



IMPACT OVERVIEW

Introduction to this document

dance4life continuously builds evidence on how our model empowers young people and contributes to decreasing the prevalence of three of the biggest sexual health threats that young people face these days: **HIV, unintended pregnancies and sexual and gender based violence.**

We specifically focus our research efforts on the impact that the **dance4life empowerment model** has on determinants of behaviour change (confidence, gender equal attitudes and social norms) and how changed behaviour

actually contributes to the impact on sexual health of youngsters globally. In this document we present:

- our key findings,
- our research into the underlying dynamics of our model,
- our methods,
- our collaboration with researchers

All of these findings are illustrated with a few country-by-country case studies that paint a more precise and personal picture of what we've achieved and we continue to strive for.

About dance4life

dance4life is an Amsterdam-based social franchise committed to empowering young people worldwide to take personal leadership in their sexual lives. Together with our strong global partner network we'll work towards our 2030 goal: empower more than 5 million young people **to lead healthy sexual lives and feel confident about their future; leading to demonstrable improvements in sexual health outcomes.**

In 2016, based on insights of the past 12 years, dance4life redesigned its **Empowerment Model**, which can be contextualized to local needs and circumstances. With this model we break away from traditional comprehensive sexuality education and set a brand new standard of a peer-led personal development curriculum which is all about transformation: **our journey4Life.**

since dance4life started in 2004, we, together with our partners, have reached over

2,100,000 YOUNG PEOPLE

We have created over
845,000
inspiring agents4change



agents4change are empowered young people that after the dance4life programme make healthy sexual choices and a difference in their communities.



We also know that each agent4change shares acquired knowledge with an estimated

5 OTHER PEOPLE

meaning that dance4life has indirectly reached over

4,000,000 individuals

Over the past 13 years we have worked in
33
countries on 5 continents, impacting young people's lives with our programme.





Key findings

The dance4life model has been effective in increasing knowledge, confidence, and changing attitudes and social norms.



Both boys and girls started to have more egalitarian gender attitudes after joining the dance4life program



They were less discriminating and stigmatizing, and more accepting towards people living with HIV (PLHIV).



dance4life helps in breaking the culture of silence around sex and sexual and reproductive health and rights (SRHR), enabling youth to feel confident to talk with their parents, teachers, peer leaders, health workers and friends about it.

All these contributions lead to increased capacities to make safe and informed decisions about their sexual lives.

- For example, youth feel more empowered to end a relationship if their partner wants sex as a condition to continue.
- In addition, young people find themselves empowered in their ability to solve problems and have more confidence than their non-dance4life peers.
- They are more willing to seek health services, use a condom or to talk their community about SRHR.

However, the current climate asks for more than research on determinants. More and more, there is a need for insight into the longer term impact of behaviour change interventions. We already have anecdotal and self-reported evidence on this. The next step is to have a thorough assessment of our model's impact on health outcomes.

Total North America

2.503
REACH

1.192
AGENTS4CHANGE

Total Europe

596.691
REACH

201.611
AGENTS4CHANGE

2008-2011
UNITED KINGDOM
11.452 28.748
AGENTS4CHANGE REACH

2008-2012
GERMANY
8.301 14.310
AGENTS4CHANGE REACH

2005-NOW
RUSSIA
53.477 224.086
AGENTS4CHANGE REACH

2008-2012
UNITED STATES
1.192 2.503
AGENTS4CHANGE REACH

2008-2012
IRELAND
4.228 6.996
AGENTS4CHANGE REACH

2008-2012
MOLDOVA
8.805 32.021
AGENTS4CHANGE REACH

2004-NOW
NETHERLANDS
97.492 240.716
AGENTS4CHANGE REACH

2009-2013
KYRGYZSTAN
2.516 14.263
AGENTS4CHANGE REACH

2008-2011
TURKEY
1.089 1.696
AGENTS4CHANGE REACH

2008-2014
SERBIA
10.348 20.857
AGENTS4CHANGE REACH

2008-2016
SPAIN
6.419 27.261
AGENTS4CHANGE REACH

2011-NOW
PAKISTAN
51.645 85.375
AGENTS4CHANGE REACH

2010-NOW
NEPAL
35.685 84.828
AGENTS4CHANGE REACH

2008-NOW
MEXICO
26.407 56.387
AGENTS4CHANGE REACH

2009-NOW
BARBADOS
12.771 17.087
AGENTS4CHANGE REACH

2015-NOW
CHINA
1.138 7.551
AGENTS4CHANGE REACH

2009-2010
TUNISIA
273 772
AGENTS4CHANGE REACH

2011-NOW
ETHIOPIA
24.905 39.289
AGENTS4CHANGE REACH

2009-2010
CAMEROON
6.700 36.988
AGENTS4CHANGE REACH

2008-2010
SIERRA LEONE
24.884 36.458
AGENTS4CHANGE REACH

2008-2012
VIETNAM
12.226 20.386
AGENTS4CHANGE REACH

2011-NOW
PERU
3.007 7.676
AGENTS4CHANGE REACH

2010-NOW
INDIA
87.356 247.856
AGENTS4CHANGE REACH

2011-2013
THAILAND
1.733 12.738
AGENTS4CHANGE REACH

2013-NOW
GHANA
6.331 42.938
AGENTS4CHANGE REACH

2008-NOW
UGANDA
78.674 146.768
AGENTS4CHANGE REACH

2008-NOW
KENYA
65.135 100.871
AGENTS4CHANGE REACH

2004-NOW
INDONESIA
50.206 138.335
AGENTS4CHANGE REACH

2010-2016
ARGENTINA
3.167 10.686
AGENTS4CHANGE REACH

2005-NOW
TANZANIA
77.649 169.034
AGENTS4CHANGE REACH

2008-NOW
ZAMBIA
29.891 76.759
AGENTS4CHANGE REACH

2008-2013
ZIMBABWE
18.533 48.382
AGENTS4CHANGE REACH

2004-2012
SOUTH AFRICA
21.545 117.081
AGENTS4CHANGE REACH

Total Africa

815.340
REACH

354.520
AGENTS4CHANGE

Total Asia

611.332
REACH

242.505
AGENTS4CHANGE

Total South America

91.836
REACH

45.352
AGENTS4CHANGE



Countries where we currently work

2.117.702
TOTAL REACH

845.180
AGENTS4CHANGE



Our research

Global research

Up till 2016 external evaluations have been conducted in over 10 countries across the globe (Tanzania, Zambia, Kenya, Uganda, Ghana, Nepal, Argentina, Barbados, Netherlands, Russia, Serbia) looking at the outcomes of the dance4life model on the level of behavioural determinants and intentions. Our franchisees conducted evaluations as part of their monitoring and evaluation efforts as well. Being a member of the Dutch SRHR alliance, dance4life also had its model researched in 8 countries (Kenya, Uganda, Tanzania, Ghana, Ethiopia, Indonesia, India, Pakistan) within larger multi-annual programme evaluations.

Collaborations with others

Throughout the years we have strategically collaborated with local researchers in design, collection and analysis of data, supported by renowned international research institutes, such as the Dutch Royal Tropical Institute (KIT), University of Amsterdam and National Research University Higher School of Economics in Moscow. Next to outcome evaluations we have commissioned multiple researches on the workings of our model.

What we measured

We looked at the best ways of delivering SRHR information, activating young people and creating a movement for change. Through our Planning, Monitoring, Evaluation and Learning (PMEL) framework we have measured changes in knowledge, risk-perception, attitudes, social norms and self-efficacy of young people. Next to the impact of the model on young people, we are looking at the awareness, attitudes and support of gatekeepers, such as parents, teachers and religious leaders.

All the research feeds into our continuous innovation and development of the model to ensure it responds to the challenges and needs of young people in the best way!

Our methods

Our evaluation studies integrate quantitative and qualitative methods – surveys, focus group discussions, youth consultation rounds and in-depth interviews – to build a stronger body of evidence for our behaviour change approach.

Cases from around the globe: Tanzania

Tanzania

A comparative evaluation based on quantitative (questionnaire) and qualitative (focus group discussions and interviews) methodologies was conducted by local independent researchers in 2015 among learners and different stakeholders. The impact of the dance4life model was compared with the impact of a more traditional government CSE curriculum.

During the 2012-2015 implementation of dance4life in Tanzania, evidence on sexual health outcomes from the local health departments was also collected and it showed a significant decrease in teenage pregnancies from 128 cases in 16 secondary schools in 2012 before the start of dance4life to 32 cases in the same 16 secondary schools in 2015.

CONFIDENCE IN USING CONDOMS CONSISTENTLY

85%	67%
dance4life	CSE

ACCESS CONDOMS WHEN NEEDED

63%	44%
dance4life	CSE

CONVINCING PARTNERS TO USE A CONDOM

79%	65%
danc4life	CSE

“Since the dance4life programme is present in my area more young people come to my health centre looking for condoms. They are no longer shy”

doctor, Mapanda health centre,
Mufindi District

“Now, if I contract sexually transmitted infections, or a friend tells of his/her situation, I am not scared. I know what to do, where to go and how the lessons help me to support and guide others”

agent4change

“After training I got the confidence and went back and sat down with my sister to tell her about SRHR and beyond this I can also give this education in the family and the community because it is my little contribution to be able to play a role in reducing the child pregnancies which is a big thing in my area. This is the role that I believed was only for women but I now know what I can contribute”

agent4change



Cases from around the globe: Nepal

Nepal

In May-December 2014 a pre-post evaluation was run in collaboration with Cornell University (USA) . Through a combination of quantitative and qualitative methodologies the impact of dance4life was assessed among 360 learners in 20 schools.

KNOWLEDGE ON HIV AND STIS

36,4%
pre

50,2%
post

DISCUSSING SRH INFORMATION WITH ADULTS

34,8%
pre

68,2%
post

LESS DISCRIMINATORY ATTITUDES TOWARDS PLHIV

32,4%
pre

50,2%
post

“Those students who feel shy to share their SRH issues or talk on that matter are now actively sharing with their friends”

teacher

Cases from around the globe: Barbados

Barbados

In 2016 the dance4life programme in Barbados was externally evaluated, by using a mix of qualitative and quantitative methodologies. Amongst others, pre- and post-intervention surveys have been conducted among over 2000 adolescents participating in dance4life during the 2015-2016 school cycle.

THE NUMBER OF SEXUALLY ACTIVE ADOLESCENTS WHO USED A CONDOM AT LAST SEXUAL INTERCOURSE **INCREASED** FROM

52.9% TO **61.8%**

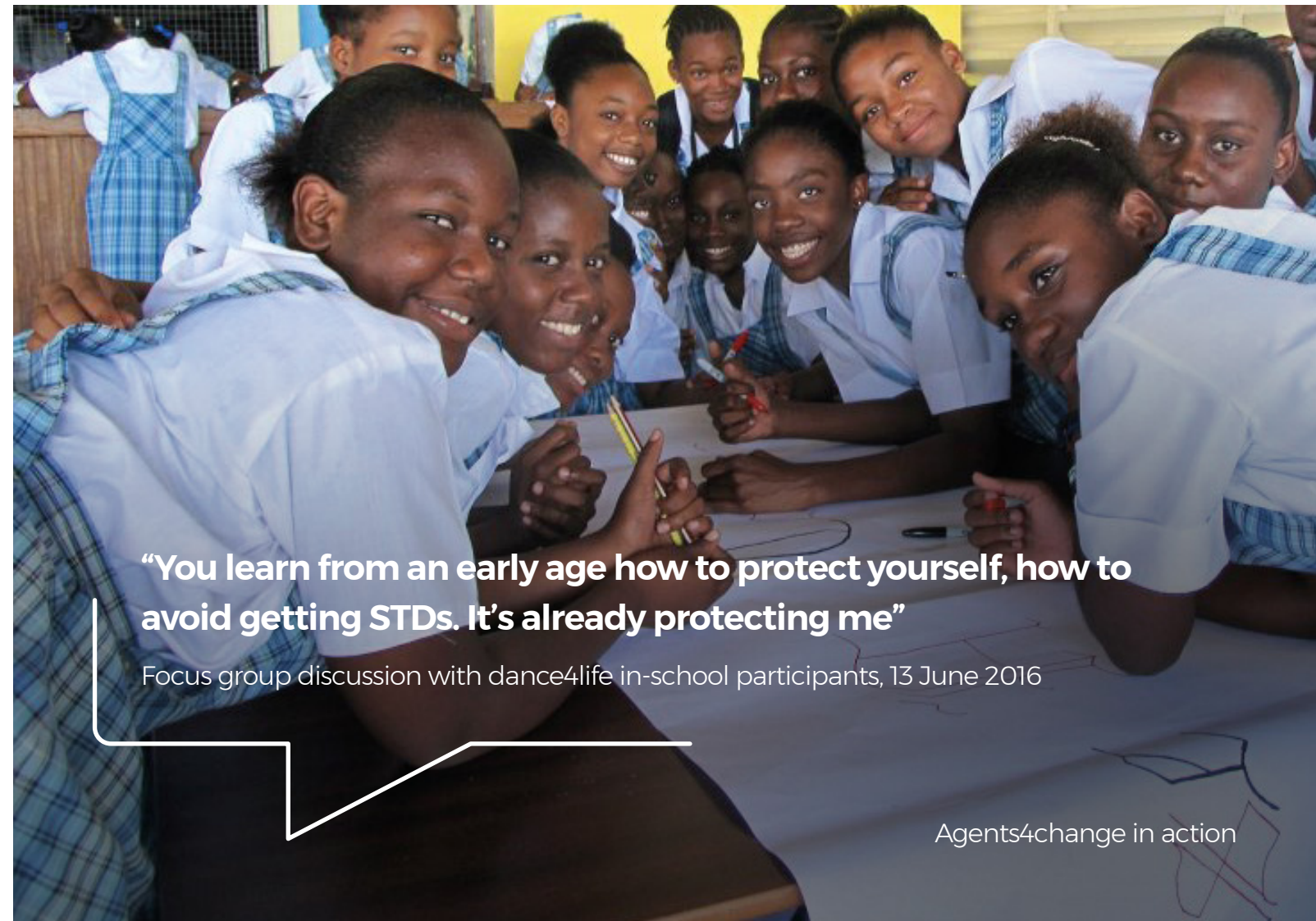
THE NUMBER OF ADOLESCENTS WHO HAD SEXUAL INTERCOURSE IN THE PAST THREE MONTHS **DECREASED** FROM

53.4% TO **32.1%**

THE NUMBER OF ADOLESCENTS WHO KNOW THAT A GIRL CAN GET PREGNANT IF THE MALE WITHDRAWS BEFORE EJACULATION **INCREASED** FROM

20.8% TO **63.1%**

Allen, C. & Maughan, J. (2016). Report of the evaluation of dance4life in Barbados. Barbados.



"You learn from an early age how to protect yourself, how to avoid getting STDs. It's already protecting me"

Focus group discussion with dance4life in-school participants, 13 June 2016

Agents4change in action



Cases from around the globe: Serbia

Serbia

In 2015 the dance4life programme in Serbia was externally assessed by the Institute of Public Health of Serbia. A mix of quantitative and qualitative methods was used, including sampling of treatment and control groups for research, and looked retrospectively at dance4life youth impacted between 2008 and 2013.

DEMONSTRATE GOOD CONDOM USE SKILLS

82%
dance4life

26%
non-dance4life

EVER WENT FOR VOLUNTARILY COUNSELLING AND TESTING FOR HIV

49.1%
dance4life

7.7%
non-dance4life

USED CONDOM DURING LAST SEXUAL INTERCOURSE WITH IRREGULAR PARTNER

90.6%
dance4life

42.9%
non-dance4life

“In the beginning, the education set me free. I mean, free to speak about this topic and all. Before that, I was very reserved to talk about many things. Now, I’m much more open to speak. We can start with condoms, buying condoms, mentioning condoms, procurement, anything. I mean, it’s now normal to me and I’m thrilled! I mean, really! It was not normal to me that my friend came to me and said “can you buy condoms for me?” Now I’m going there laughing, I’m going to the shop laughing out loud and asking for condoms”

girl, 22

Next steps on our research agenda

01

Supported by leading research entities such as RAND Europe, we continue to build a rigorous evidence base for the dance4life Empowerment model proving how it leads to behaviour change and contributes to tangible sexual health outcomes.

Insights will feed into programmatic decisions for further model enhancement and a clear understanding of the costs to bring it to scale and replicate the model in different countries and contexts beyond 2020. Evidence would equally contribute to the global knowledge base on innovative and effective ways of empowering youth to take personal leadership over their sexual health.

The first question to be addressed through a multi-annual randomized controlled trial or quasi-experimental study looks at the impact of the model on behavioural determinants, empowerment and behaviour change and its contribution to long term health outcomes.

Key question

What is the net effect of the model on long-term health outcomes (unintended teenage pregnancy, HIV prevalence and sexual and gender based violence) and how much of this effect can be attributed to the intervention?

02

In addition to evaluating the impact of the programme, the processes and strategies that lead to the intended changes will be thoroughly assessed at the end of each intervention year to steer the innovation towards the intended progress.

Key question

How and why did the model make a difference? How do the different components influence behaviour change? What factors or conditions are required for, or contribute to success?

03

Cost-effectiveness/relative cost-reduction will be determined compared to alternative behaviour change interventions that can be seen as competitors of the dance4life model. The dance4life model will be set as a benchmark to compare with the two key alternative interventions: cash transfer programs and regular comprehensive sexuality education.

Key question

How cost-effective is the dance4life model compared to alternative behaviour change interventions and how much would it cost to scale and replicate the model in different countries and contexts?

2017-2020

What will happen next?

The coming period will be used to further build and test our model. It will be piloted in 5 selected countries – Kenya, Tanzania, Ghana, Russia and Nepal by the end of 2017. In addition these pilots will be combined with at least 2 proof of concept interventions, fully implementing the

model for three years and researching its impact on health outcomes. dance4life thus will continue building evidence on its Theory of Change, while franchisees are supported through a comprehensive PMEL package. They are also requested to conduct an external evaluation every

three years, to assess impact on changes in behaviour and determinants. These combined efforts will lead to a strong evidence-base for strategic steering, as well as an increased buy-in of the dance4life model by franchisees and investors.

Our 2030 scale and impact goal



**Together with strong network of partners
empower more than 5 million young people
to lead healthy sexual lives and feel confident
about their future, contributing to demonstrable
improvement in their sexual health.**