

**ACT
WITH** **HER**

Snapshot of GAGE Quantitative Findings on Act With Her in Ethiopia (2019-2022)

MAY 2023



PATHFINDER



CARE

gage

GENDER &
ADOLESCENCE:
GLOBAL
EVIDENCE

Introduction



Pathfinder collaborated with the Government of Ethiopia, in partnership with CARE International, and through funding from the Bill & Melinda Gates Foundation to implement the Act With Her program in four regions of Ethiopia. The program partners with adolescent girls to forge the health, education, economic, and social pathways they need to thrive during the transition to adulthood. Between 2019 and 2022 over 50,000 adolescents participated in approximately 1,500 groups across these regions. A subset of these adolescents in three regions are part of ongoing mixed-methods longitudinal data collection being conducted by the *Gender and Adolescence: Global Evidence* (GAGE) program, with funding from UK Aid. In this brief, we provide a snapshot of quantitative findings from the GAGE randomized controlled trial (RCT) evaluation of Act With Her programming for very young adolescents (VYA) through 2022 in two of those regions (Amhara and Oromia).¹

Summary of GAGE Methodology and Act With Her Design

Both the design of the Act With Her (AWH) program and the GAGE evaluation of the program are grounded in a conceptual framework that recognizes that adolescents are embedded in families, communities, and broader institutions, and gender inequities and power imbalances at each of these levels can drive adverse outcomes for adolescents.^{2,3} The GAGE evaluation seeks to understand the impacts of the program on VYA capability achievements and transitions, specifically assessing the domains of (i) education, (ii) bodily integrity, (iii) physical health, nutrition, and sexual and reproductive health (SRH), (iv) psychosocial well-being, (v) voice and agency, and (vi) economic empowerment. GAGE further seeks to understand the value added by different program components, through comparison of the impacts of a) an existing single-level program including group sessions for girls ('*Her Spaces*'), b) an expanded program that engages girls, boys, and adolescent caregivers in group sessions ('*AWH Essential*'), c) a program that includes the components of *AWH Essential* plus social norms discussion groups⁴ and higher-level systems strengthening⁵ ('*AWH Comprehensive*'), and d) a program that includes the components of *AWH Comprehensive* plus a modest material asset transfer for girls ('*AWH Comprehensive+ Transfers*', or '*AWH Comprehensive+*'). Figure 1 summarizes the program variations studied. Adolescent and caregiver groups lasted 10 months, while the social norms and systems strengthening activities lasted for 24 months. Adolescent sessions in *Her Spaces* communities were based on the *Her Spaces* curriculum, while the other three program variations used the AWH boys' and girls' curricula.⁶ The AWH curricula includes many of the same topics

as the *Her Spaces* curriculum but goes into more depth on several issues—particularly sexual and reproductive health, gender-based violence, and harmful traditional practices. The AWH curriculum additionally places more emphasis on positively shifting gender norms, while the *Her Spaces* curriculum includes visits to community locations such as health facilities and police stations.

Since 2017, GAGE has been conducting mixed-methods research related to these interventions in 155 communities (kebeles) in the rural zones of East Hararghe (Oromia Region) and South Gondar (Amhara Region). Although households in both zones are generally poor and agrarian with conservative gender norms, they are very different from each other in terms of cultural and other factors, allowing us to understand how the program might work in different contexts. Regional differences are especially marked in terms of gender outcomes, with girls and women in Amhara broadly advantaged over their peers in Oromia. Recent macro-level events, including the Covid-19 pandemic, drought, and national and regional conflicts, have further contributed to regional divergence.

The research sample for this evaluation includes nearly 2,300 girls aged 10–12 in late 2017, 1,700 boys of the same age, and their primary caregivers. Adolescents were randomly selected for study inclusion, and study communities were randomly allocated by GAGE to a control group or one of four treatment groups. Treatment groups were later assigned to receive a particular set of interventions (as in Figure 1), allowing GAGE to measure the impacts of each program variation, both

Figure 1: Adolescent Program Variations Studied

	HER SPACES	AWH ESSENTIAL	AWH COMPREHENSIVE	AWH COMPREHENSIVE+
Sessions with girls	×	×	×	×
Sessions with boys		×	×	×
Sessions with caregivers		×	×	×
Community social norms discussions and systems strengthening activities			×	×
Modest material asset transfer for girls (hygiene or education themed)				×

in comparison to control communities and to other program variations.⁷ Pathfinder and CARE attempted to recruit all VYA in GAGE treatment group communities to participate in the program, and approximately 74% of the research sample was enrolled. The results presented in this brief are 'intention to treat' (ITT) estimates of program impact, which consider all adolescents in a treatment community as 'treated', whether they participated in the program or not.⁸

GAGE collected data at four time points before, during, and after AWH VYA implementation, with very high tracking rates over time (89% at the first follow-up, 88% at the second, and 83% thus far in the third—still ongoing—follow-up). Baseline data was collected for the sample in late 2017, prior to the start of any programming. The first follow-up data collection occurred in 2019, when adolescents were between 12 and 15. At this time, adolescent groups had either nearly finished or just

completed, social norms and systems strengthening activities had begun, and at least one of the two material transfers had been delivered to girls in *Comprehensive+* communities. The second follow-up data collection occurred in two waves between 2021 and 2022 (both research and programming were affected by Covid-19 and conflict in Ethiopia), at which point social norms and systems strengthening activities were either ongoing or had been completed.⁹ The third follow-up data collection began in October 2022, approximately 33 months after adolescent groups had ended and 16 months after social norms and systems strengthening activities had ended, when adolescents were between 14 and 17.¹⁰

In this brief, we focus on outcomes for girls, but also present selected results for boys. All the analysis presented here was pre-specified, prior to the receipt of outcome data. For more detail on the GAGE methodology and measures, please refer to the pre-analysis plan.¹¹

Figure 2: Interpreting the Results

This brief presents a snapshot of quantitative results from the GAGE impact evaluation of AWH in Ethiopia, for each of the six adolescent capability domains described above. For each domain, we first summarize key findings for 1–2 primary outcomes in a table. Many of these primary outcomes are indices, which group together related measures into a single measure. The table summarizes—separately by region, treatment arm, and follow-up round—the direction (positive/negative) and statistical significance of any impacts detected for that outcome as compared to control communities. Since impacts at each follow-up are measured in relation to control communities, a positive value at first follow-up and a negative value at second follow-up, or vice versa, does not necessarily represent an increase or decrease in that arm's scores over time—it is simply the difference in relation to the control group at that moment in time. See below for an explanation of the color and symbols used in the tables. If there is no symbol for the programming arm at a certain timepoint, it means that the score was not significantly different from control areas. Then, for select components of each capability domain, we present graphs that show means (bar height) and statistically significant differences from the control group (stars), by region and over time.

Compared to control communities, adolescents in this program arm had...

*** Highly statistically significantly more positive scores p<0.01	*** Highly statistically significantly more negative scores p<0.01
** Statistically significantly more positive scores p<0.05	** Statistically significantly more negative scores p<0.05
* Marginally more significant positive scores p<0.1	* Marginally more significant negative scores p<0.1

¹ A more detailed and complete version of the findings described in this brief, as well as findings from the qualitative study, can be found in Hamory, J., S. Baird, S. Das, N. Jones, T. Woldehanna, and W. Yadete (2023). "Do layered, adolescent-centric interventions improve girls' capabilities? Evidence from a mixed-methods, cluster randomized controlled trial in Ethiopia." London: Gender and Adolescence: Global Evidence (GAGE).

² GAGE Consortium (2019). "Gender and adolescence: Why understanding adolescent capabilities, change strategies and contexts matters." London: Gender and Adolescence: Global Evidence (GAGE).

³ Baird, S., L. Camfield, A. Ghimire, B. Abu Hamad, N. Jones, K. Pincock, and T. Woldehanna (2021). "Intersectionality as a Framework for Understanding Adolescent Vulnerabilities in Low and Middle Income Countries: Expanding Our Commitment to Leave No One Behind." *The European Journal of Development Research*, 33: 1143-1162.

⁴ Applying CARE's *Social Analysis and Action Model*.

⁵ There were a broad range of systems strengthening activities implemented for VYA, mainly focused on the school setting. For more information, see *Strengthening Local Systems for Very Young Adolescents: Perspectives from the Frontline*.

⁶ The AWH curricula are publicly available here: <https://www.pathfinder.org/publications/act-with-her-program-package/>.

⁷ Results on the differences in impact between intervention arms are presented in Hamory et al. (2023).

⁸ The ITT estimate is generally considered to be the policy relevant one, as uptake of programs is always less than 100% (and often much lower). Results which account for adolescent participation in the program, known as the "treatment on the treated" impacts, can be found in Hamory et al. (2023).

⁹ Social norms activities (part of the community and systems strengthening approach) in East Hararghe faced implementation challenges; these activities were restarted from the beginning in November 2020, thus were less far-along than the corresponding work in South Gondar.

¹⁰ Data collection for the third follow-up round is still ongoing; in this brief, we present results for the data collected thus far—and so those results are caveated as we continue to track adolescents who were not available in the local study sites during the first wave of data collection. Also, between the second and third follow-up data collection rounds, additional AWH programming for older adolescents (aged 14-18), following the *AWH Comprehensive* model, was provided in a random subset of communities who had previously received AWH. We do not describe impacts from that additional programming in this brief, but the regression results presented account for its presence.

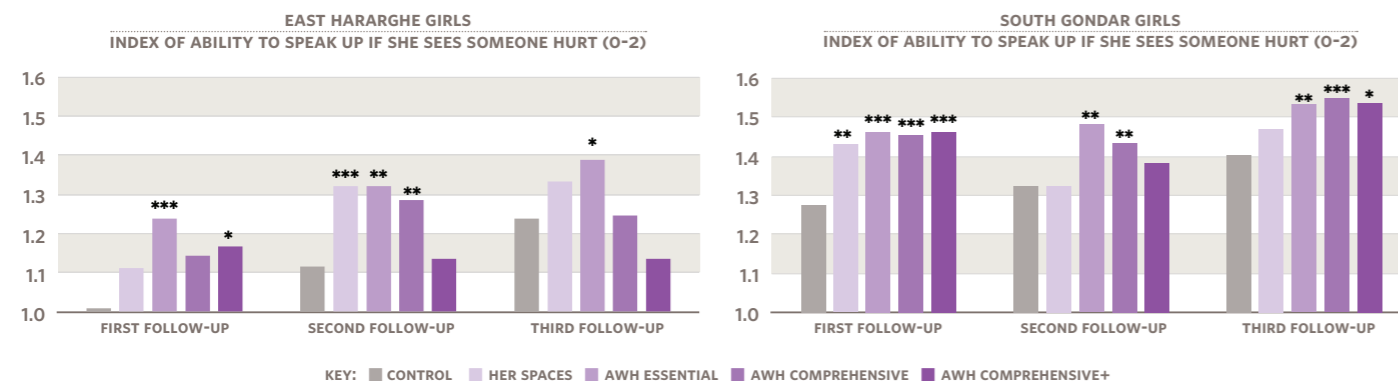
¹¹ Jones, N., S. Baird, J. Hamory, and T. Woldehanna. (2020). "Gender Transformative Programming to Improve Capabilities of Young Adolescents in Ethiopia: A Cluster Randomized Control Trial." AEA RCT Registry #AEARCTR-0004024.

Girls' Voice and Agency Outcomes

Impact on Index of Voice and Agency¹² Compared to Control Communities by Program and Region

	EAST HARARGHE GIRLS			SOUTH GONDAR GIRLS		
	First Follow-up	Second Follow-up	Third Follow-up	First Follow-up	Second Follow-up	Third Follow-up
Her Spaces		***		**		
AWH Essential			**	***	*	
AWH Comprehensive	***	*		**		
AWH Comprehensive +		*		***		

Select Voice and Agency Indicators¹³



Key Takeaways for Girls' Voice and Agency Outcomes:

At the first follow-up, girls in *AWH Comprehensive* communities across both regions had significantly higher scores on an Index of Voice and Agency compared to girls in control communities. Furthermore, girls in communities across all intervention arms in South Gondar had strongly significantly higher levels of voice and agency compared to girls in control areas. At the time of the second follow-up, voice and agency index scores were significantly more positive than those in the control group in East Hararghe *Her Spaces* and *AWH Comprehensive* communities, and in South Gondar *AWH Essential* communities. However, the *AWH Comprehensive+* arm in East Hararghe had marginally worse scores than control, driven by lower scores on indicators on comfort expressing oneself (potentially due to some negative backlash against the project due to the material transfer being provided only to girls¹⁴). At the third follow-up, *AWH Essential* communities in East Hararghe had greater voice and agency scores compared to the control communities. Looking at one component of the Index of Voice and Agency, girls' ability to speak up if she sees someone who is hurt, there were a number of positive significant differences from control communities at all three time points across both regions, particularly for *AWH Essential* and *AWH Comprehensive* arms. This may be a result of the fact that the *AWH* curriculum (compared to *Her Spaces*) includes more information about communication and speaking up for oneself.

Girls' Education Outcomes

Impact on Index of Education Participation¹⁵ Compared to Control Communities by Program and Region

	EAST HARARGHE GIRLS			SOUTH GONDAR GIRLS		
	First Follow-up	Second Follow-up	Third Follow-up	First Follow-up	Second Follow-up	Third Follow-up
Her Spaces						
AWH Essential	Not measured at first follow-up			Not measured at first follow-up		
AWH Comprehensive			*			
AWH Comprehensive +						

Key Takeaways for Girls' Education Outcomes:

We see very few significant differences between intervention and control communities in the education domain, likely due to already high rates of school enrollment and educational aspirations among VYA in both regions. However, the finding of suggestive impact on an Index of Education Participation for girls in East Hararghe *AWH Comprehensive* sites at the third follow-up is important to dissect further, as a positive change in this domain could be impactful given high rates of school dropout among girls in that region. At the time of the third follow-up, when adolescents were aged 14-17, only 38% of control group girls in East Hararghe were still in school, compared to 89% of control group girls in South Gondar.



¹² The Index of Voice and Agency includes measures of participation in decision making at home and at school, comfort having discussions with friends, parents and elders, mobility outside of the household, and (for the second and third follow-ups only) collective action in the community. There were a small number of index components that were not collected during the third follow-up, due to decreased survey time in that data collection round; these include fewer questions over topics discussed with parents and mobility.

¹³ The index of ability to speak up when she sees someone else being hurt is constructed 0=never, 1=sometimes, 2=frequently.

¹⁴ For more information on this community backlash, see [Working with Very Young Adolescent Girls and Boys: Perspectives from the Frontline](#). Subsequent versions of programming did not include material transfers and increased the number of sessions provided to boys to be equal to the number of sessions provided for girls.

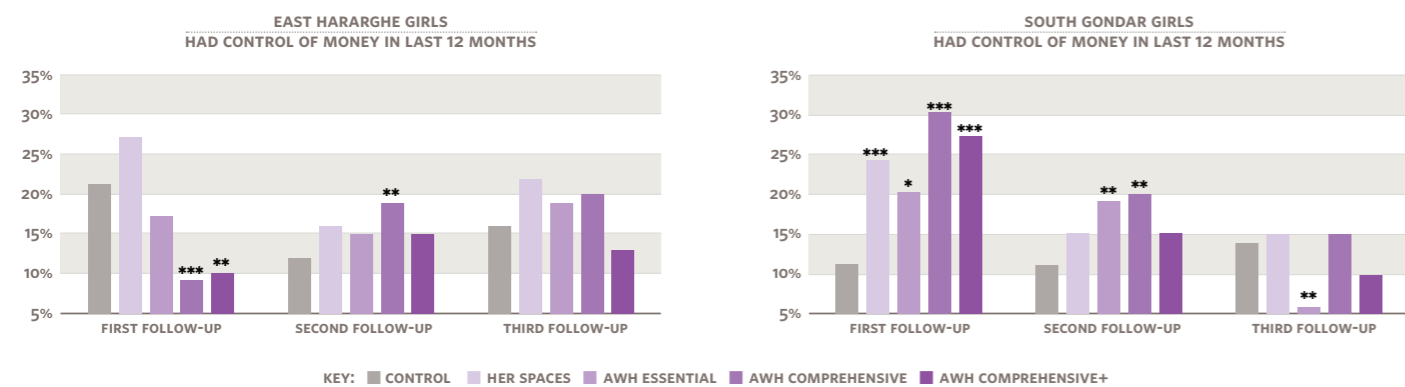
¹⁵ The Index of Education Participation consists of three components: (i) indicator for enrolled in school at time of most recent session, (ii) share of school days attended in past two weeks, and (iii) indicator for did not miss more than one week of school at one time in past 12 months. In the third follow-up, this third component was not collected (due to survey time constraints).

Girls' Economic Empowerment Outcomes

Impact on Index of Economic Empowerment Compared to Control Communities by Program and Region¹⁶

	EAST HARARGHE GIRLS			SOUTH GONDAR GIRLS		
	First Follow-up	Second Follow-up	Third Follow-up	First Follow-up	Second Follow-up	Third Follow-up
Her Spaces						
AWH Essential			Not measured at third follow-up		***	Not measured at third follow-up
AWH Comprehensive	**			***	**	
AWH Comprehensive +				***	*	

Select Economic Empowerment Indicators



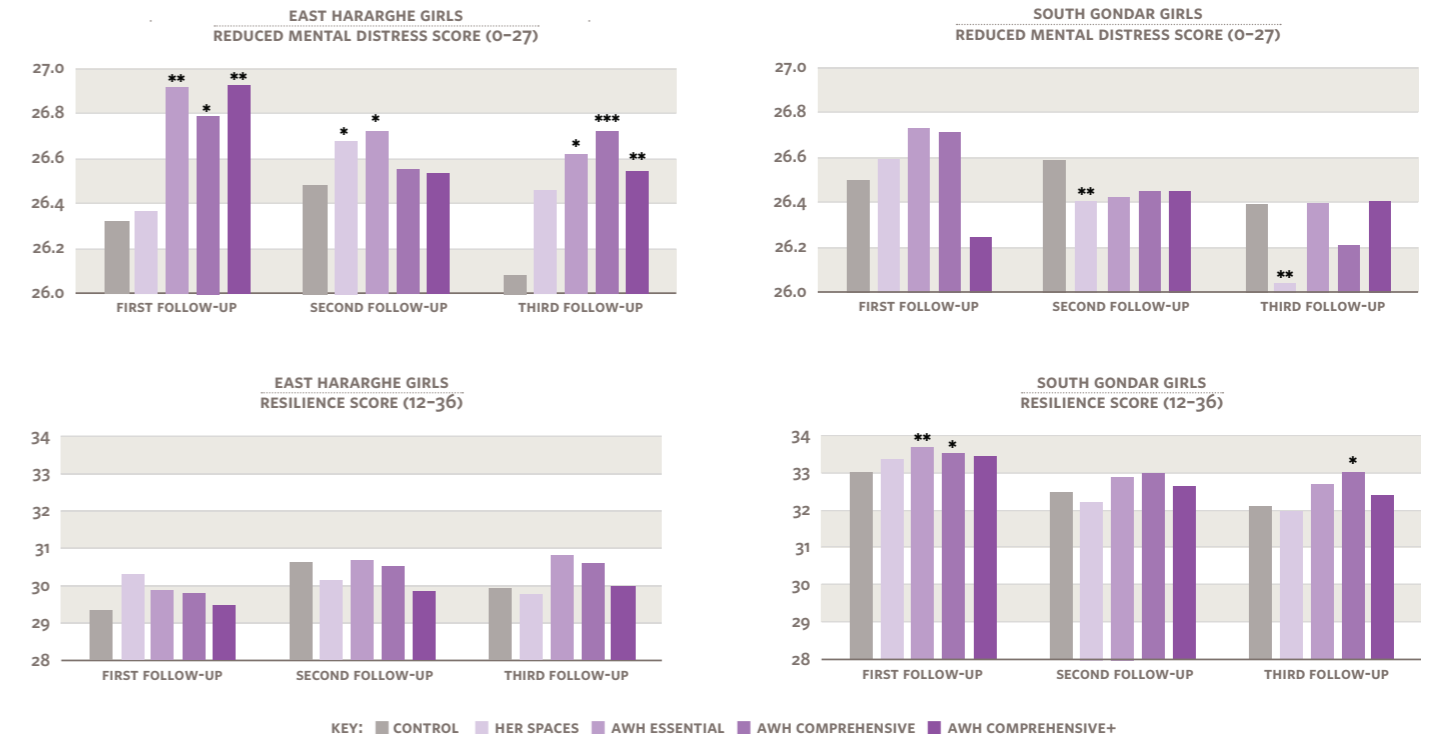
Key Takeaways for Girls' Economic Empowerment Outcomes:

In East Hararghe, no significant difference between control communities and intervention communities was detected on an Index of Economic Empowerment at first or second follow-up, except for significantly lower scores at first follow-up for *AWH Comprehensive* communities. In South Gondar, there were significantly better scores at first follow-up for *AWH Comprehensive* and *AWH Comprehensive+* communities as compared to control, and at second follow-up there were higher scores across all *AWH* treatment arms. In the figures, we explore a key component of this index that was collected in all three follow-up surveys—girls' control over money. In East Hararghe, girls in *AWH Comprehensive* and *AWH Comprehensive+* communities appeared to have less control over money than girls in control communities, but by the second follow-up this result had flipped for girls in *AWH Comprehensive* sites (and there was no significant difference between girls in *Comprehensive+* and control communities). At third follow-up, there were no significant differences between control and intervention communities. In South Gondar, all intervention arms had significantly higher scores as compared to control areas at first follow-up, and at second follow-up, the *AWH Comprehensive* and *AWH Comprehensive+* communities remained significantly higher. At third follow-up, only 6% of girls in *AWH Essential* communities reported control over money, compared to 14% of girls in control communities—a 13 percentage point decrease from second follow-up.

¹⁶ The Index of Economic Empowerment consists of three components: (i) indicator for had money she controls in past 12 months, (ii) indicator for any savings for the future, and (iii) proportion of time spent in leisure and school on a typical weekday (including travel to and from, and studying). This index was not calculated in the third follow-up as the second and third sub-items were not collected.

Girls' Psychosocial Well-being Outcomes

Select Psychosocial Indicators^{17, 18}



Key Takeaways for Girls' Psychosocial Well-being Outcomes:

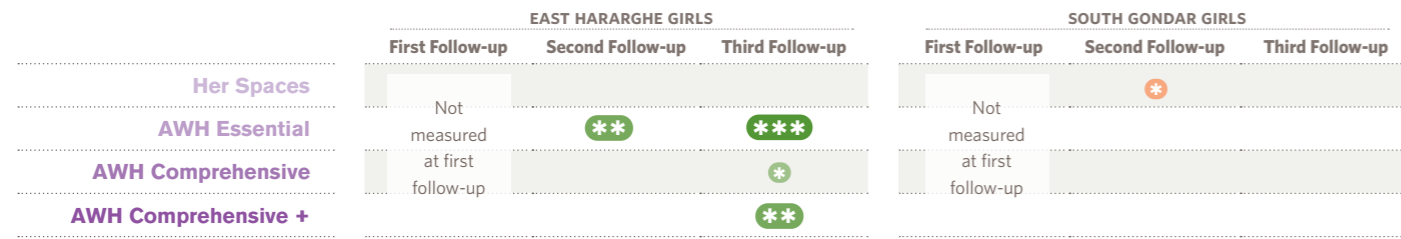
GAGE collected data among adolescents on different psychosocial outcomes, including measures of mental distress and resilience. Measured levels of mental distress were quite low among control group girls in both regions, yet lower levels of mental distress (higher scores) were detected for East Hararghe girls living in *AWH Essential* communities in all three follow-up rounds, and for the other treatment arms in a subset of rounds. Girls living in *AWH* communities in South Gondar did not report distress differently from the control group at any time point, but those in *Her Spaces* sites had higher mental distress compared to control communities at the second and third follow-ups. With regard to resilience, scores were moderately high among control group girls in both regions at first follow-up (33.3 out of 36 in South Gondar, and 29.3 in East Hararghe). No differences in resilience were detected between girls in control communities and any treatment communities in East Hararghe, though there is evidence of higher resilience among girls in *AWH Essential* and *AWH Comprehensive* sites in South Gondar at the first follow-up, and for *AWH Comprehensive* sites at the third follow-up.

¹⁷ Mental distress is measured using the Patient Health Questionnaire-9 (PHQ-9) scale, which scores distress on a scale from 0-27. This measure has been inverted for this analysis, so that higher values indicate less distress. Kroenke, K. and R.L. Spitzer (2002). "The PHQ-9: a new depression diagnostic and severity measure." *Psychiatric Annals*, 32: 509-521.

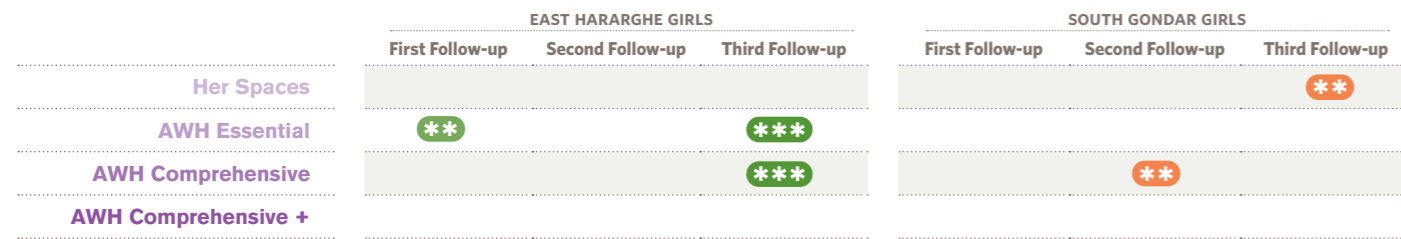
¹⁸ The Child and Youth Resilience Scale (CYRS) is an adolescent-centric scale that ranges from 12-36, where higher values indicate more resilience. Liebenberg, L., M. Ungar and J.C. LeBlanc (2013). "The CYRM-12: A Brief Measure of Resilience." *Canadian Journal of Public Health*, 104(2): e131-e135.

Girls' Health, Nutrition, and Sexual and Reproductive Health Outcomes

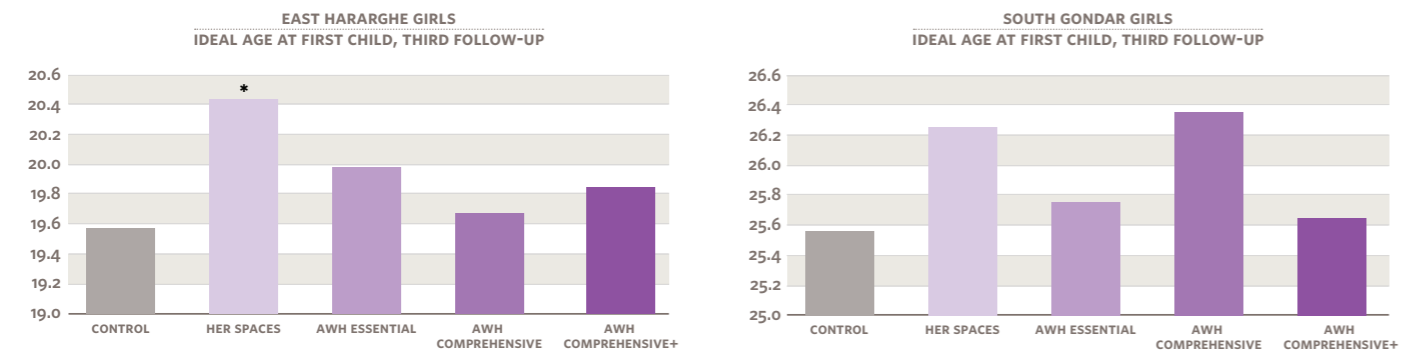
Impact on Index of Menstrual Hygiene¹⁹ by Program and Region



Impact on Index of Physical Health and Nutrition²⁰ by Program and Region

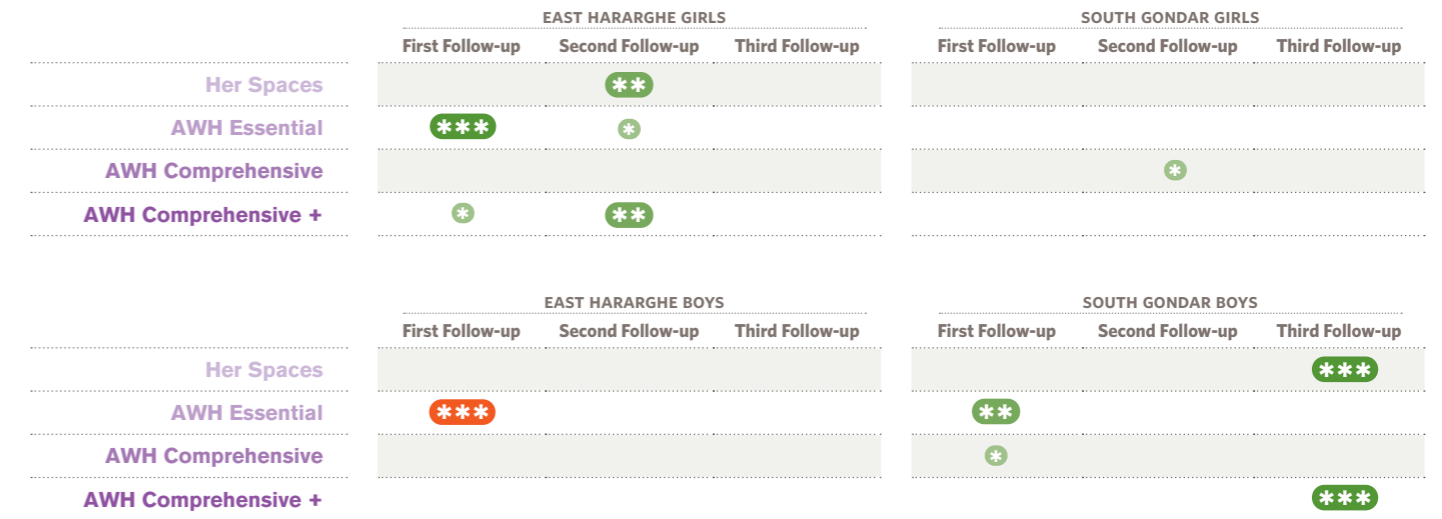


Select Girls' Health Indicators²¹

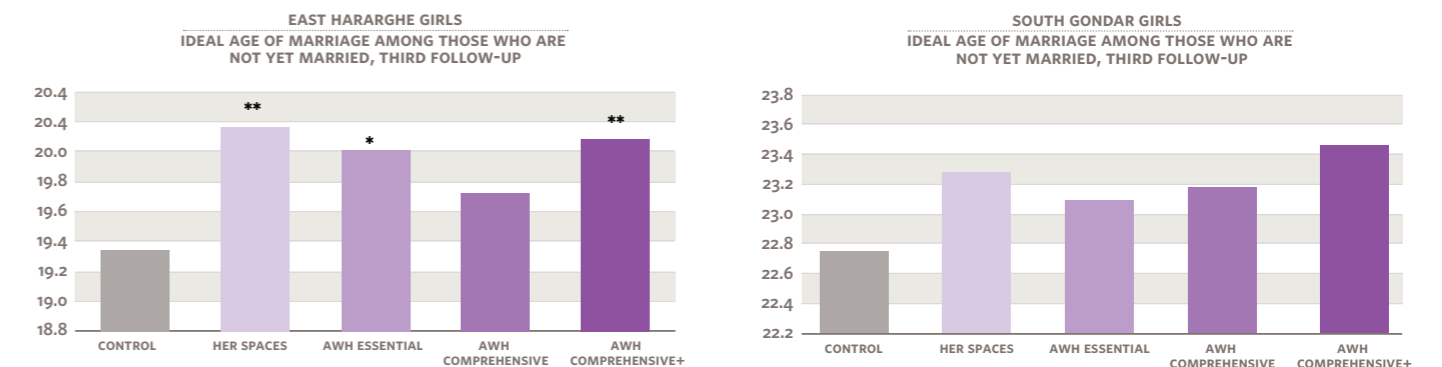


Girls' and Boys' Bodily Integrity Outcomes

Impact on Index of Violence²³ by Program and Region



Select Bodily Integrity Indicators²⁴



Key Takeaways for Girls' Health, Nutrition, and Sexual and Reproductive Health Outcomes:

In East Hararghe, significantly higher scores on the Menstrual Hygiene Index were detected for girls in *AWH Essential* communities at the second and third follow-ups compared to control communities, and in *AWH Comprehensive* and *Comprehensive+* communities at the third follow-up. No difference was detected between girls in any AWH arm and the control group for either follow-up in South Gondar, though *Her Spaces* girls had slightly worse menstrual practices than girls in control communities after the second follow-up.²²

GAGE also collected information on self-reported general health, nutrition, and hunger. In East Hararghe, *AWH Essential* communities reported better health and nutrition in the first and third follow-ups, compared to their control group counterparts. At third follow-up, girls in both *AWH Essential* and *AWH Comprehensive* communities also reported better health and nutrition. For South Gondar, girls in *AWH Comprehensive* communities reported poorer health and nutrition at second follow-up, and similarly for girls in *Her Spaces* communities at the third follow-up, driven by higher reported levels of hunger.

GAGE collected data on girls' ideal age to have their first child among those who do not already have a child. At third follow-up, girls in East Hararghe *Her Spaces* communities reported a significantly higher ideal age at first child (20.4 years) compared to control communities (19.6 years). No differences were detected between treatment and control communities in South Gondar, where ideal age of first child was nearly 25.6 in the control group.

Key Takeaways for Girls' and Boys' Bodily Integrity Outcomes:

In East Hararghe, girls reported experiencing significantly less violence in *AWH Essential* and *AWH Comprehensive+* communities (compared to control) at the first and second follow-ups, and in *Her Spaces* communities at the second follow-up. These differences were driven primarily by less peer violence, and were not detected at the time of the third follow-up survey. In South Gondar, little was detected comparing treatment to control communities; the only significant difference in any round was marginally less violence reported in *AWH Comprehensive* communities compared to control at the second follow-up.

GAGE also collected data on girls' ideal age to get married among those who are not already married. At third follow-up, girls in East Hararghe *Her Spaces*, *AWH Essential*, and *AWH Comprehensive+* communities reported significantly higher ideal ages to get married (20.2, 20.0, and 20.1 years, respectively) compared to control communities (19.3 years). No statistically significant difference was detected between treatment and control communities in South Gondar, where ideal age of marriage in the control group is nearly 22.8 years at the third follow-up.

For boys in South Gondar, there were lower rates of peer violence experience and perpetration in *AWH Essential* and *AWH Comprehensive* communities at the first follow-up, and highly significantly lower rates in *AWH Essential* and *AWH Comprehensive+* communities at the third follow-up, as compared with control communities. There is little evidence of impacts on peer violence for boys in East Hararghe, save for higher rates in *AWH Essential* communities detected at the first follow-up.

¹⁹ The Index of Menstrual Hygiene is measured among those who have reached menarche, and consists of two components: (i) indicator for self-reports normal activities not affected during menstruation, and (ii) index of improved menstrual hygiene practices: constructed as the sum of indicators for (a) has improved menstrual hygiene management and (b) practices appropriate disposal at home.

²⁰ The Index of Physical Health and Nutrition consists of three components: (i) indicator for self-reported health very good or good, (ii) proportion of meals yesterday with meat/chicken/fish/egg, and (iii) indicator for has not ever been hungry because not enough food in past four weeks.

²¹ Please note that the y-axes are different for these two graphs.

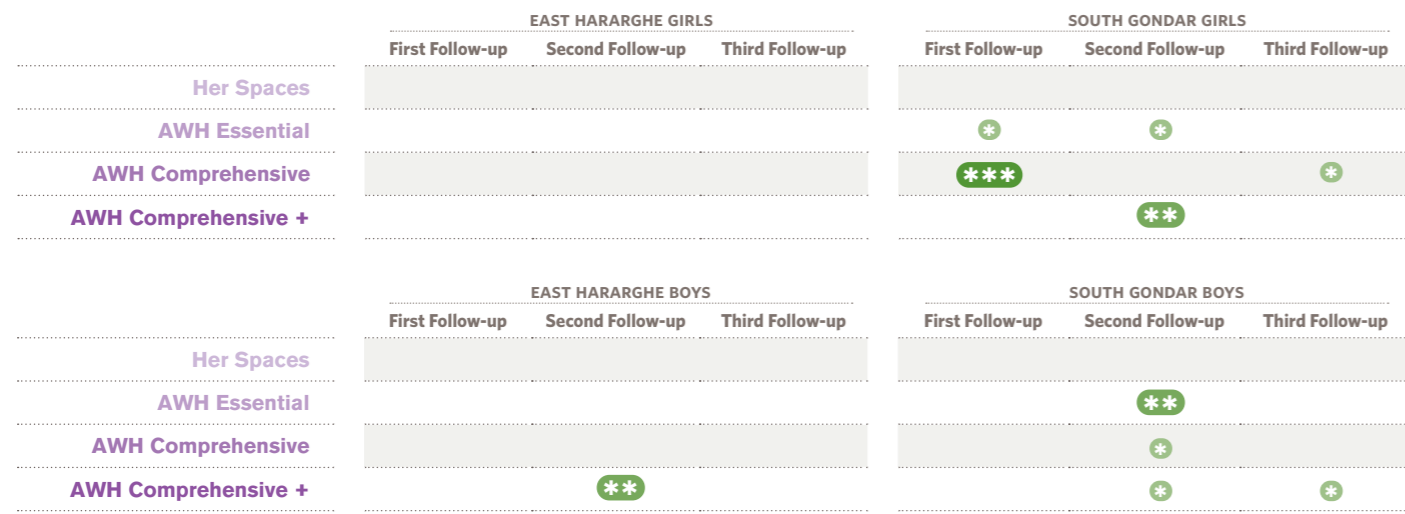
²² Recent research by the GAGE team further explores impacts of AWH on menstrual health literacy. Baird, S., J. Hamory, K. Gezahegne, K. Pincocock, T. Woldehanna, W. Yadete, and N. Jones (2022). "Improving Menstrual Health Literacy Through Life-Skills Programming in Rural Ethiopia." *Frontiers in Global Women's Health*, 3.

²³ Index of Violence for girls consists of three components: (i) Peer violence scale, (ii) indicator for did not experience violence in the household, or witness violence against female caregiver, in past 12 months, and (iii) indicator for did not experience sexual violence in past 12 months. For boys, the Index of Violence is composed of an indicator for not perpetrating peer violence, and the peer violence scale (as for girls).

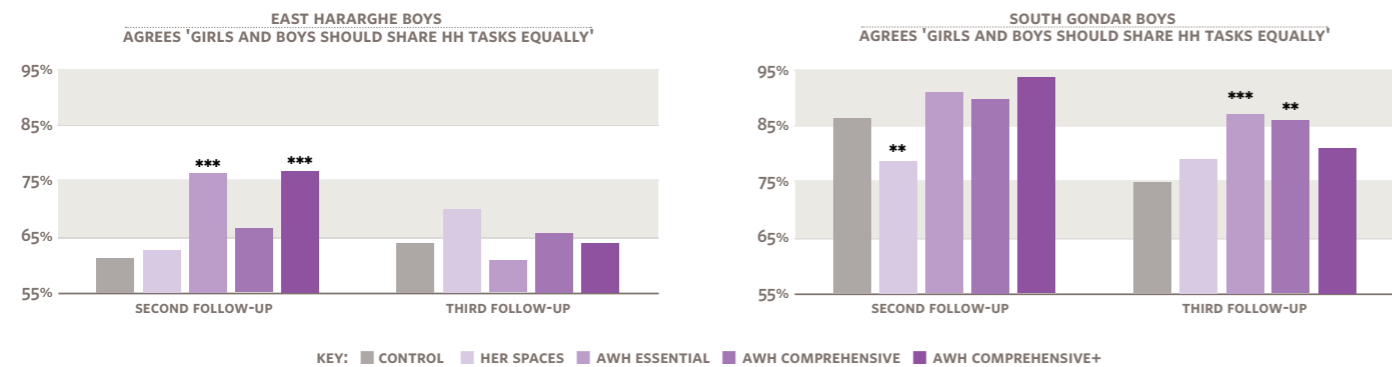
²⁴ Please note that the y-axes are different for these two graphs.

Girls' and Boys' Gender Outcomes

Impact on Index of Gender Stereotypical Roles by Program and Region



Select Gendered Roles Indicators²⁵

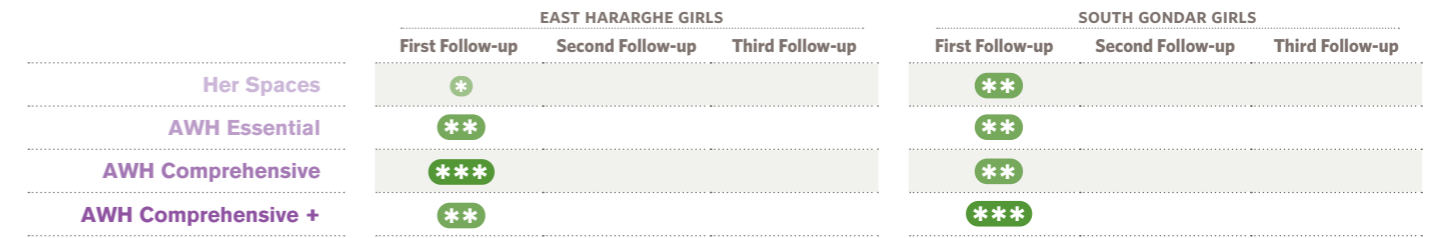


Key Takeaways for Girls' and Boys' Gender Outcomes:

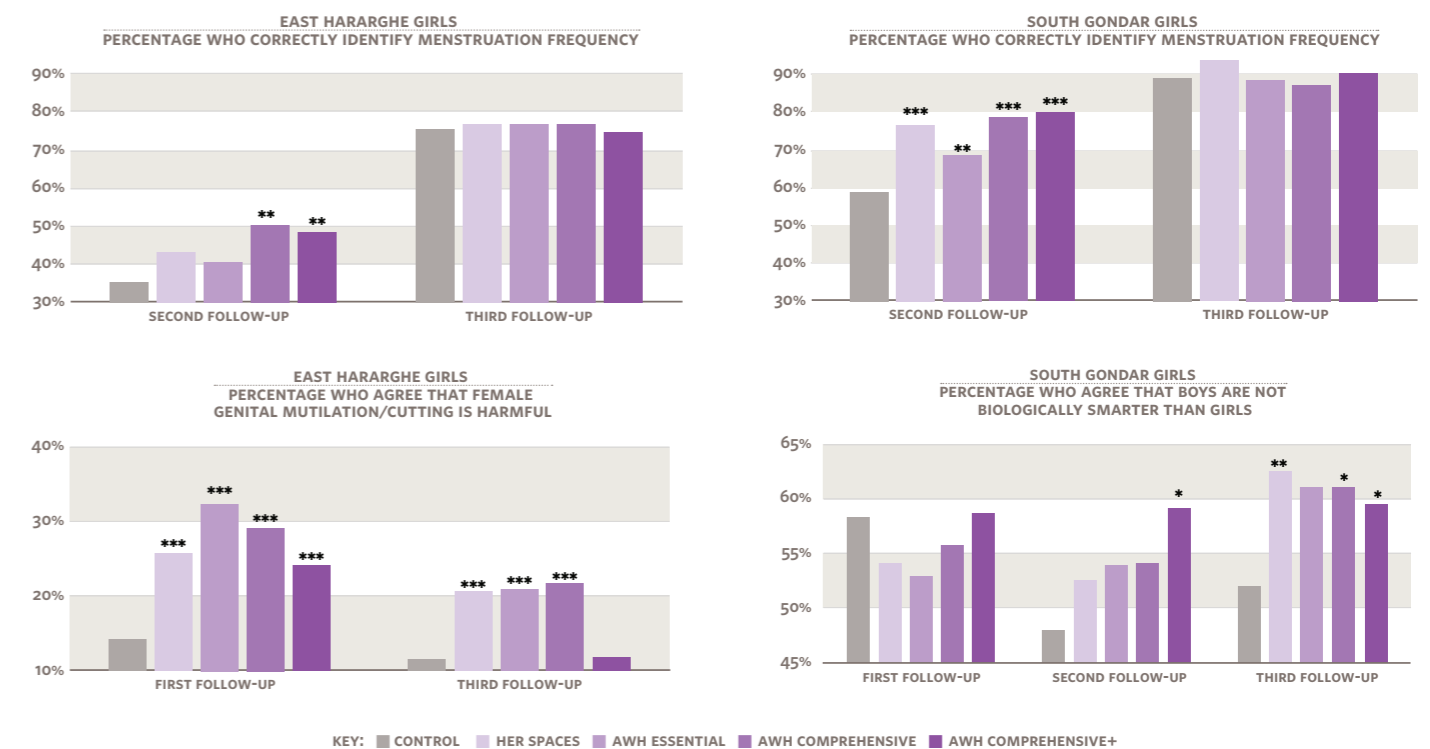
Gender attitudes and norms are complex, difficult to measure, and may take a long time to change. GAGE measured these using three different scales, two of which (Gender Stereotypical Roles and Gender Stereotypical Traits) were developed by the Global Early Adolescent Study (GEAS).²⁴ Recent research from GEAS explained some of the complexities of these scales and suggests that they should not be interpreted as attitudes or norms, but as "perceptions of gender norms."²⁶ We faced similar challenges in interpreting these data – for example, the indicator for "girls are expected to be humble" could be understood as an individual attitude, an increased understanding of gender roles and what is expected of girls, or a gender attitude common in the community. This should be kept in mind when interpreting findings. The Gender Stereotypical Roles Index presented here comprises adolescent agreement with statements about gender roles, such as 'women should have the same chance to work outside of the household as men'. There were no significant impacts detected on this index for girls in East Hararghe at any of the follow-ups, but positive impacts were detected among South Gondar girls in *AWH Essential* and *AWH Comprehensive* sites in two out of the three follow-ups (and in *AWH Comprehensive+* sites for the second follow-up). Among boys, we also see evidence of perceptions of more equality in gender stereotypical roles in South Gondar, for all *AWH* treatment communities at the second follow-up, and *AWH Comprehensive+* sites for the third follow-up. For both residential zones, we saw significantly higher rates of boys' agreement with the statement that 'Girls and boys should share household tasks equally' in *AWH* curriculum-based arms as compared with control areas at various follow-ups (see graphs). Positive impacts on this indicator may reflect the fact that promoting equal division of domestic labor between boys and girls is a focus of the *AWH* curriculum.

Girls' Knowledge Outcomes

Impact on Index of Knowledge by Program and Region



Select Knowledge Indicators



Key Takeaways for Girls' Knowledge Outcomes:

The knowledge index consists of a series of indicators which represent correct answers to questions which were covered in the Act With Her curriculum, across topics of nutrition, sexual and reproductive health, bodily integrity, financial and negotiation skills, and gender. Across both regions, strongly significant impacts were detected among girls across all arms at the first follow-up, but not thereafter. A partial explanation for some indicators may be that girls in intervention areas have higher levels of knowledge during early adolescence (due to the program), but by later adolescence (as these individuals age) these items become 'common knowledge'. For instance, this appears to be the case regarding knowledge of menstruation frequency (see graphs). In South Gondar at the first follow-up, only 59% of girls in control communities knew how often menstruation occurs, while this figure ranged from 69% to 80% in intervention communities. At the time of the second follow-up, the control mean had increased to 90% and there were no longer any significant differences between control and intervention arms, likely as most girls had begun their periods. A similar trend was seen in East Hararghe. While this was not the case for the majority of knowledge questions, certain knowledge questions were significant at third follow-up. For example, the percentage of girls in East Hararghe who agreed that female genital mutilation/cutting has risks was strongly significantly higher than control areas in *Her Spaces*, *AWH Essential*, and *AWH Comprehensive* communities at third follow up, and all treatment communities in the first follow-up (see graph). Additionally, the percentage of girls in South Gondar who agreed that 'boys are not biologically smarter than girls' was higher than control communities in *Her Spaces*, *AWH Comprehensive*, and *AWH Comprehensive+* arms at third follow-up (see graph).

²⁵ For more information, see <https://www.geastudy.org/>.

²⁶ Moreau, C., M. Li, S. Ahmed, X. Zuo, B. Cislighi (2021). "Assessing the Spectrum of Gender Norms Perceptions in Early Adolescence: A Cross-Cultural Analysis of the Global Early Adolescent Study," *Journal of Adolescent Health*, 69(1):S16-S22.

Conclusion



Overall, all program variations had some positive impacts on adolescent well-being at one or more time points, though effects varied by treatment arm, the domain of well-being, region, and time.²⁷ The most striking positive impacts for girls at the time of the first quantitative survey follow-up—around the time adolescents ‘graduated’ from their groups, but while community-level social norms and systems strengthening work was still ongoing in sites receiving it—were higher knowledge scores (both regions, all treatment arms), fewer experiences of violence (East Hararghe, *AWH Essential* and *AWH Comprehensive+* arms), more positive psychosocial outcomes (both regions, *AWH Essential* and *AWH Comprehensive* arms), higher levels of voice and agency (particularly in South Gondar across all treatment arms), and higher rates of economic empowerment (South Gondar, *AWH Comprehensive* and *AWH Comprehensive+* arms). Some of these impacts—such as those on knowledge—were not detected in subsequent follow-ups (for any treatment arm in either region). Others persisted at least through the second follow-up, which occurred around the time community-level work was ending in sites that received it. Examples of impacts that were still detected at the time of the second follow-up include fewer experiences of violence (particularly in East Hararghe), better psychosocial outcomes (East Hararghe, *AWH Essential*), higher levels of voice and agency (South Gondar *AWH Essential* arm, East Hararghe Her Spaces and *AWH Comprehensive* arms), and higher rates of economic empowerment (South Gondar, all *AWH* treatment arms). By the third follow-up, which was launched approximately 15 months after the close of community-level interventions, few differences were detected between treatment and control communities in South Gondar, with the notable exception of better psychosocial outcomes and attitudes in favor of more gender equitable outcomes in *AWH Comprehensive* communities.²⁸ Among boys in South Gondar at the third follow-up, there were highly significantly lower rates of

perpetration and experiences of peer violence (*AWH Essential* and *AWH Comprehensive+* arms) and more positive perceptions of gender (*AWH Comprehensive+* arm). For East Hararghe girls, in contrast, impacts were detected across treatment arms in a few different domains of well-being at the time of the third data collection round. There were significantly better outcomes related to menstrual hygiene management and menstruation affecting girls’ activities (all *AWH* treatment arms), better physical health and nutrition outcomes (*AWH Essential* and *AWH Comprehensive* arms), and lower mental distress (Her Spaces, *AWH Essential*, and *AWH Comprehensive+* arms) compared to control communities. Although there were no statistically significant differences between any treatment group and control communities with respect to the index of experience of violence, we do see impacts on other key measures within the bodily integrity domain, such as increased ideal age at marriage (Her Spaces, *AWH Essential*, and *AWH Comprehensive+* arms).

Across both regions and over time, there were more positive impacts in *AWH* communities (particularly *AWH Essential* and *AWH Comprehensive* arms) as compared with Her Spaces programming, highlighting the importance of engaging boys, parents, and community members to improve the lives of adolescent girls – though the specific type of engagement that was effective appears to vary across region. The lack of sustained differences between treatment and control communities across several domains of adolescent well-being at the third follow-up, particularly for communities in South Gondar, deserves further research. We also hope to explore the role that ongoing conflict may have played on adolescent outcomes in both regions, as each was negatively impacted in different ways during the data collection period. GAGE will continue to study the evolution of program impacts as these adolescents transition to adulthood.

SUGGESTED CITATION:

C. L. Boudreau, J. Hamory, S. Das. (2023). Snapshot of GAGE Quantitative Findings on Act With Her in Ethiopia (2019-2022).

TO LEARN MORE

about Act With Her, visit www.pathfinder.org/projects/act-with-her/ and [#ActWithHer](https://twitter.com/ActWithHer) on social media.

TO LEARN MORE

about GAGE visit www.gage.odi.org @GAGE_programme on twitter.

²⁷ For more information on the differences in impact between programming arms, please refer to the GAGE findings [here](#).

²⁸ Please note that the overall index of economic empowerment for girls was not measured at third follow-up, a domain in which strong positive impacts were detected in South Gondar at second follow-up.

Acknowledgements

This report was written collaboratively by members of the Pathfinder and GAGE teams. Courtney L. Boudreau, MPH, DrPH Candidate is a Gender & Violence Specialist and Senior MEL Manager for the Act With Her project. Dr. Joan Hamory is an Assistant Professor of Economics at the University of Oklahoma, and a member of the GAGE quantitative research team. Dr. Saini Das is a postdoctoral researcher at George Washington University, and a member of the GAGE quantitative research team.

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. All data in this report were collected by GAGE (including GAGE quantitative and qualitative research partners at Laterite and Quest Consulting, respectively). A more detailed summary of the GAGE findings can be found [here](#). This brief and the underlying research was supported by other members of the GAGE team: Dr. Sarah Baird, Professor of Global Health and Economics at George Washington University, and GAGE Impact Evaluation Lead; Dr. Nicola Jones, Principal Research Fellow at ODI, and GAGE Director; Dr. Tassew Woldehanna, Professor of Economics at Addis Adaba University, and GAGE Ethiopia Quantitative Research Lead; and Workneh Yadete, Quest Consulting and GAGE Ethiopia Research Uptake and Impact Coordinator. Special thanks to Pathfinder Ethiopia and CARE Ethiopia Teams for their dedication to delivering Act With Her in the midst of Covid-19 and conflict, and to our adolescent and community participants for taking part in both programming and research.