



THE DANCE4LIFE  
EMPOWERMENT MODEL:  
CONCEPTUAL FRAMEWORK



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# INTRODUCTION

Dance4Life is a social franchise, in which independent local NGOs become franchisees that have full ownership over the Dance4Life Empowerment Model. Using youth culture, music and dance to create dynamic dialogue spaces and engaging awareness environments, young people are offered the tools to build self-esteem and agency, to make them courageous and confident.

Based on insights from over a decade of implementation and the most recent evidence and scientific findings, the Dance4Life Empowerment Model is developed by and for young people. Key in this Model is the Journey4Life, a curriculum that is delivered by trained Champions4Life, who empower young people rather than educate them; they are facilitators of transformation. Together with a carefully recruited partner network, Dance4Life aims to empower more than five million young people to lead healthy sexual lives and feel confident about their future, contributing to demonstrable improvement in their sexual health.

## The Urgency

There are 1.8 billion people in the world today between the ages of 10 and 24<sup>1</sup>.

That is one in four people on Earth, the highest population of young people ever. In essence, this is good news as this group has enormous potential and can bring social and economic progress<sup>2</sup>. On the other hand, far too many of these young people are unable to reach their full potential. Extreme poverty, (gender) inequality and lack of information hold them back. In the face of this uncertainty and insecurity, young people are less likely to practice healthy and safe sex, establish equal and stable relationships - free of choice, or make informed decisions about if and when to have children.

Unsafe sex has become the fastest-growing health threat to young people, rising from 13th place in 1990 to 2nd place since 2013. For girls, it is in fact the number one health risk<sup>3</sup>. However, it does not have to be this way. Dance4Life wants to invest in the enormous potential of young people globally and envisions a world where all of them are able to shape their future the way they see it. A world in which they are able to make safe sexual choices and develop healthy relationships. Investing in the sexual and reproductive health and rights (SRHR) of young people will provide great return on investment,

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<sup>1</sup> From here on referred to as “*young people*”, despite the different definitions taken up by various international aid agencies.

<sup>2</sup> The Lancet Health Policy Articles 19 April 2017, *Building the foundations for sustainable development: A case for global investment in the capabilities of adolescents*.

Published online: [http://dx.doi.org/10.1016/S0140-6736\(17\)30872-3](http://dx.doi.org/10.1016/S0140-6736(17)30872-3)

<sup>3</sup> The Lancet Articles 9 May 2016, *Global burden of diseases, injuries, and risk factors for young people's health during 1990-2013*. Published online.



and Dance4Life aims to make this investment count.

## How We Work

Dance4Life recruits independent local NGOs to become franchisees that have full ownership over the Dance4Life Empowerment Model. The International Dance4Life office in Amsterdam has four key areas of focus; proving the theory of change of the Model through research and development (R&D), getting buy-in through engagement and scale through franchising. This enables franchisees to focus on the fourth largest area of work: achieving real impact by implementing the Empowerment Model.

The core of the Model consists of a (extracurricular) curriculum of 15 to 18 hours called the Journey4Life. It is delivered by trained peers that empower young people to become confident change agents with gender equal attitudes and the ability to critically assess existing social norms, ultimately contributing to their sexual and reproductive health (find out more below). It is built around the fundamentals of positive youth development (PYD) programs and builds the social emotional competencies of young people<sup>4</sup>.

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<sup>4</sup> Taylor, R.D., Oberle, E., Durlak, J.A., & Weissberg, R.P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development*, 88, 1156-1171.

<sup>5</sup> UNESCO (2015). *Emerging evidence, lessons and practice in comprehensive sexuality education: A global review*.

However, empowering young people can never be seen as a stand-alone intervention. That is why franchisees integrate the Journey4Life, which they contextualise according to the needs of young people, in their multi-component programs to increase effectiveness and achieve impact<sup>5,6</sup>. A synergy between creating demand through empowerment, supply by service provision, and support through an enabling environment is needed<sup>7</sup> (see annex 1).

## Why We Empower Young People

Young people, especially those going through adolescence, start to develop everyday life habits and lifestyles that contribute to their sexual and reproductive health (SRH). They undergo physical, emotional and social changes that influence their decisions whilst exploring their sexuality, and develop and engage in (sexual) relationships<sup>8</sup>. During this period, young people become more independent and at the same time more susceptible to being influenced by existing social and gender norms. However, as both boys and girls develop the ability to think in more abstract terms; they become critical on who they are themselves and the role they want to play in their communities and societies. During this developmental stage, young

<sup>6</sup> Kägesten, A. et al. (2014). Comprehensive adolescent health programs that include sexual and reproductive health services: A systematic review. *American Journal of Public Health*, 104, 23-36.

<sup>7</sup> GUSO Programme Document, N.P.

<sup>8</sup> UNESCO 2018, *International technical guidance on sexuality education : An evidence-informed approach*. Published online.



people can be empowered to adopt healthy behaviours that will determine their future and (sexual) health<sup>9</sup>. What is currently lacking in many SRHR interventions is the focus on the inner work that is needed to develop personal leadership; knowing oneself is an essential stepping-stone on the path towards empowerment<sup>10</sup>. According to Dance4Life, empowerment means envisioning our dreams and moving towards them, while acknowledging and building on our strengths and gifts. Expressing thoughts and feelings helps understand and make meaning of life, and promotes a sense of agency and personal power. It allows us to take a stand for justice and equality in the world. The Dance4Life Empowerment Model enables young people to develop personal leadership and become confident individuals with increased agency around their sexual health, aware and willing to change harmful social norms around them. Increasing young people's agency around their health can be enhanced by providing them the capacity to be reflective and to think critically while they mature. By becoming aware of their own motives and feelings, young people are able to understand how they have made and can make their own choices. That is why empowerment is key

to increase positive sexual health outcomes, as it constitutes a powerful internal incentive to change.

## From Education to Positive Youth Development

Empowerment does not however come from simply transferring knowledge. Too often, sexuality education is treated as a scientific topic, unrelated to the realities of young people, resulting in disengagement from information that does not resonate with their daily lives<sup>11</sup>. Conversely, Dance4Life is rooted in the principles of PYD programs to help young people build competencies that serve as mediating factors to adopting positive behaviours and reducing behavioural risks. Instead of responding to young people in a risk or problem frame, PYD works on building skills, fostering healthy relationships, and supporting young people as active and equal change makers. If young people have the knowledge, skills, and support they need, they will enjoy good health and make meaningful contributions to their communities<sup>12</sup>.

This is highlighted by reviews of positive youth development programs that promote Adolescent Sexual and Reproductive Health (ASRH)<sup>12,13</sup>. Positive

education? A qualitative synthesis of young people's views and experiences. *BMJ Open* 2016; 6:e011329.

<sup>12</sup> Alvarado, G., Skinner, M., Plaut, D., Moss, C., Kapungu, C., and Reavley, N. (2017). *A Systematic Review of Positive Youth Development Programs in Low-and Middle-Income Countries*. Washington, DC: YouthPower Learning, Making Cents International

<sup>13</sup> Gavin, L. E., et al. (2010). A review of positive youth development programs that promote adolescent sexual reproductive health. *Journal of Adolescent Health, 46*, S75-S91.

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<sup>9</sup> Chandra-Mouli, V. et al. (2017). Implications of the global early adolescent study's formative research findings for action and for research. *Journal of Adolescent Health, 61*, S5-S9.

<sup>10</sup> Taylor, P. & Murphy, C. (2014). *Cath the fire: An art-full guide to unleashing the creative power of youth, adults and communities*. Gabriola Island, BC Canada: New Society Publishers.

<sup>11</sup> Pound, P., Langford, R., & Campbell, R. What do young people think about their school-based sex and relationship



and promising evidence of PYD programs on ASRH behaviours and outcomes shows positive results in delayed initiation of sexual debut, decreased frequency or recency of sex, increased use of contraceptives, decreased number of sexual partners and fewer teenage pregnancies. The most common goals that effective programs focused on were social bonding, building competencies, belief in the future and self-determination. Almost all of the programs also provided adolescents the opportunity to engage in real life situations and enabled young people to engage with their parents in order to strengthen support. Interestingly, effective PYD programs that explicitly targeted SRHR content were no more effective than the ones that did not.

Although this does not imply that the Dance4Life Empowerment Model can exist on its own or without directly addressing SRHR content, it does show evidence for a holistic approach towards ASRH in which so-called “soft skills” have a lasting contribution to the sexual reproductive health of adolescents. That is why the Dance4Life Empowerment Model promotes positive development by enhancing five interrelated social emotional competencies, key to

effectively and ethically dealing with daily tasks and challenges:

- / self-awareness,
  - / self-management,
  - / social awareness,
  - / (healthy) relationship skills
  - / responsible decision-making<sup>14</sup>
- (see Annex 2).

### Promoting Safe Sexual Choices and Healthy Relationships

The theories of Planned Behaviour and Reasoned Action<sup>15</sup> highlight that for young people to practice healthy and safe sexual behaviour, they have to form intentions to change their (or sustain sexually healthy) behaviour and take personal leadership in their sexual life. To create lasting impact, the Dance4Life Empowerment Model targets three core determinants for forming intentions: confidence, attitudes and social norms<sup>16</sup>. A key assumption of this reasoning is that each social emotional competency can serve as a mediating factor, positively influencing these determinants of health promoting behaviours, ultimately contributing to a positive impact on the SRH of adolescents<sup>17,18</sup>. Young people who are confident about themselves and their skills, who have gender equal attitudes towards the opposite sex and

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<sup>14</sup> [www.casel.org](http://www.casel.org)

<sup>15</sup> Bartholomew, L. K., Parcel, G. S., Kok, G., Gottlieb, N. H., & Fernández, M.E. (2011). *Planning health promotion programs: An intervention mapping approach* (3<sup>rd</sup> ed.). San Francisco, CA: Jossey-Bass.

<sup>16</sup> Bartholomew, L. K., Parcel, G. S., Kok, G., Gottlieb, N. H., & Fernández, M.E. (2011). *Planning health promotion programs: An intervention mapping approach* (3<sup>rd</sup> ed.). San Francisco, CA: Jossey-Bass.

<sup>17</sup> Gavin, L.E. et al. (2010). A review of positive youth development programs that promote adolescent sexual and reproductive health. *Journal of Adolescent Health, 46*, S75-S91.

<sup>18</sup> Taylor, R.D., Oberle, E., Durlak, J.A., & Weissberg, R.P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development, 88*, 1156-1171.



who are able to set new or question and challenge existing social norms, are empowered to take personal leadership in their sexual lives and form the intention to change their behaviour. Findings show that these intentions lead to concrete behavioural outcomes such as increased contraceptive use and health-seeking behaviours, such as visiting a clinic for counselling or discussing the sexual reproductive health issues that affect them. These behaviours in the long run contribute to an increase in positive sexual health outcomes at the societal level.

### Evidence Underpinning the Dance4Life Empowerment Approach

Research and evaluations conducted during the past decade have provided great insights into the workings of the Dance4Life approach. Findings highlight the strengths of the peer-led Model in building confidence in young people, creating gender equal attitudes and enabling young people to speak up and challenge existing harmful norms. Youth have more equal attitudes towards other genders and less stigmatizing perceptions of marginalized groups, they are able to

access, negotiate and practice contraception, and break the culture of silence surrounding young people's SRHR by talking with their peers, parents, teachers and health workers about the SRHR issues that affect them<sup>19,20,21</sup>. Findings also show the overall effects exceed SRHR issues and the Dance4Life Empowerment Model truly engages youth and provides them with the personal leadership skills they need to make safe and healthy choices in their (sexual) lives.<sup>22</sup>

Evidence for the Model is further strengthened by the fact that approaches which address issues of gender and power are more likely to demonstrate significant positive effects on health outcomes, compared to programs which do not.<sup>23</sup> Focusing on gender relations decreases risky sexual behaviour such as non-consensual sex and intimate partner violence<sup>24</sup>. Young people who have equal attitudes about gender roles in their intimate relationships are more likely to delay sexual debut, use condoms, and practice contraception. Adolescence provides the timeliest opportunity to boost young people's confidence and to address and challenge the gender attitudes, norms and social constructions that maintain gender inequity<sup>25</sup>.

<sup>19</sup> S. Baros, (2014) *External outcome evaluation of Dance4Life program in the Republic of Serbia*, Serbia

<sup>20</sup> S. C. Alejos, MELM, Cornell University. (2015, May). *Dance4Life Project Evaluation Report*. Nepal.

<sup>21</sup> F. Omondi, K. Olulu, (October 2015), *A comparative study on the effects of edutainment approach on SRHR in Southern Highlands of Tanzania*, Tanzania

<sup>22</sup> S. C. Alejos, MELM, Cornell University. (2015, May). *Dance4Life Project Evaluation Report*. Nepal.

<sup>23</sup> Haberland N. *What happens when programs emphasize gender? A review of the evaluation research*. Presented at

UNFPA global technical consultation on comprehensive sexuality education, Bogota, Colombia. November 30, 2010.

<sup>24</sup> Haberland, N., & Rogow, D. (2015). Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health*, 56, 15-21.

<sup>25</sup> Chandra-Mouli, V. et al. (2017). Implications of the global early adolescent study's formative research findings for action and for research. *Journal of Adolescent Health*, 61, S5-S9.



Recent criticism on peer education programs<sup>26</sup> has shown that while resulting in information sharing, they have limited effects on healthy behaviours and improving health outcomes, if not delivered as intended. As young people themselves are sometimes still developing their skills and interests, they cannot be seen as educators in the traditional sense of the word. However, a peer-led approach will be more effective if integrated in a holistic intervention and if the role of the peers is redefined in a way that makes them a source of sensitization as well as referral to experts and services. Therefore, Dance4Life is building on the unique set of skills and capacities peers possess, to lead a process of experiential learning and serve as role models for the youth with whom they interact<sup>27</sup>. They are able to create a safe space to facilitate sharing and learning through discussions and active participation.

In line with our own findings, recent research shows that peers are often appreciated as facilitators of SRHR information<sup>28</sup>; they are in essence strong in facilitating learning, but not in teaching. Dance4Life youth who delivered the Model in the past were praised for their ability to relate to the lives of young people through the use of youthful language and youth culture. The personal approach and ability to connect to young people creates a safe space where

participating youth feel free to speak out, share and address sensitive issues<sup>29</sup>. Building on these insights, peers do not educate their fellow youth, but empower them to take personal leadership. They allow for safe and open discussions through a participatory and activity-based approach, referring youth to rights-based sources of information and youth-friendly services (see below).

## THE CORE OF THE MODEL

The core of the Dance4Life Empowerment Model consists of a curriculum, called Journey4Life. It takes young people on a journey of self-discovery, transforming them into confident individuals with gender equal attitudes, and the ability to critically question and challenge existing social norms. It enables them to shape their own journey. In this way, it tackles the key determinants that influence intentions to change behaviour (for example, using contraception, and accessing and using SRH services). It is proven that programs which are delivered with greater intensity or

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<sup>26</sup> Chandra-Mouli, V., Lane, C., & Wong, S. (2015). What does not work in adolescent sexual and reproductive health: A review of evidence on interventions commonly accepted as best practices. *Global Health: Science and Practice*, 3, 333-340.

<sup>27</sup> Butterfly Works. (2016, November). *Delivery of Educate*

<sup>28</sup> Pound, P., Langford, R., & Campbell, R. What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences. *BMJ Open* 2016; 6:e011329.

<sup>29</sup> Butterfly Works. (2016, November). *Delivery of Educate*





for a longer duration are more effective than shorter programs, because they allow for a more in-depth discussion and reflection of cultural and gender norms that have a powerful effect on individual behaviours and capacity to change<sup>30</sup>.

### The Journey4Life

The Journey4Life consists of 10-12 sessions (12-18 hours) – called Encounters - and starts with an inspirational invitation followed by a transformation from ME (building confidence), to ME and YOU (creating gender equal attitudes), to ME and SOCIETY (critically assessing and challenging social norms) and ends with a celebration of transformation. It is developed according to Dance4Life's design principles and delivered over the course of 3-5 months. The Journey4Life targets 10-24 year olds, but is customized age-appropriately based on the context. At least two Champions4Life per 20-40 participants deliver the sessions.

Rather than a standardized educational curriculum, the Journey4Life is a journey of self-discovery that meets young people's needs. Overarching activities to facilitate reflective and critical thinking within the Journey4Life are journaling,

mindfulness, storytelling and creative expression.

Throughout the sessions, young people will be referred to rights-based information sources as well as youth-friendly service providers. UNESCO's key elements for CSE (relationships; values, attitudes and skills; culture, society and human rights; human development; sexual behaviour; sexual and reproductive health)<sup>31</sup> will be brought about during the entire learning process instead of topic by topic like traditional curricula. Pillars of CSE defined by the UNESCO International Guidance on Sexuality Education are also integrated into the curriculum<sup>32</sup>.

#### *Delivery of the Journey4Life*

The Journey4Life is delivered by Champions4Life who are trained in both general SRHR content and facilitation skills. They empower young people rather than educate them; they are facilitators of transformation. We build on their core strengths and support them through comprehensive training to deliver the Journey4Life according to our five key strategies: three with a specific focus on delivery and two with a focus on linking empowerment with the uptake of services and enabling community support:

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<sup>30</sup> Chandra-Mouli, V., Lane, C., & Wong, S. (2015). What does not work in adolescent sexual and reproductive health: A review of evidence on interventions commonly accepted as best practices. *Global Health: Science and Practice*, 3, 333-340.

<sup>31</sup> UNESCO (2009). International technical guidance on sexuality education: An evidence informed approach for

schools, teachers and health educators. UNESCO: Paris, France.

<sup>32</sup> UNESCO 2018, *International technical guidance on sexuality education : An evidence-informed approach*. Published online.



**/Peer-led approach in which Champions4Life serve as role-models that stimulate challenging social norms**

The Champions4Life who deliver the Journey4Life do not serve as educators, but rather as role models and knowledge brokers who sensitize and enable discussion through shared learning around basic facts and knowledge. They listen and ask critical questions aiming to bust locally known myths, break taboos and encourage the questioning and challenging of social norms<sup>33</sup>.

**/Experiential learning methodologies that resonate youth culture and real life problems**

The Journey4Life embeds methodology that resonates with the local youth culture – it offers experiential learning that tackles real life problems making it fun, relevant and meaningful for the participating youth.

**/Engaging and creative facilitation that creates a safe space for sharing personal experiences**

The Champions4Life are facilitators who do not teach or preach, but truly engage with the young people and enable creative expression. To do that they use creativity in the facilitation process and thus create a safe, youth-friendly space for them to share their personal stories.

**/Referral to services and factual information**

Champions4Life refer young people to youth friendly services, and rights-based and factual resources where they can learn more about their own sexual and reproductive health and rights, thus stimulating uptake.

**/Activating young people for community support**

Young people are challenged to put their skills and learnings into practice by conducting activities in their immediate environment, thus enabling support and raising awareness for their SRHR needs.

### Multicomponent Intervention

Young people are affected by multiple factors as they operate as part of a family, community and society<sup>34</sup>. These factors can serve as structural barriers that heavily influence their SRHR. In order to practice sexually healthy behaviour, young people's SRHR need to be supported by an enabling environment<sup>35</sup>.

An environment free of sexual taboo, contradicting norms and gender unequal values, as these factors negatively affect young people's access to contraception, SRH services and information, and open communication about sexuality. Health services need to be available, accessible

<sup>33</sup> Butterfly Works. (2016, November). *Delivery of Educate*

<sup>34</sup> Bartholomew, L. K., Parcel, G. S., Kok, G., Gottlieb, N. H., & Fernández, M.E. (2011). *Planning health promotion programs: An intervention mapping approach* (3<sup>rd</sup> ed.). San Francisco, CA: Jossey-Bass.

<sup>35</sup> Svanemyr, J., Amin, A., Robles, O.J., and Greene, M.E. (2014). *Creating an Enabling Environment for Adolescent Sexual and Reproductive Health: A Framework and Promising Approaches*. Retrieved from [http://www.jahonline.org/article/S1054-139X\(14\)00423-6/pdf](http://www.jahonline.org/article/S1054-139X(14)00423-6/pdf)



and youth-friendly<sup>36</sup>. The Journey4Life can thus never be seen as a stand-alone intervention. Multiple layers need to be targeted in order to create support and services for the demand that is being created through the Empowerment Model (see Annex 3)<sup>37</sup>.

As part of its theory of change, Dance4Life put in place strict recruitment criteria to select franchisees with a strong track record of working with young people and on issues of SRHR, with access to structured settings for young people (e.g. schools, youth clubs), who participate in existing youth and/or SRHR networks, task forces or alliances, and with present or past experience working with local providers of youth friendly SRHR services. In the recruitment of new partners, Dance4Life therefore pays extra attention to the work a partner is already doing. Partners must have experience in running large-scale SRHR programs and have the time and capacity to critically assess their own impact.

The direct circle of influence in which the Dance4Life Empowerment Model operates is that of the young people,

enabling positive behaviour change, resulting in demand and support creation. Activities in the Journey4Life empower and refer young people to access information and the service providers they themselves perceive as youth-friendly. Throughout the sessions, young people are told where to find information and services that relate to their SRH issues, resulting in demand creation relevant for young people. Next to creating demand for services, young people actively gather support from their communities through outreach activities in which community members are sensitized to young people's SRHR by conducting (amongst others) intergenerational dialogues and engaging them in the realities young people face. Dance4Life's circle of concern in return, consists of meeting this demand and support through the youth-friendly SRH services available and a supportive environment that accepts adolescent SRHR, enabled through strictly selected franchisees and their networks.

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<sup>36</sup> UNESCO (2011). *School-based sexuality education programmes. A cost and cost-effectiveness analysis in six countries*. As mentioned in: UNESCO (2015). *Emerging*

*evidence, lessons and practice in comprehensive sexuality education: A global review.*

<sup>37</sup> GUSO Programme Document, N.P.



# THE CHANGE LOGIC

## IN A NUTSHELL

The Dance4Life Model is based on the evidence that young people with developed social emotional competencies are empowered to take responsible decisions about their life. In particular, self-efficacy towards SRHR issues, awareness of social norms and willingness to change harmful ones, and robust gender equal attitudes which make these young people empowered to perform positive SRH behaviours, contributing to their SRH.

The Model also ensures that the internal incentive to change is supported by an enabling environment, where quality SRH services are available and accessible, and community support is created through advocacy. The innovative Dance4Life curriculum therefore includes information on existing SRH services and guarantees referral to services through trained peers. Strict recruitment criteria for franchisee selection also ensures the Model is implemented together with partners who already work on services (e.g. implementing interventions aimed at increasing availability of SRH services; interventions aimed at making services youth-friendly) and know how to work with important stakeholders to create a youth-friendly environment (e.g.

community sensitisation and parents' involvement; advocacy). The Dance4Life curriculum delivered in an enabling environment will lead to a healthier society, where three of the major threats of young people's wellbeing are reduced: unwanted pregnancy, gender-based violence and HIV incidence (see Annex 1).

### Building an Evidence-base

To conclude, Dance4Life works tirelessly to build clear evidence on how the Model empowers young people and contributes to positive sexual health outcomes. This is a two-part process: on the one hand through the Monitoring and Evaluation (M&E) efforts of Dance4Life franchisees and on the other hand through rigorous research designed and coordinated by the R&D Department of the international office.

#### *M&E by Franchisees*

Dance4Life supports the franchisees to perform process and outcome evaluation and to reflect on findings in order to improve implementation and build evidence. The M&E strategy focuses on measuring the logical framework (see Figure 1) till the outcome level, assessing changes in socio emotional learning (SEL) skills, self-efficacy toward SRHR, attitudes (especially gender equal ones) and a willingness to change harmful social



norms around SRH. Measurement also happens at the level of intentions and, to a certain extent, behavior change. Dance4Life has developed standardized M&E guidelines and tools to offer to franchisees, who can use them after a contextualization process supported by Dance4Life. The M&E package offers a combination of quantitative and qualitative methods – quantitative and qualitative reports on the process, a questionnaire, focus group discussions and storytelling - aimed at capturing young people’s empowerment and their resulting intention and willingness to perform healthy sexual behaviors. This holistic approach to M&E allows for the combination of process with outcome information in order to prove the effectiveness of the Model.

#### *Rigorous Research by International R&D*

An overarching research agenda drives international research and development. The goal is to research the full intervention logic of the Dance4Life Empowerment Model by measuring processes, outcomes and *impact* and provide more insight into the underlying dynamics of the Model. By rigorously researching the logical framework and the long-term impact of our Model, the aim is to provide insights into the link between SEL competencies,

determinants, behaviour change and ultimately sexual health (see Annex 1). The research strategy integrates quantitative and qualitative methods, measuring knowledge levels however will

no longer be central in measurement as it is not a single indicator for behaviour change.

Dance4Life plans to run a full three-year “Proof of Concept” intervention by implementing and researching the Model in different contexts. Supported by leading research entities, a rigorous evidence base will be built. Insights will feed into programmatic decisions for further model enhancement and a clear understanding of the costs to bring it to scale and replicate it in different countries and contexts beyond 2020. Besides this, the *cost and benefits* of the Model will be investigated by looking at cost-effectiveness measures and prognosis of health costs averted (e.g. health costs averted through a decrease in negative sexual health outcomes, such as costs of HIV treatment) as well as comparing the Dance4Life Empowerment Model to alternative behaviour change interventions, such as cash transfer programs and regular comprehensive sexuality education. 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. A large amount of descriptive, theoretical and indicative evidence has been gathered for the Dance4Life Empowerment Model, over the years. Taking into account that the Model is built upon theoretical models and informed by existing (scientific) evidence, but that it has also been fully revised



based on these insights, a rigorous evaluation is needed on three levels:

Impact: What is the net effect of the Dance4Life Empowerment Model on long-term health outcomes (unwanted teenage pregnancy, HIV incidence and gender based violence) and how much of this effect can be attributed to the intervention?

Working mechanism: How and why does the Model empower young people? How

do the different components influence the underlying factors of behaviour change such as gender equal attitudes<sup>38</sup>? What factors or conditions are required for, or contribute to success?

Cost-effectiveness: How cost-effective is the Dance4Life Empowerment Model compared to alternative behaviour change interventions and how much would it cost to scale and replicate the Model in different countries and contexts?

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<sup>38</sup> Chandra-Mouli, V. et al. (2017). Implications of the global early adolescent study's formative research findings

for action and for research. *Journal of Adolescent Health*, 61, S5-S9.



# ANNEX 1:

# LOGICAL FRAMEWORK

Logical framework of the Dance4Life Empowerment Model

	(MONITORING / PROCESS EVALUATION)		(OUTCOME EVALUATION EVALUATION)		IMPACT
COMPO- NENT	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	LONG-TERM OUTCOMES	IMPACT GOALS
JOURNEY4LIFE	Activities to create group bonding and a safe space (connecting and bonding); Activities on self-reflection; Activities building positive and growth mindset, realistic thinking, communication skills, decision making skills; Activities on human rights; Activities of reflection on gender norms; Activities triggering reflection on values and inclusiveness;	Trainers4Life trained in facilitation skills and in Journey4Life content; Champions4Life trained in facilitation skills and in Journey4Life contextualized content by Trainers4Life; Champions4Life use participatory methods; Learners reached with the Journey4Life; Discussions, reflections and dialogue fostered on SRHR topics;	Increased socio emotional learning skills; Increased self-efficacy towards positive SRHR; Increased awareness of social norms and willingness to change harmful ones; Increased gender equal attitudes; Increased peer referral to SRH services.	Increased use of contraception and family planning; Reduced coerced sex; Increased access to safe abortion; Decrease in child marriages; Increased access and use of SRH services; Increased report and action taken against gender based violence and bullying; Increase STIs testing.	Reduced unwanted pregnancies; Reduced HIV incidence; Reduced GBV



ENABLING ENVIRONMENT	Activities aimed at ensuring enabling community support; Activities aimed at overcoming structural barriers to young people's well-being;	Franchisees recruited in line with selection criteria; Enabling environment actions mapped;			
REFERRAL TO SERVICES	Champions4Life referring young people to information and services.	Peer-led referral system established and functioning.			



## ANNEX 2:

# SEL COMPETENCIES

*/ Self-awareness* is the ability to accurately recognize one's own emotions, thoughts, and values and how they influence behaviour. The ability to accurately assess one's strengths and limitations, with a well-grounded sense of confidence, optimism and a growth-mindset. Sub-competencies are identifying emotions, accurate self-perception, recognizing strengths, self-confidence, and self-efficacy.

*/ Self-management* is the ability to successfully regulate one's emotions, thoughts, and behaviours in different situations – effectively managing stress, controlling impulses, and motivating oneself. The ability to set and work toward personal and academic goals. Sub-competencies are impulse control, stress management, self-discipline, self-motivation, goal setting and organizational skills.

*/ Social awareness* is the ability to take the perspective of and empathize with others, including those from diverse backgrounds and cultures. The ability to understand social and ethical norms for behaviour and to recognize family, school, and community resources and supports. Sub-competencies are perspective taking, empathy, appreciating diversity and respect for others.

*/ (Healthy) Relationship skills* is the ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. The ability to communicate clearly, listen well, cooperate with others, resist inappropriate social pressure, negotiate conflict constructively, and seek and offer help when needed. Sub-competencies are communication, social engagement, relationship building and teamwork.

*/ Responsible decision-making* is the ability to make constructive choices about personal behaviour and social interactions based on ethical standards, safety concerns, and social norms. The realistic evaluation of consequences of various actions, and a consideration of the well-being of oneself and others. Sub-competencies are identifying problems, analysing situations, solving problems, evaluating, reflecting and ethical responsibility.

# ANNEX 3:

## DIVISION OF ROLES

Role of Dance4Life (in bold) within a multicomponent intervention<sup>39</sup>

Outcome	Determinant	Actions
Increased use of contraception and family planning	Lack of access Lack of contraceptives Lack of quality of services (included unfriendly staff) <b>Lack of knowledge</b> <b>Norms and stigma around condom use</b> <b>Gender inequality</b>	Make services and contraceptives available Provide quality training on contraception and family planning to health staff <b>Promote community norms around condoms and contraception use (for unmarried people and girls especially)</b> <b>Provide information on contraception, included condoms</b> <b>Empower to access and use contraception and family planning</b> <hr/> Dance4Life empowers young people to take action to change norms around contraception use and to promote gender equality in using condoms and access family planning information
Reduced coerced sex	Lack of protection law <b>Gender inequality</b> <b>Lack of power</b> <b>Shame and stigma</b>	Develop and apply protection laws Promote community norms that do not tolerate coerced sex <b>Engage community leaders to change norms around reporting coerced sex</b> <b>Empower (particularly girls and women) to resist and denounce unwanted sex</b> <hr/> Dance4Life empowers young people to negotiate, resist and report unwanted sex and to take action to change norms which tolerates it
Increased access to safe abortion	Lack of laws Lack of quality of services <b>Shame and stigma</b> <b>Lack of knowledge</b>	Legalize abortion (for any reasons) Provide quality training on safe abortion to health staff (information and clinical procedures) <b>Promote community norms which do not stigmatize abortion</b> Educate to risks of unsafe abortion <b>Empower to make responsible SRHR choices</b>

<sup>39</sup> Adapted from WHO guidelines for preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries (Chandra-Mouli et al., 2013)



		Dance4Life empowers young people to make responsible choice for their SRH lives and to take action to change norms which stigmatize abortion
Increased access and use of SRH services	Lack of services Costs of transports Lack of quality of services (included unfriendly staff) <b>Lack of knowledge</b> <b>Gender inequality</b>	Make services available and accessible (also for young people without parental consent) Reduce cost of transports to allow access to services Provide quality training to health staff to foster friendly interaction with patients <b>Promote community norms allowing girls and women to access services without parental or marital consent</b> <b>Increase knowledge of services available, ways to access them and develop a referral system educational setting</b> <hr/> Dance4Life enables efficient referral system in educational setting and empower young people to take actions to promote gender equal norms around accessibility of services
Eliminate child marriage	Lack of laws <b>Norms and cultural beliefs</b> <b>Gender inequality</b>	Develop and apply prohibition laws Keep girls in school <b>Promote community norms tolerating child marriage</b> <b>Empower young girls to refuse marrying old men and young people in general to have equal relationships</b> <hr/> Dance4Life empowers young people to condemn child marriage and to look for equal relationships, taking action to change norms which tolerate it
Increase STIs testing	Lack of quality of services (included unfriendly services) <b>Stigma and discrimination</b> <b>Gender inequality</b> <b>Lack of knowledge</b>	Provide quality training to health staff on STIs information and testing <b>Promote community norms which do not stigmatize STIs testing and PLHIV</b> <b>Provide knowledge on STIs and testing options</b> <b>Empower to be responsible and take action to get tested</b> <hr/> Dance4Life empowers young people to be responsible to get tested for STIs and to take action to change norms around stigma and discrimination and consent for testing
Increased report and action taken against gender based violence and bullying	Lack of protection laws <b>Stigma and discrimination</b> <b>Gender inequality</b> <b>Norms and cultural beliefs</b>	Develop and apply protection laws Make the educational setting a safe environment through regulations and teacher training on how to deal with violence, confidentiality <b>Promoting community norms which do not tolerate gender based violence and bullying</b> <b>Promote community norms which do not stigmatize reporting gender based violence and bullying</b> <b>Empower to not tolerate, to avoid and to report violence</b>



		Dance4Life empowers young people to deal peacefully with challenges and frustrations, to report violence suffered and witnessed and to take action to change norms tolerating violence and discriminating victims.
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