories of girls staying in school or returning to school after dropping out due to the ways in which positive messaging around girls' education had been layered through the program's activities with adolescents, parent/caregivers, communities, and local schools. Many adolescent girls who were part of AWH reported that they had also started informally cascading messages to their friends who were not part of the project, further building momentum for community-wide changes in gender perceptions and attitudes on this issue. In another example, dozens of instances of girls' early, forced, and child marriage cancellations were consistently reported over time. While the legal age of marriage is 18 in Ethiopia, in practice many girls get married earlier. Messaging about the benefit of delaying marriage into adulthood were covered with adolescents, parents/caregivers, community members, and local officials. Many community-led groups formed during the program to shift social norms specifically chose this issue as an area for their action planning, working directly with marriage brokers and religious leaders to stop the practice locally. Unfortunately exacerbated by the Covid-19 pandemic, AWH's model offered a timely platform for continued prevention and response. For example, in the Amhara region, October to February is generally considered the traditional 'marriage season' where many child marriages often occur. As cases threatened to rise during the pandemic, From October 2020 to February 2021, woreda level (district) stakeholders used a three-pronged strategy in response to this heightened risk: legal enforcement, community mobilization, and preparing temporary shelters to house 'targeted girls' until their arranged date of marriage had passed. Given our local cross-sector work on this issue, the officials recruited the project's staff, mentors, and SAA community members to technically and financially join in this effort. Among 878 cases of planned early marriages that were identified during this season, at least 632 of them were canceled.

Using menstrual health as the starting point for addressing broader health and well-being topics with and for adolescents

In most culturally conservative settings, projects aiming to discuss issues related to sexual and reproductive health and rights (SRHR) with adolescents—especially very young adolescents (VYAs)—can face backlash from caregivers, community members, or government officials. At the same time, all girls have the right to manage their periods in healthy and dignified ways. Moreover, learning what menstruation is during early adolescence and how their own bodies work is the critical foundation for later understanding fertility, pregnancy, contraception, and SRHR. The AWH model uses fact-based discussions around puberty and menstruation as a strategic entry point for discussions around broader health and well-being. For example, acknowledging that menstrual health and hygiene management is about far more than access to sanitary products, discussions with both adolescents and caregivers highlight how menstruation status can influence family dynamics; child, early, or forced marriage; social norms and stigmatization; mental health; gender equality; financial expenditures; access to education; water, sanitation, and hygiene; and sexual and reproductive health and rights. One consistent point of feedback that we received relates to a steady trend in participants of all ages better understanding that a girl reaching menarche does not

[2] Throughout multiple phases of programming Ethiopia and across all regions, we adapted the Most Significant Change (MSC) methodology to collect stories of change from hundreds of adolescent and adult participants. Combined with routine MEL functions that gathered periodic activity feedback, their MSC responses informed the insights presented in this document when 'participants' are mentioned.

mean she is ready for marriage or that she cannot attend school. Further, within our wide range of light-touch systems strengthening activities in Ethiopia (see Figure 2), the MHM workstream was met with the highest levels of enthusiasm by both students and schools, and was considered by project staff and communities alike as the most critical systems-level activity for including within scaling or sustainability efforts over time. In the short term, with very minimal resources more than 177 schools across Ethiopia were able to set up MHM rooms which helped to reduce stigma and ultimately led to lower rates of girls' absenteeism from school.

FIGURE 2: LOCAL SYSTEMS STRENGTHENING

Seven key activities:

- **Supporting multi-stakeholder, cross-sector action**
- **Enhancing social accountability structures via community scorecards**
- **Offering gender- and age-sensitivity training with a focus on school-based violence**
- **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**
- **Improving Youth-Friendly Services at local clinics (for sites with older adolescent programming only)**

Applying a life-cycle approach for multi-generational gains and mutually reinforcing benefits

We deploy a 'triple-win life stage approach' whereby a single program yields simultaneous benefits for younger and older adolescents (reached as individuals in group programming), young women and men (serving as adolescent group mentors), and adults (parents/care-givers, community leaders, and local officials or service providers becoming changemakers). Importantly, despite the fact that early adolescence (ages 10-14 years) is an especially crucial phase that influences future physical, psychological and social development, very young adolescents (VYAs) are often neglected within adolescent research and program efforts. The AWH model intentionally serves two separate age cohorts, with one specifically designed to reach girls and boys in this early and underserved period of adolescence. This is critical for preventing future roadblocks like school dropout or pregnancy, but also for discussing and challenging gender norms before they are fully ingrained and accepted. Frontline staff consistently reported how open and eager the VYA participants were to learn and grow, and how important it is to reach young people early in life. With regard to young adulthood, like most adolescent-focused models we originally viewed our young adult mentors (aged 18–25) as "inputs", or a means to an end for achieving the ultimate goal of empowering adolescents. However, beyond their becoming real-life role models and trusted confidantes to the adolescents, we quickly learned that mentors themselves were directly benefiting. They reported learning new knowledge from the trainings on curricula content, gaining more confidence and community respect, and using their improved skill sets to seek further educational and economic opportunities. As for parents/caregivers, beyond strengthening support for their children as a result of their group discussions, many parents reporting gaining new knowledge, opinions, or skills from the group sessions that they applied to their own lives and households as well. Finally, frontline staff observed how committed the local school, health, and government officials often became as adult allies working on behalf of adolescents. They were some of the most passionate and effective change agents, proactively and swiftly making small doable changes to better support adolescents in their communities. In turn, several of these officials reported that doing so increased their satisfaction in the work.

Beginning with the end in mind: early & multi-sectoral government engagement

From the very start in 2017, the project team proactively and systematically took steps in Ethiopia to support an eventual transition to the public sector, or to other implementers who may wish to continue building on the success of the model. Early public sector engagement in particular was a key strategy, allowing the team to build relationships and strategies for collaboration over five years. Officials and stakeholders from multiple sectors and working at multiple levels (federal, regional, and local) served as key advisors or collaborated with the program team to deliver key activities throughout its life cycle. This early and multi-sectoral strategy proved critical for eventual positive momentum toward post-program scale up and sustainability.

Importantly, the needs of adolescents cross ministerial mandates and boundaries, and the health and well-being of adolescents depend on effective networking, coordination, and collective action among different public sectors. When compared to single-issues programs, models like AWH that strive to holistically support adolescent well-being can pose a challenge given this need to meaningfully engage multiple sectors simultaneously. For a project team with experience largely relevant to the SRHR and health sector, doing so required creative thinking, patience, innovative strategies, and keeping an open mind when it came to cultivating new connections and relationships outside of health. Yet the effort put into this proved invaluable. For example, to support our VYA cohort we recognized that the school system is much more influential on their daily lives than the health system at this young age. The systems strengthening efforts for VYA in Ethiopia therefore become focused on the school setting. By contrast, older adolescents have a more pressing need for key health and economic services so the emphasis for this workstream was different.

Perhaps even more critical to the sustainability of this model in Ethiopia was the early, strong, and ongoing engagement of these multi-sectoral collaborators. As a result of their continuous involvement, with more than a year left in the program discussions had already been initiated in three of four regions by the public sector to properly plan for and support their eventual ownership of future implementation. All parties recognized that ensuring adequate human and financial resources to deliver a model like AWH would require initial technical assistance followed by careful joint planning and resource mobilization. The relevant Woreda-level sector officials rapidly demonstrated their full commitments through executing Memoranda of Understandings (MOUs) which clearly articulated roles and responsibilities at the Zonal and Woreda (district and town) levels of multiple sectors (Administration; Education; Health; and Women, Children and Social Affairs Ministries), and those of Pathfinder and CARE during the transition period. Many of the MOUs also included financial commitments, allocating funds within the government budgets to support the effort, made even more significant considering the dire financial situation many remain in due to the stresses of COVID-19 and conflict (see Figure 3).

After initial training and the provision of some supplies offered by the AWH team, by late 2022 public officials in the Amhara, Oromia, and SNNP regions began implementing small-scale trials of fully government-led AWH programming (including adolescent and parent/caregiver groups plus light-touch systems strengthening activities). These experiences will help inform decisions and plans for further scaling and institutionalizing the AWH model across new regions and at the national level. To further help position the public sector for future success, the program also translated the curricula and materials into two additional local languages (now five in total), and offered facilitation of additional Master Training of Trainers sessions to increase the cohort of officials available and able to continue cascading the model into new sites.

Seeking to apply this successful strategy during the 2021 expansion into Jordan, while launching the first phase of the program the team sought approval from and consulted and aligned with Jordan's Ministry of Planning's Jordan Response Information System for the Syria Crisis (JORISS), Ministry of Health, the government's Higher Population Council (HPC), and the Ministry of Social Development. As the program evolves we plan to further engage with ministries for youth, education, and others as appropriate.

FIGURE 3: FIRST ROUND OF PUBLIC-SECTOR SCALE UP COMMITMENT

	AMHARA	OROMIA	SNNPR
Government funds earmarked	~$7,550	~$23,730	~$17,745
Adolescent cohort size	1,000	1,900	800

Adapting the program from Ethiopia to Jordan

After gaining proof-of-concept success in the initial setting, the team had the opportunity to introduce the program model to a new country setting, serving adolescents living in a different context and yet facing many of the same types of challenges. Expanding the program in this way required both technical and operation adaptations. The new Adapting and Implementing the Act With Her Program: A How-To Guide offers a practical checklist for other implementers to do the same.

The team—now comprised of Pathfinder and Jordan's Institute for Family Health (IFH)—set aside approximately six months to complete this adaptation process. First, after budget and timeline considerations, the 'Essential' model was selected. Next, the team undertook a deep adaptation process to ensure the operational design and the technical content of the program was specifically tailored to the Jordanian context, building from the foundational approach and materials launched in Ethiopia. For example, some topics were not needed in Jordan (such as female genital mutilation), and other topics were newly developed to address challenges found in Jordan (such as positive technology use and bullying).

Operational plans were also adjusted accordingly to suit the new context, while maintaining the core strategy and structure. For example, in Ethiopia the VYA participants met weekly over the course of ten months. In Jordan the team strategically made the cyclical breaks in the school calendar into an advantage, clustering programming more frequently to leverage the summer and winter break periods. As a result, cohorts completed the curricula within three to four months. Additionally, unlike in Ethiopia, the team was not able to initially secure permission from parents/caregivers for the adolescents to participate in the four sessions that are designed to bring girls and boys together or discussions and collaborative reflection on gender norms. In Jordan students begin to attend gender-segregated classes by age ten, so this type of activity was unfamiliar to parents and raised concerns. However, after the first cohort was completed, expanded familiarity with the program's goals combined with trust placed in project staff and mentors meant that permission for the joint gender sessions was granted in several sites for the second phase.

Finally, on a per capita basis Jordan has one of the highest rates of refugees globally, many of whom live in urban centers. Therefore, one key achievement of the new team ensuring inclusion of refugee adolescents, some of the most marginalized young people in Jordan. Though the registration with the necessary government unit was ongoing during program delivery with the first cohort of adolescents, approval was secured in time for the team to actively recruit refugee participants for the second. In the latter round, more than 50% of participants were refugee adolescents and families. The majority came from Syria, though a small number were from Iraq or other countries of origin. Acknowledging the important role the mentors play for adolescents, and the guiding principle that they should live in the same communities as adolescents, we were also successful in ensuring that groups including refugees were led by mentors who are also refugees themselves.

What we found challenging

Socio-cultural resistance

Programs like AWH often experience pushback from communities with rigid or restrictive gender and social norms, given the perception that 'taboo' or inappropriate topics will be introduced to and discussed with adolescents. This becomes more pervasive when participants include young adolescents under the age of 15. In both countries the teams experienced instances of pushback during early stages on discussing sensitive issues around gender and sexuality which required thoughtful engagement and dialogue to clarify and gain consensus about a way forward. General misperceptions may also prohibit the program from operating smoothly. In Ethiopia, for example, despite initial community-wide orientation sessions to the program's goals and model, the team experienced vocal opposition from a subset of communities in the Oromia region once activities began, largely driven by misinformation and belief that the program was designed to convince adolescents to change religions. Beyond hosting orientations for the general public and for participants, intentionally further engaging influential local religious or cultural leaders during the project's inception period is recommended. This can help prevent misunderstandings from later posing challenges to effective and safe implementation.

Adults have competing priorities on time

Parents and community leaders are busy and have multiple competing priorities. At times it proved difficult to motivate parents or community groups to attend all of the sessions over time. Financial compensation for participation in programs is often not an option for sustainability purposes. We recommend options proposed by our frontline staff such as offering simplified Ethiopian coffee ceremonies, or guiding parents or community group participants to establish their own microfinance structures, like basic savings and loans groups. For example, the community social norms groups spontaneously and successfully did the latter on their own in the Oromia region of Ethiopia. In Jordan the team strategically and effectively built on the momentum generated for virtual gatherings as a holdover from the COVID-19 pandemic, and devised the parent/caregiver sessions to take place in person for the first and last meetings but to gather via WhatsApp for the middle sessions.

Aligning with an external randomized evaluation

Randomized controlled trials (RCTs) offer rigorous evidence of impact and are therefore deeply valuable in guiding decision-makers toward the most effective approaches for future policies, investments, and additional research. Rigorous evidence on the effectiveness of multi-sector, multi-level interventions for adolescents remains thin when compared to other single-sector models. The randomized and longitudinal examination of AWH's impact in Ethiopia therefore offers a valuable contribution to this growing knowledge base. Nevertheless, as opposed to projects applying routine approaches for monitoring, evaluating, and learning, delivering any program assessed by a randomized evaluation poses unique and unavoidable practical constraints and limitations.

The challenges were likely increased in this context given the separate funders of and timelines for the research and the implementation, respectively. For example, separate timelines meant that the research cohort was recruited prior to the program startup. Rather than using conventional community-wide mobilization and enrollment methods, the team was required to first seek out the research cohort individually for project participation before enrolling adolescents more generally. While this was largely successful, it was deeply resource- and time-intensive. In general, serving as a researched program platform also directly influenced the way the initiative was staffed and structured. In short, it required delivering several 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, the research arms were cluster randomized at the kebele (village) level, meaning the project's 150+ intervention sites had to be geographically separated enough from one another to limit cross-contamination. Rather than clustering program sites more closely together and also saturating each location with as many groups as possible to reduce transportation and staff costs and gain economies of scale, we needed to do the opposite by supporting a far more geographically scattered pattern of sites, each hosting only a handful of groups. 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 later years of the program, we collaborated with the

government to introduce the model into a new region, one not included within the research effort. In these program-only sites, neighboring communities were able to deliver the same program, host a far higher number of groups in each location and serve more of the adolescent population, and could be reached and served by a smaller number of staff with far less travel involved, therefore reducing costs.

Described in more detail in this brief, these observations are merely intended to offer caution during replication of this initiative in new contexts. As the promising evidence of impact from the proof-of-concept provides a rationale for replication, adaptation, and scaling, we encourage new implementers to reference research reports to understand the overall effects and therefore the potential impacts it could generate in a new setting. Yet because the study does not include a process evaluation, and as the project budget and operating structure were customized to maintain the study's requirements and not naturally replicable in a real-world context, to learn more about process and implementation recommendations we suggest consulting the materials in the Resource Appendix.

Looking to the future

As the public sector in Ethiopia and the AWH team and partners in Jordan continue partnering with more adolescents in forging the panoramic health, education, economic, and social foundations that they need to thrive, please monitor the Pathfinder website or connect with us at communications@pathfinder.org to learn more.

Resources Appendix

Act With Her Program Package: Open-Access Editable Materials for Replication & Adaptation

Adapting and Implementing the Act With Her Program: A How-To Guide

Learning materials from Ethiopia:

- Working with very young adolescent girls and boys: brief & infographic
- Engaging mentors in very young adolescent programming: brief & infographic
- Strengthening local systems for very young adolescents: brief & infographic
- Mobilizing adult allies for adolescents: brief
- Gender-synchronized programming: brief
- Using savings groups with older adolescents: infographic
- Delivering adolescent programming in a migratory pastoralist setting: brief & infographic
- Menstruation matters in very young adolescence: infographic
- What applying a gender lens to our data taught us: infographic
- What costs are involved multi-faceted adolescent programming? brief

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 Aid-funded Gender & Adolescence: Global Evidence (GAGE) research consortium.

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