

Fundacion Huesped

Evaluation of the implementation and results of the dance4life program in Argentina

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Executive Summary

16.6% of the total national population is composed of young people from 15 to 24 years old. These are often the most affected by poverty and vulnerability. It is estimated that 110,000 people in Argentina are living with HIV and 30% of those do not know their serological status. Among adolescent men, between 15 and 19 years old, there has been an increase in the rate of HIV infection during the last five years. The epidemic in our country is concentrated in urban centers, such as Buenos Aires, where two-thirds of people with HIV live. On the other hand, 16% of all births in the country are to adolescent mothers, although in the poorer provinces, this percentage is as high as 25%.

Since 2010, Fundacion Huesped (FH) in partnership with the Youth for Health Network (YHN) has coordinated the implementation of the dance4life program in about 20 public schools per year in the Buenos Aires Metropolitan Area. The members of the YHN are in charge of coordinating with the schools and leading activities in the classroom. The topics included in the activities were: prevention of HIV and other sexually transmitted infections, rights of adolescents and of people with HIV, stereotypes about young people, sexuality, gender, and community participation.

The general objective of this evaluation was to assess the results of the dance4life program in Argentina and to determine if they covered the originally predicted outcomes; to draw conclusions about the possible impact of these results on the sexual and reproductive health of the youth, their lives and their environments; and, ultimately, to make recommendations to improve the effectiveness and relevance of the program. In addition, another objective was to build capacity within FH in monitoring and evaluating projects and programs.

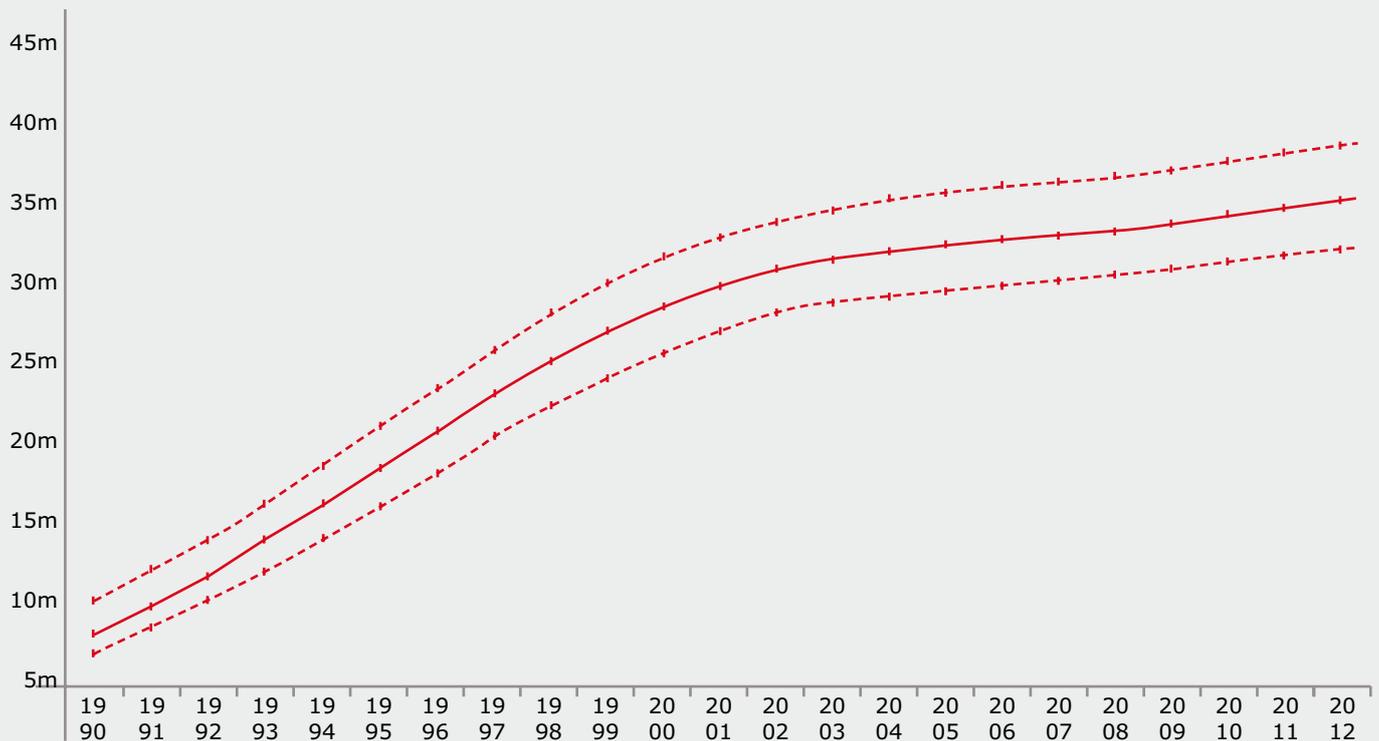
Through a mixed methodology (qualitative-quantitative) - using a literature review, an anonymous self-reported questionnaire for young people, semi-structured interviews with key informants and a focus group - data was obtained to evaluate the implementation and the results of the dance4life program. Although there were external factors that affected the extent and reach of the program (such as, difficulties inherent of the public education system), it was still possible to implement the project during the four years under review. In general, the proposed activities of the program were well-received by young people, and by the schools, its methodology being the most novel and attractive part of the project. The young people's participation in the leadership of the workshops and in the execution of the program was a valuable point for all the stakeholders, including for the school teachers interviewed. Teachers and young people interviewed reported that one of the positive aspects of dance4life was that it was an international program. Among respondents of the questionnaire, knowledge about HIV and sexual and reproductive health was high. Positive changes in attitudes resulting from the program were also reported, in relation to sexuality, HIV, and sexual and reproductive health in general. Sexual behavior of young people was similar to that reported in other studies in terms of age and contraceptive use. Additionally, a high percentage of respondents indicated confidence in making decisions about sex, such as refusing to have sex if they did not want it or if unsafe sex was proposed.

Sustainability of the project needs improvement to assure that dance4life has a lasting effect on the schools' culture, as well as to work with the health system to improve outcomes of young people (health consultations, HIV testing). On the other hand, it is important to have baseline and follow-up data in order to compare changes in young people's knowledge, attitudes, and practices before and after implementation of dance4life.

Introduction

According to UNAIDS, the number of young people and adults who are living with HIV in the world is 35.3 (32.2-38.8) million people (Figure 1). This number has increased since 2001 and it is estimated that this increase is due to the greater number of people who have been receiving antiretroviral treatment, thus prolonging their lives. Additionally, there has been a 33% decrease annually in the number of new HIV infections in adults and children (from 3.5 million, in 2001, to 2.3 million, in 2012). Simultaneously, the number of annual deaths from HIV has also declined from 1.9 (1.7-2.2) million, in 2001, to 1.6 (1.4-1.9) million, in 2012. At the same time, there also exists a downward trend in HIV prevalence among young people from 15-24 years-old; from 0.7, in 2001, to 0.5, in 2012, for women; and from 0.4, in 2001, to 0.3, in 2012, for men.^{1,2}

Figure 1. People living with HIV, global numbers, 2012



Source: UNAIDS: <http://www.aidsinfoonline.org:80/devinfo>

1 AIDS Info Online Database. Retrieved from: <http://www.aidsinfoonline.org/devinfo/libraries/aspx/Home.aspx>.

2 UNAIDS. "UNAIDS Global Report 2013". December 2013. Retrieved from: http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_es.pdf

Epidemiology of sexual and reproductive health in Argentina

The rate of HIV per 100,000 residents in Argentina, in 2010-2011, was estimated at 12.7. This rate differs according to the area of the country, confirming a trend for a number of years of it being a largely urban epidemic. In the Autonomous City of Buenos Aires (CABA) the rate rises to 25.6, followed only by the provinces of Tierra del Fuego and Santa Cruz, both with small populations.³ The Argentine population of persons 15-24 years of age is 6,839,145 people, representing 16.6% of the total national population (if the range of 25-29 years-old is included, then it represents 24.4%)⁴. Young people are the group most affected by poverty and vulnerability. There is a weakness of social networks, lack of cohesion between peers and poor community participation, added to a high degree of school dropouts, and unemployment. All these factors aggravate the exposure of this group to violence, drug use, and other problems related to sexual and reproductive health (SRH), such as unplanned pregnancy, HIV-AIDS and other sexually transmitted infections (STIs).⁵

It is estimated that there are 110,000 people in the country living with HIV and that 30% of these do not know their status, resulting in unintentional transmission of the virus and late access to treatment. Among adolescent men from 15-19 years old, the prevalence of HIV has been on the rise in recent years going from 3.9/100,000 in 2005 to 5.5/100,000 in 2011. The number of infected women of the same age has remained stable (Figure 2).³ The epidemic is concentrated in the main urban centers, such as Buenos Aires, where two-thirds of the people with HIV live. However, according to a recent survey, close to 100% of the Argentine population states they know about HIV-AIDS (98.6% of women and 98.1% of men) (Figure 3).⁶

In relation to sexual and reproductive health, according to a national survey by the Ministry of Health and the National Institute of Statistics and Censuses there is a high degree of knowledge of contraceptive methods among people of reproductive age, although this depends on the specific method discussed. Although more than 80% of the people know about contraceptive pills and condoms (93.9% and 86.9% in women, respectively, and 81.7% and 95.1% in men, respectively), it is not the same for other methods such as the emergency contraception (9.7% in women, and 7.3% in men) or the intra-

3 Ministerio de Salud de la Nación, Dirección Nacional de Sida y ETS. "Boletín sobre el VIH-sida e ITS en Argentina" [HIV and STDS Report in Argentina]. Nro. 30, año XVI, diciembre de 2013. Retrieved from: http://www.ms.sal.gov.ar/images/stories/bes/graficos/0000000297cnt-2013-11-28_boletin-epidemiologico-30.pdf.

4 Ministerio de Salud de la Nación, Dirección de Estadísticas e Información en Salud. "Estadísticas vitales. Información básica, año 2012" [Vital Statistics: Basic Information, 2012]. Serie 5, número 56, diciembre de 2013. Retrieved from: <http://www.deis.gov.ar/Publicaciones/Archivos/Serie5Nro56.pdf>.

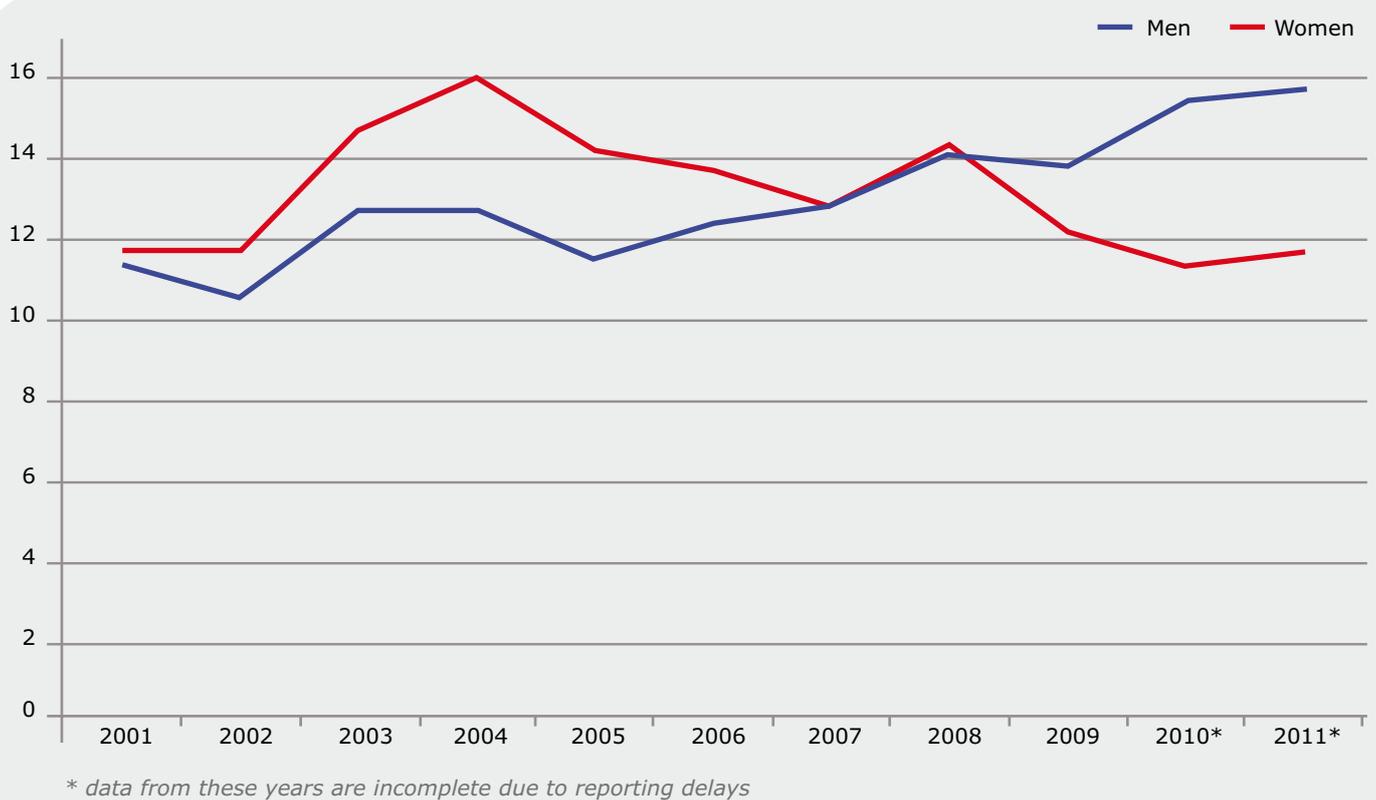
5 Fundacion Huesped. Retrieved from: <http://www.huesped.org.ar/informacion/salud-sexual-y-reproductiva/>

6 Ministerio de Salud de la Nación e Instituto Nacional de Estadística y Censo. Encuesta nacional sobre salud sexual y reproductiva 2013 [National and Sexual Reproductive Health Survey, 2013]. Retrieved from: http://www.indec.mecon.ar/ftp/cuadros/sociedad/enssy_2013.pdf.

uterine device (IUD) (61.8% in women and 37.3% in men). Despite this, contraceptive use at first sex there is very high.

Adolescent pregnancy occurred in 16% of all births, although in the provinces most affected by poverty, such as Formosa and Chaco, this percentage increases to 25%. Approximately 12% of maternal deaths occur in women under 20 years old. This translates to a fertility rate of 35/1,000.^{7,8}

Figure 2. Trend in HIV infection rates per 100,000 people, by sex, according to year of diagnosis in young people (15-24 years old) in Argentina (2001-2011)

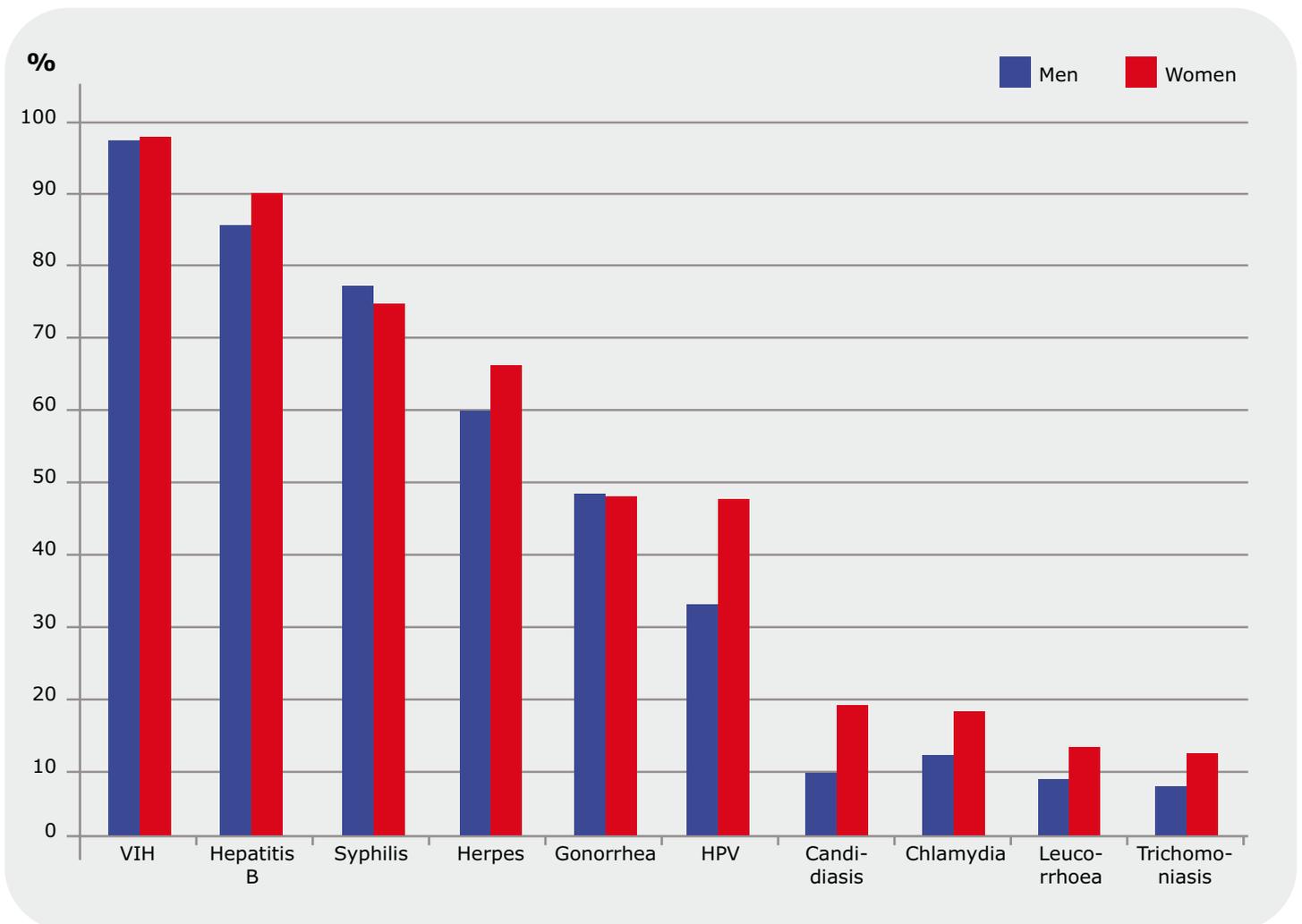


Source: *Boletín sobre el VIH-sida e ITS en Argentina [HIV-AIDS and STI Report in Argentina]*, Number 30, December 2013.

7 UNICEF. "Situación del embarazo adolescente en Argentina en el día mundial de la población" [Adolescent pregnancy situation in Argentina at the World Population Day]. July 2013. Retrieved from: http://www.unicef.org/argentina/spanish/Embarazo_adolescente_Argentina-VB.pdf.

8 UNFPA. "Hablar es prevenir". Campaña sobre prevención del embarazo adolescente [Talking is prevention: Campaign on adolescent pregnancy prevention]. October 2014. Retrieved from: http://www.unfpa.org.ar/sitio/index.php?option=com_content&view=article&id=208&Itemid=90.

Figure 3. Knowledge about STIs and HIV among women between 14-49 years old and men between 14-59 years old, by sex, in cities with over 2,000 inhabitants, throughout the country (Argentina, June 2013).



Source: National Sexual and Reproductive Health Survey, 2013

dance4life in Argentina

Since 2010, Fundacion Huesped (FH), in partnership with the Youth for Health Network (YHN), has coordinated the implementation of the dance4life program in about 20 public schools per year, in the Buenos Aires Metropolitan Area. The members of the YHN are in charge of coordinating with the schools which are selected based on proximity to youth group organizations that form the Network as well as youth's previous work experience. The workshops are planned jointly between FH and

the YHN, and are coordinated by the YHN members trained in sexual and reproductive health and rights, workshop facilitation, and group activities. The contents are framed in a gender and rights perspective, and include issues such as prevention of HIV and other sexually transmitted infections, rights of adolescents and people with HIV, stereotypes about young people, sexuality, gender, and community participation.

The expected outcomes of dance4life in Argentina are:

- 1** Changing the sexual and reproductive health behavior of young people by:
 - a.** Their deciding whether to have sex or not.
 - b.** Their using condoms correctly and consistently.
 - c.** Their discussing safer sex with their partners.
 - d.** Their seeking help and support when needed (in educational settings and social organizations, among other places).
 - e.** Their attending health services in the settings where dance4life works.
- 2** Strengthening the sustained and comprehensive work around sexuality education in schools.
- 3** Promoting dialogue about sexual and reproductive health with their families.
- 4** Increasing the number of students who get tested for HIV.
- 5** Educating young people about sexual and reproductive rights

Evaluation objectives

The general objective of this evaluation was to assess the results of the dance4life program in Argentina and to determine if these results covered the originally predicted outcomes; to draw conclusions about the possible impact of these results on the sexual and reproductive health of young people, their lives and their environments; and, ultimately, to make recommendations to improve the effectiveness and relevance of the program. In addition, another objective was to build capacity within Fundacion Huesped in monitoring and evaluating projects and programs.

Evaluation questions

1. Efficacy: What are the expected and unexpected results, positive and negative (behavioral or not) of the dance4life program? Are these results in line with the predicted results?
2. Impact and relevance: What is the impact of the results of the program in the young people's sexual and reproductive health and rights, and in their lives?
3. Efficacy of the intervention logic: What are the internal and external barriers and enabling factors on the efficacy of the intervention?
4. Sustainability: Are the achieved behaviors sustainable over time?

Focus of the evaluation

The focus of the evaluation in Argentina centered on the following populations:

Schools:

1. What is the link between the dance4life program and sexuality education initiatives in the schools?
2. Were there any changes, expansions or additions, in sexuality education activities among teachers, students, and families?
3. Were any links developed between health centers and other community organizations?

Program participants:

1. Knowledge about sexual and reproductive health: Is the knowledge sustainable over time?
2. Sexual and reproductive health activities: Are attitudes improved toward safe sex, condom use, people with HIV, and sexual and reproductive rights?

- 3.** Condom use: Are they used consistently? Does use vary according to the partner? What does it depend on?
- 4.** Access to health services: Have they had a health visit in the last year?
- 5.** HIV test: Have they gotten tested for HIV? How often? Why?
- 6.** Talking with their families: Do they talk with their families about sexual and reproductive health? Did family communication contribute to program participation?

Youth agents4change:

- 1.** Motivation: What motivated them to become agents4change? What role did the program have in this?
- 2.** Skill development (communication, decision-making, among others): What abilities and techniques were acquired through the program?
- 3.** Self-esteem: How does program participation influence agents4change's self-esteem?

Methodology

Evaluation type and design

The evaluation used a mixed methodology (quantitative and qualitative).

Qualitative methods permit obtaining information such as opinions, impressions, and beliefs of the participants without imposing the opinions of the evaluator. These serve to detect possible problems or difficulties with a program or intervention. For this evaluation, two techniques were used from social science: semi-structured interviews and focus groups.⁹

Semi-structured interviews are used to provide a structured framework for detailed information about the program. They serve to understand possible strengths and/or weaknesses of the program. The semi-structured format permits those interviewed to express themselves in relatively free form, using open-ended questions, without bias in the responses of the interviewees. Through the use of this technique, respondents become an integral part of the evaluation, more like partners than subjects of the evaluation. This methodology is not without limitations: there is a tendency to want to please the interviewer in a positive way in responding to the questions about the program. One way of reducing this bias is to ensure that the interviewer is not involved with the program, which was respected during all stages of this evaluation.

Focus groups serve to get more information about perceptions, attitudes, experiences, and beliefs about specific topics. In turn, they have the capacity to provide additional qualitative material to the interviews or surveys, complementing the qualitative material.¹⁰ The group dynamic has the potential to offer information not otherwise obtained in an individual format.

It is important to state that the information obtained from semi-structured interviews and focus groups is not generalizable or quantifiable; it is offered only as qualitative information that reflects the unique experiences of the interviewees or of a particular group.¹¹

Quantitative methodology permits obtaining hard data, quantifiable or measurable, that makes it possible to compare and analyze data in statistical form (obtaining means, percentages, frequencies, etc.). For this evaluation, it was decided to use a self-reported questionnaire to assure respondents' anonymity due to the nature of some of the questions, and for its ability to get a large number of responses. The questionnaire seeks information about knowledge, attitudes, and behaviors of a population.

9 Thompson NJ & McClintock HO. Methods of Evaluation in Demonstrating Your Program's Worth: A Primer on Evaluation for Programs to Prevent Unintentional Injury. Atlanta, EEUU: Center for Disease Control and Prevention; 2000: 35-68. Retrieved from: http://www.cdc.gov/ncipc/pub-res/dypw/04_methods.htm.

10 CDC. Data Collection Methods for Program Evaluation: Focus Groups. Evaluation Briefs, No. 13, July 2008. Retrieved from : <http://www.cdc.gov/healthyouth/evaluation/pdf/brief13.pdf>.

11 USAID. Performance Monitoring and Evaluation. Tips: Conducting Focus Group Interviews. No. 10, 1996. Retrieved from: http://pdf.usaid.gov/pdf_docs/PNABY233.pdf.

Because of the absence of baseline information and other specific data collected throughout program implementation, the approach taken for this evaluation was retrospective. What was obtained for this evaluation was *ex post facto* reportable data by youth participants in the workshops. On the other hand, there was no control group during the program implementation, so it would not have been methodologically sound to select a similar random sample of young people who had not received the dance4life program to use as a control for this program evaluation. The results of this evaluation are discussed in comparison with national and local statistics as a comparative framework.

Considering the parameters of this evaluation and the available data, it is then impossible to measure the direct impact of this program on young participants' health, except for the data extrapolated from the questionnaires. On the other hand, it is important to note that the program was not implemented in a vacuum: Argentina has a very advanced policy framework that incorporates not only the National Law of Sexual Health and Responsible Reproduction, No. 25.673/2002, but also the National Law of Comprehensive Sexuality Education, No. 26.150/2006 and a National Law of AIDS No. 23.798/1990. The first one permits access to information, services and supplies in sexual and reproductive health for all who seek it, including adolescents from 14 years old. The second one establishes the national program of Comprehensive Sexuality Education to be promoted in all the schools of the country, private and public, for implementation through all the required years of study (pre-school to the end of secondary level). The last law seeks to reduce AIDS stigma and discrimination associated with diagnosis, while at the same time extending all activities related to prevention, care, and treatment of people affected and infected with the virus throughout the national territory. This context cannot be avoided in analyzing changes in behaviors, attitudes, and knowledge of the young people who attend school.

Target population and sampling

The target population of this evaluation was composed of:

- Young people that participated in some of the dance4life activities between 2010 and 2013, for questionnaires and focus groups.¹²
- Young people from the YHN who led some dance4life activities in the schools, for interviews.
- Teachers and/or school principals participating in the dance4life activities, for interviews.
- Staff of Fundacion Huesped who were involved in the implementation of the program, for interviews.

For population sampling different techniques were used according to the activity involved.

¹² Upon conclusion of data gathering, there were four paper questionnaires completed by young people who participated in dance4life in 2014. It was decided to include these questionnaires in order to reach a total of 100 questionnaires and because, when implementing the program in 2014, this evaluation had not yet been completed and there were no program modifications made since the previous year.

Schools: For the selection of schools where teachers were interviewed, a random selection program was used. Each school was assigned an identification number and these numbers were entered into www.random.org; then five numbers corresponding to the five different schools were selected. Finally, the individuals interviewed were those who had been the main contact person between the school, FH and the YHN.

The schools and staff selected were:

- Temperley Middle School N° 8 (Lomas de Zamora): Vice principal¹³
- Paso del Rey Eagles Nest College (Moreno): Professor
- School of Commerce N° 31 of CABA (CABA): Professor and health project coordinator
- Morón Secondary School N° 13 (Morón): School counselor in 2011
- Ricardo Rojas Secondary School N° 17 (Tigre): Principal until 2012

Youth for Health Network: Following the same procedure as above, a list was created with the names of all the young people of the network who were leaders or coordinators of some of the activities of dance4life, and five individuals were randomly selected for the interviews. Initially, there were four young men and one young woman selected. Unfortunately, because of difficulties in contacting many of these young people, additional young people had to be included in the sampling. Finally, a convenience sampling methodology was chosen in order to achieve the desired number of respondents. Three of the young people interviewed were selected randomly, and two other young people who participated in a monthly September meeting of the YHN were selected to be interviewed. Four young men and one young woman were interviewed in the end.

Fundacion Huesped: Three persons who were involved with the dance4life Argentina project from the beginning were interviewed.

Young program participants: For the questionnaires, it was decided to reach 10% of the total for whom there was contact information (between 1,000 and 1,300 young people). An online questionnaire was publicly announced and those interested were recruited through the Facebook pages of YHN, dance4life Argentina, and FH. The sample was complemented with young people recruited through

¹³ Although the initial contact and coordination for the interview was made with the school vice-principal, at the time of meeting with him for the interview, he stated he was not aware of the dance4life program, believing that it had been executed prior to his administration. Therefore, a preceptor and the principal, who arrived later, were interviewed.

private messages, telephone calls and e-mail. The paper questionnaires were taken to schools by young people from the YHN, according to their geographic proximity and their existing relationships with them.

For the focus groups, FH and the YHN contacted 20 students from different areas of the city and the suburbs, based on those for whom they had contact information and also those who had participated in at least one activity of dance4life (INSPIRE and EDUCATE, or EDUCATE and ACTIVATE, etc.). As a result, eight individuals showed interest and were available to participate.

Developed tools and activities

To conduct the evaluation, various instruments were developed using validated tools and models, and following existing literature on the topic.

1. Questionnaire for participants in dance4life activities

A specific questionnaire was designed for the dance4life program in order to collect basic demographic data and to learn about topics related to sexual and reproductive health and rights (SRHR) and HIV, as well as about attitudes and sexual behavior related to them. The questionnaire took into account evaluations of dance4life in other countries, validated questionnaires concerning SRH and/or HIV, as well as the PAHO Global School-based Student Health Survey (GSHS) that had been validated for Argentina.^{14,15}

The questionnaire was developed in electronic format using the SurveyMonkey program and copies were also printed for delivery on paper (See **Annex III** for the complete questionnaire).

2. Semi-structured interview guide

Three interview guides were developed: one for use among school staff (teachers and principals); another for use with peer youth leaders (YHN), and lastly, one for use with FH.

14 Global School-based Student Health Survey (GSHS): Argentina GSHS Questionnaire. Washington DC: OPS, 2007. Retrieved from: http://www.who.int/chp/gshs/2007_Argentina_GSHS_Questionnaire.pdf?ua=1

15 Personal communication with the researcher in charge of validating the survey in Argentina, and Weihmuller A. "Adaptation and validation of Global School Health Survey (WHO) for adolescent students in Argentina. Adaptation of a questionnaire for the assessment of health status, risk behaviors and protective factors. Transcultural adaptation." Buenos Aires: Institute for Clinical Effectiveness and Health, 2008. Retrieved from: [http://www.iecs.org.ar/iecs-visor-publicacion.php?cod_publicacion=1116&origen_publicacion=.](http://www.iecs.org.ar/iecs-visor-publicacion.php?cod_publicacion=1116&origen_publicacion=)

The guides sought to explore personal experiences with the program, barriers and strengths, recommendations for improvement, as well as the perception of changes in attitude in the schools among health promoters and school managers. The idea was to explore which were the outcomes of the program (positive, negative or unexpected) among participating young people. (See **Annex III** for the guides used).

3. Focus group guide

The guide designed for this evaluation sought to obtain information about the different stages of the dance4life program (INSPIRE, EDUCATE, ACTIVATE and CELEBRATE), attitude changes, knowledge and practice, and experiences with program implementation at schools, as well as the level of self-esteem and self-efficacy among agents4change. The guide served to promote a dialogue on these topics (See **Annex III** for the focus group guide).

The activities conducted were:

- A quantitative survey of 100 young people who participated in dance4life activities.
- Semi-structured interviews of teachers and principals from five schools that participated in the dance4life activities.
- Semi-structured interviews with five activity coordinators (peer-educators) of the Youth for Health Network.
- Semi-structured interviews with staff involved with dance4life from FH.
- A focus group with eight young people who participated in some of the dance4life activities.
- A literature review of past reports, analysis of questionnaires and interviews.

The activities for the evaluation were completed in collaboration with FH and YHN staff members in order to build program monitoring and evaluation capacity. The staff of FH was in charge of the distribution and collection of the questionnaires. Collected information was entered to a database, created by the external evaluator, by interns working under the direct supervision of the FH team.

Before distributing the questionnaire, it was validated with six young participants of the YHN who had been involved with the dance4life activities. Their comments and feedback were taken into account - including usability of the tool, question comprehension, internal validity, and technical problems with the online tool. This step was complemented with a telephone conversation with one of the six young participants who had been involved in the online validation, delving deeper into the understanding of the questions, the objective of the survey, and difficulties which might have arisen. All the comments were incorporated into the final version of the questionnaire.

Most of the interviews and the focus group were conducted in pairs formed by the external evaluator and a person from FH who had not been involved with the dance4life program at any of its stages, in order to achieve greater objectivity. In some interviews, the evaluator was the only person present. The interviews were led by the evaluator while accompanying persons were present to take notes, to record, and to assist with specific issues that came up. All interviews and the focus group were recorded, after obtaining informal verbal consent from the interviewees, and then transcribed in order to obtain the most salient themes. The evaluator was also in charge of contacting and coordinating the interviews, mostly via telephone contact, while the staff of FH was in charge of coordinating the focus group.

Analysis and Indicators

For the analysis of the interviews and focus group, a manual technique was chosen to determine the main topics. This technique consists of identifying categories arising from the transcripts of the interviews.¹⁶ This procedure is repeated with all the interviews and then reiterated to reduce the number of topics and arrive at a few central themes. Unique themes emerged from each group of interviews and the focus group, and common themes were detected for the three groups of interviews and the focus group. The main themes selected were: peer education, dance4life implementation, activities/dynamics used, agents4change, knowledge prior to dance4life, continuation/sustainability, difficulties and weaknesses, and linkage with healthcare services.

On the other hand, data obtained from the questionnaires was analyzed using tools provided by Excel to obtain frequencies, averages, and percentages. Additionally, the material provided in previous reports by FH and dance4life was used to obtain data on the implementation of the program (number of programs executed, number of youth involved, etc.). Indicators of behavior, knowledge and attitudes related to HIV, sexual and reproductive health and rights were selected to allow analysis of the data obtained. For the list of indicators with their respective descriptions see **Annex II**.

16 Burnard P, Gill P, Stewart K, Treasure E & Chadwick B. Analysing and Presenting Qualitative Data. British Dental Journal 2008; 204 (8), 429-432. [Retrieved from: <http://www.nature.com/bdj/journal/v204/n8/pdf/sj.bdj.2008.292.pdf>.]

Ethical considerations

Throughout the process, the standards for evaluation defined by the United Nations Evaluation Group in relation to human rights and gender equity were followed¹⁷. For example:

- 1.** Attempts were made to protect the participants' well-being (respondents, team evaluators, interviewers, etc.) in every instance of the evaluation.
- 2.** Exposing participants to unpleasant or uncomfortable or re-stigmatizing and discriminatory questions was avoided. This was achieved mainly through the language used in the questions of the interviews, questionnaires and focus groups, and by ensuring confidentiality of the information obtained.
- 3.** Confidentiality of all participants was respected by avoiding the use of names which could identify the interviewees and the questionnaire respondents. Numbers were assigned to the schools, to the youth promoters, and to the survey respondents in order to protect their identities, and any identifiable personal reference made during the interviews and in the questionnaires was eliminated prior to analysis.
- 4.** The evaluator sought to be impartial in relation to strengths and weakness of the dance4life program, both during the literature review and the field work (interviews, focus group).
- 5.** Participants' benefit at an individual and at collective level was sought:
 - a.** At an individual level, resources and contacts were offered to participants regarding comprehensive sexuality education, as well as information and resources related to HIV-AIDS and access to information, services, and healthcare.
 - b.** At a collective level, ensuring comprehensive and effective sexual and reproductive health programs at schools.
- 6.** Throughout the process of evaluation, basic human rights, individual personality and integrity, and autonomy of all participants were respected. This means that participants had the freedom to leave the proposed activity at any time, they could refuse to answer certain questions, and persuasive techniques urging those recruited to participate in the activities was avoided.
- 7.** For each proposed activity, potential participants received information about the activity, its purpose, and the freedom to refuse the invitation to participate was ensured. Verbal consent was given by all interviewees and by participants in the focus group

17 Integrating Human Rights and Gender Equality in Evaluation – Towards UNEG Guidance. UNEG, 2011. Retrieved from: <http://bit.ly/1pjtiHX>.

Results

Quantitative results

Between 2010 and 2013, a total of 105 activities of the step INSPIRE were completed in 97 schools - due to the nature of public schools in the country, where there are usually three school shifts in a single school, different shifts were counted as separate activities. Additionally, this first step was also conducted in 10 informal education organizations. A total of 7,607 students participated in activities related to the step INSPIRE. In the activities related to EDUCATE, the second step of the dance4life program, 96 programs were conducted at schools, involving a total of 3,267 students trained as agents4change.¹⁸ For the step CELEBRATE, 977 agents4change participated in the end-of-year activity (*Table 1*). During the school activities in these four years, 59,328 condoms were distributed. The data gathered for the activities related to the ACTIVATE step was rather poor and, therefore, was not included in this part of the evaluation. Information was not recorded in the same way in the dance4life international reports every year, and the information reported by the workshop facilitators was not always complete, or there was contradictory data. Available information can be found in the supplementary materials of this review.

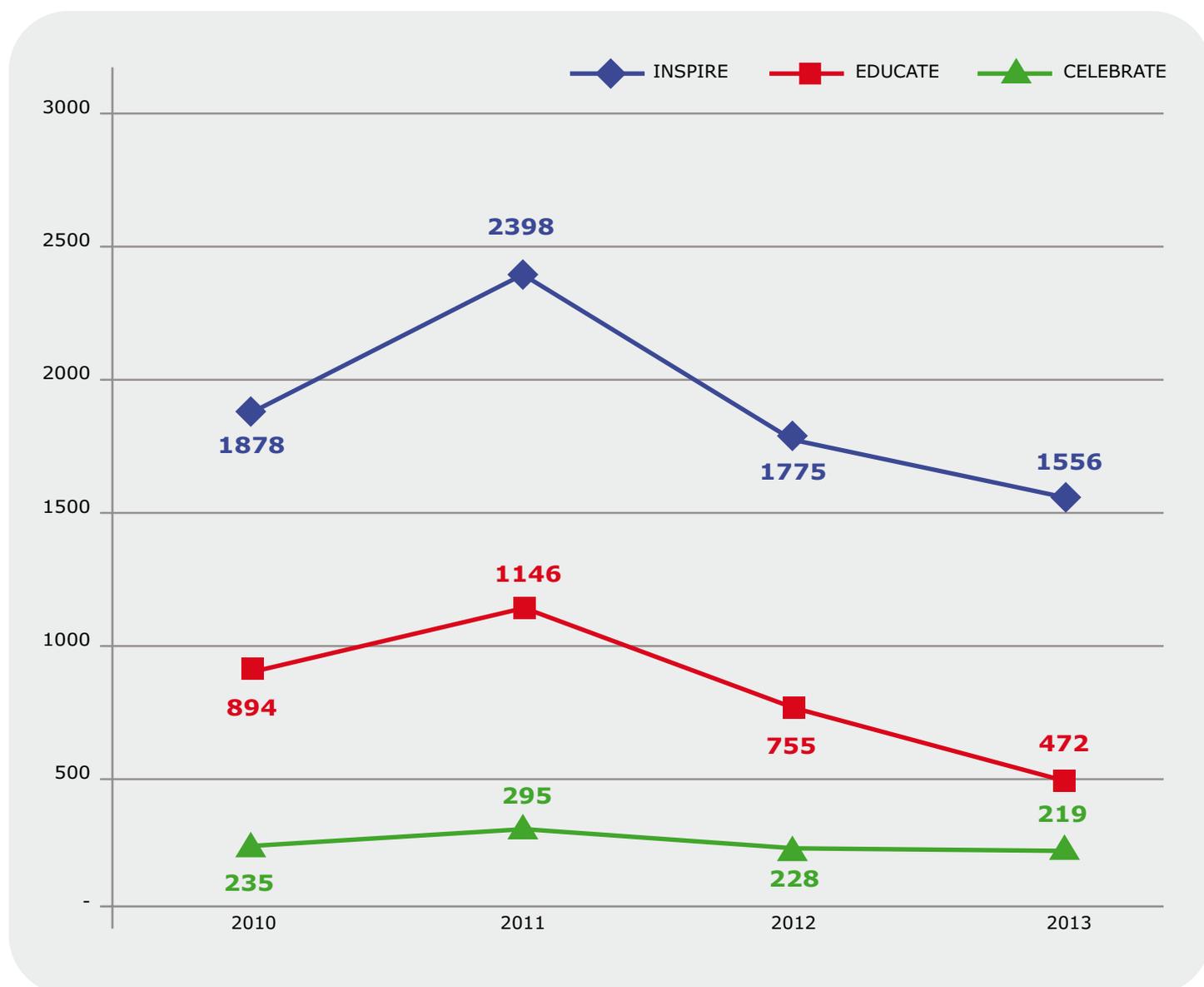
Table 1. Participation in the INSPIRE, EDUCATE, and CELEBRATE steps in the period 2010-2013

	2010	2011	2012	2013	TOTAL
Number of school activities (INSPIRE)	26	33	26	20	105
Number of school activities (EDUCATE)	23	33	22	18	96
Participants (INSPIRE)	1,878	2,398	1,775	1,556	7,607
Participants (EDUCATE)	894	1,146	755	472	3,267
Participants (CELEBRATE)	235	295	228	219	977

Although the number of participants in the steps INSPIRE and EDUCATE shows a decreasing trend starting in 2011 (*Figure 4*) –after an increase between 2010 and 2011- these data appear to be consistent with FH’s statement highlighted in the interviews: the need to narrow their focus and concentrate on a smaller number of schools to ensure continuity of the program, and a follow-up of those young people interested, through the organizations part of the YHN in those areas. The number of agents4change present during the step CELEBRATE was relatively constant during the four years under review.

¹⁸ dance4life refers to agent4change as those young people who have participated in the initial three activities: INSPIRE, EDUCATE and ACTIVATE. For the purposes of this evaluation, and in following the model proposed by Fundacion Huesped, agent4change was used for everyone who participated in the EDUCATE step, because of the involvement that the implementation of the program in Argentina demands, and because there are few records of the ACTIVATE activities, although it is anecdotally known that they were completed in numerous occasions.

Figure 4. Trend of young people's participation in the three stages of INSPIRE, EDUCATE and CELEBRATE (2010-2013)



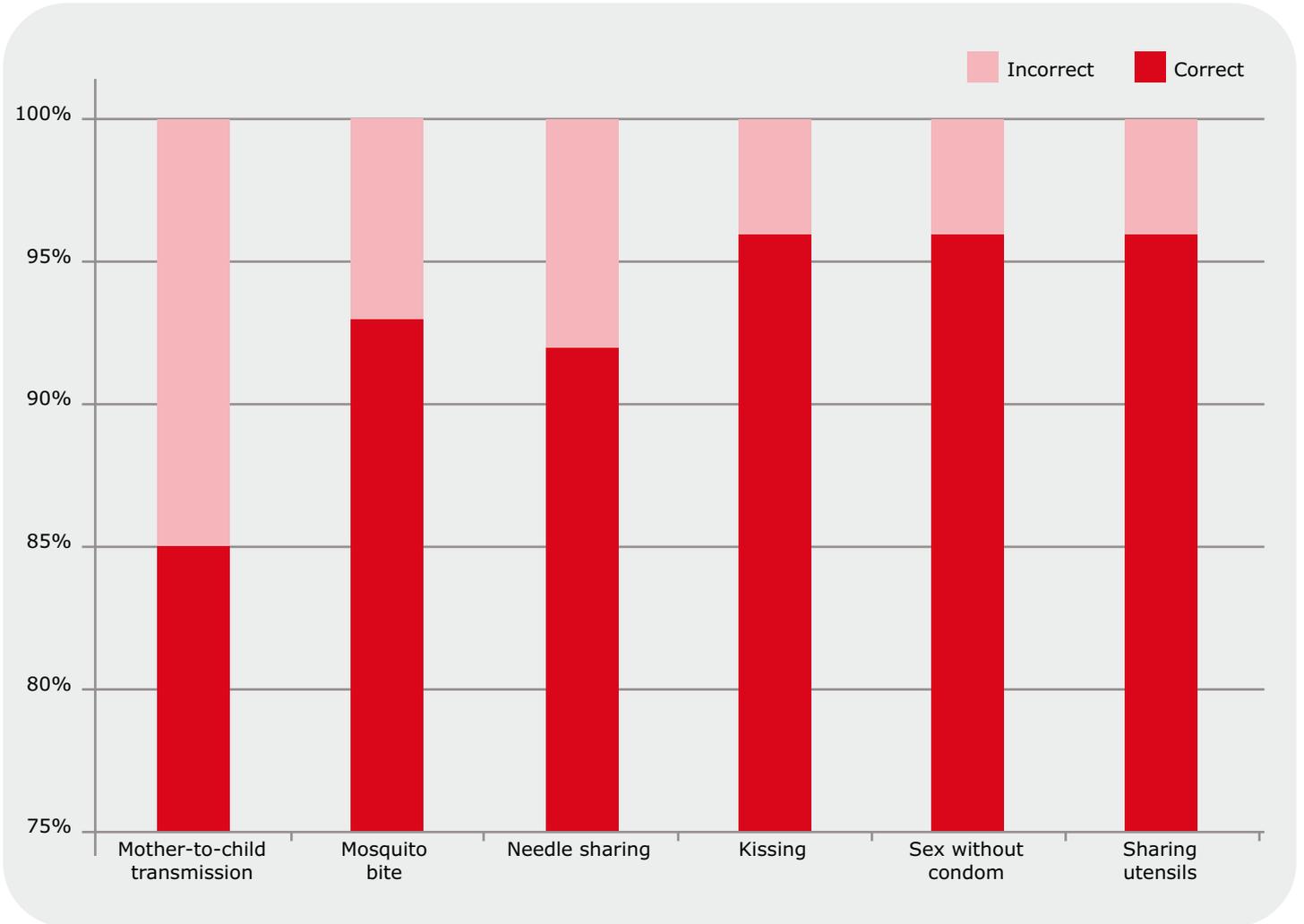
It is important to complement this information with that obtained through FH's coordination staff who mentioned some difficulties external to dance4life, FH and the YHN, in relation to generating liaisons with schools. At times, specific moments in the country's situation presented difficulties: in some years, classes began later due to teacher strikes. In other instances, public officials were involved in the decisions on where to work which did not produce the expected results, as many schools did not know that they had been selected and were not expecting the dance4life team when they showed up to work. This situation could have had an impact on the total of schools -and students- reached by the program.

Questionnaires

A total of 100 questionnaires were completed, 36 were collected online using the SurveyMonkey program and the remaining 64 were gathered on paper in three schools: one in Claypole, another in Moron, and the other in CABA. The average age of the respondents was 17 years (n=93), and there was an equal number of men and women respondents (n=100: 48 men, 48 women, 3 did not answer this question, and 1 indicated 'other'). The majority of the survey respondents received the dance4life program in their schools in 2013 (38%), followed by 2011 and 2012 (19% for both years).

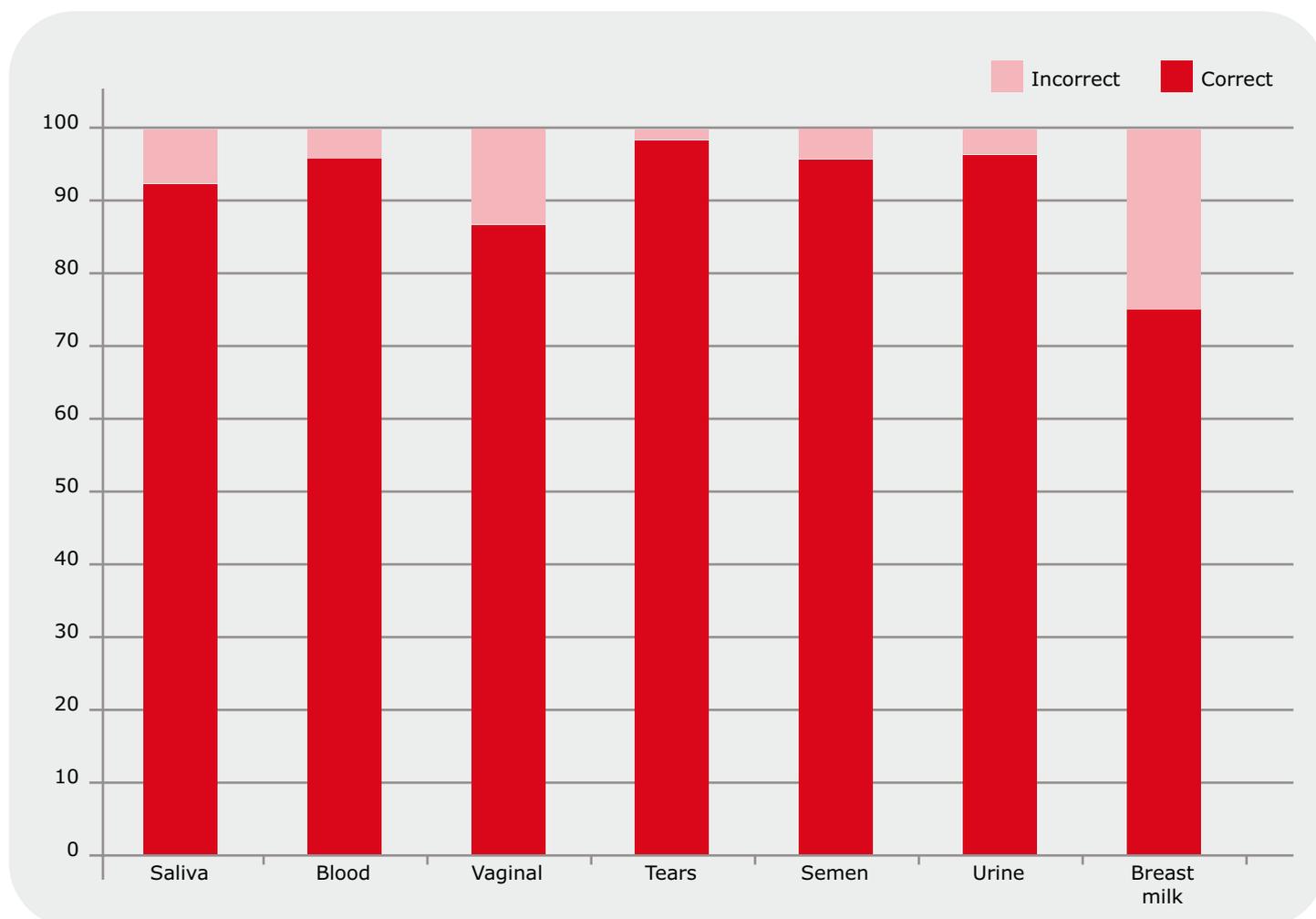
The survey asked about knowledge of HIV and SRH, as well as about attitudes and practices. The respondents had, on average, a very high level of knowledge of HIV, and of modes of transmission and fluids that can transmit the virus (Figures 5 and 6). For both questions, more than 90% of respondents (93% and 91%, respectively) answered them correctly.

Figure 5. Knowledge about HIV transmission*



*There were 6% who responded DON'T KNOW / DON'T REMEMBER to this question

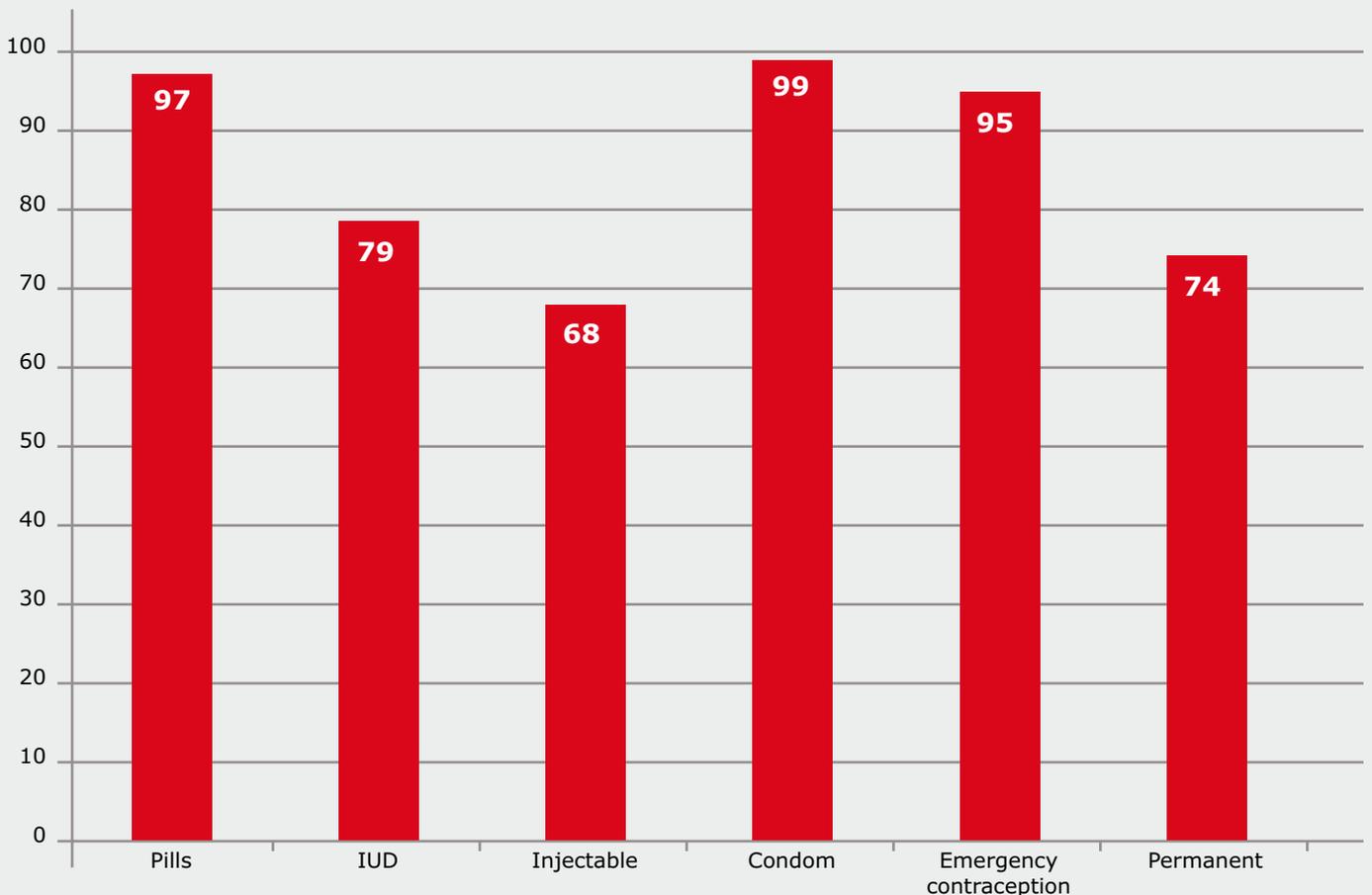
Figure 6. Knowledge about fluids that can transmit HIV**



**There were 5% who responded DON'T KNOW / DON'T REMEMBER to this question

Knowledge in relation to contraceptive use also was high; the least known method was the injectable (68%) and the most known, the condom (99%) followed by birth control pills (97%) and emergency contraception (95%) (Figure 7).

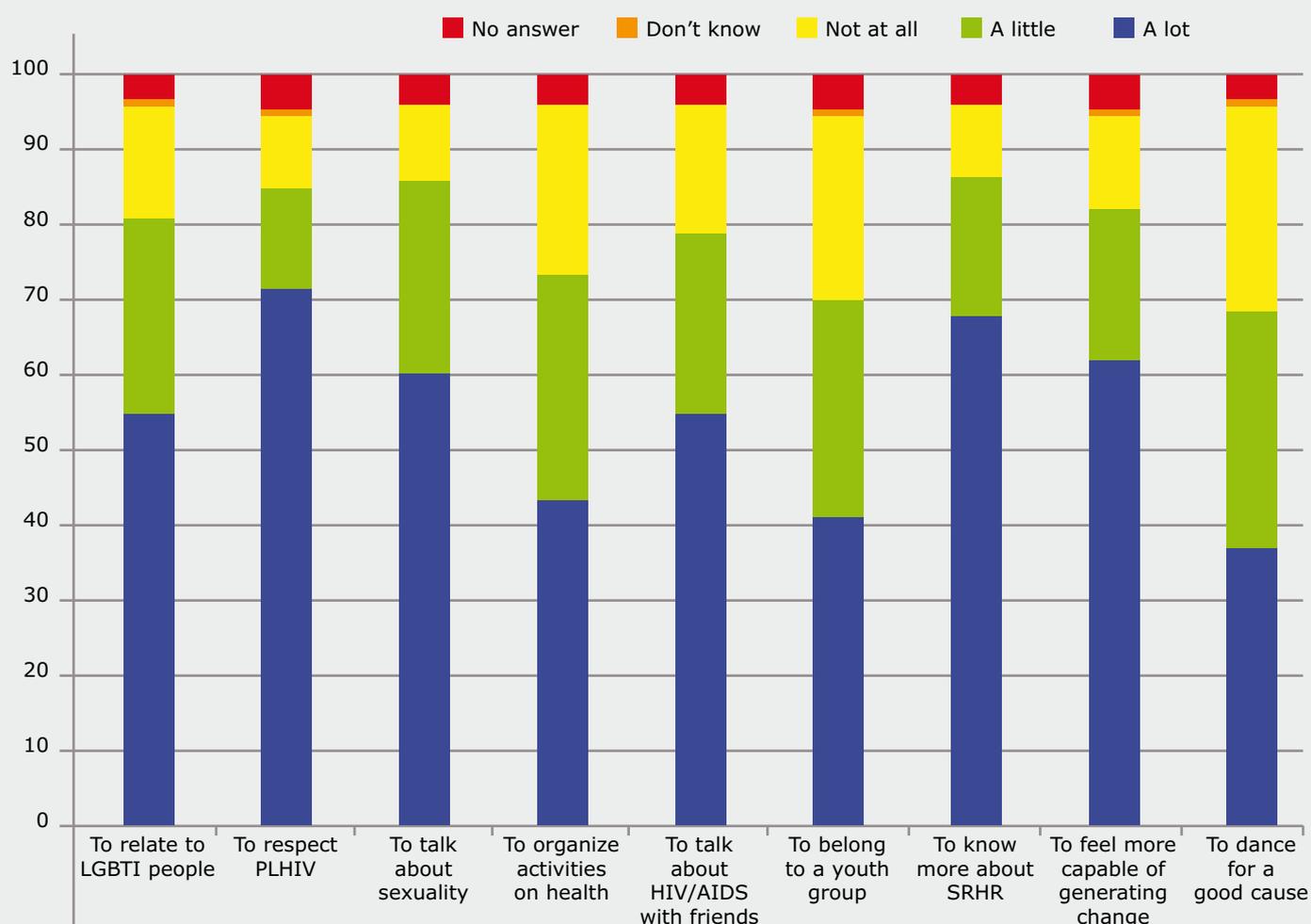
Figure 7. Knowledge on contraceptive methods



Although the great majority (91%) of respondents could remember talking about adolescent sexual and reproductive rights, only 50% knew that a sexual health and responsible reproduction law exists, compared with 66% knowing about the AIDS law and 85% about the comprehensive sexuality education law. In these categories, there were many answers indicating they did not know these laws (38%, 27% and 9% respectively).

Most respondents mentioned they really liked the dance4life activities (65%) or somewhat liked them (19%), while only 4% answered that they had not liked them at all. The young people were asked whether the dance4life program had impacted their attitudes towards people with HIV, being more open in talking about sexuality, participating in a youth group, among others (see Figure 8). 72% indicated having changed a lot in their respect of people with HIV, 62% reported feeling much better and with increased capacity and confidence in generating change, and lastly, 60% answered that they had changed a lot in their capacity to being more open in talking about sexuality.

Figure 8. Attitude changes in different situations as a result of the dance4life program



Participants were also asked whether they had shared what they had learned with their families and friends. The percentages of response comparing conversations with family or with friends were higher for the latter group in relation to discussions about HIV (68% vs. 60%), sexual and reproductive rights (66% vs. 44%), and contraceptive use and STIs (80% vs. 65%). However, the percentages were relatively high for the three circumstances (except for dialoguing with families about sexual and reproductive rights, which was relatively low).

The survey had two questions that aimed to explore the level of self-efficacy or confidence to be able to refuse to have sex with someone if they did not want to, or if the other person refused to use a condom. 80% said they knew how to avoid having sex if they didn't want to, while 13 % did not know how. On the other hand, 75% said they knew how to say no if the partner was not ready to use condoms during sex, while 15 % did not know how to refuse.

Sexual and reproductive behavior

Most respondents (66%) reported having had sex, 25% said they hadn't, 4% preferred not to answer, and there was 5% unanswered. The average age at first sex was 15 years (range 10-20 years) and was very similar for both genders. The majority had their first experience with a boyfriend/girlfriend. Among those who were not sexually active, the main reasons mentioned for not having sex yet were: wanting to wait until they were older or married (41%), because they were only recently involved in a relationship (30%), and because they hadn't had a chance yet (22%). This question allowed for multiple responses.

73% of respondents said they had safe sex in their first sexual encounter and 88% responded having had safe sex in their most recent sexual relationship. 89% responded they used contraception when having sex always or most of the time. Most respondents regularly used condoms (83%), followed by those who used birth control pills (48%). There were 5% of respondents who said they did not use protection because they wanted to become pregnant, and another 6% said they were not having safe sex but not seeking pregnancy either. 8% of those who said they had had sex had ever been pregnant (or had gotten their partner pregnant) and the current average age of these people was 19 years.

Of the total participants, only 19% had gotten tested for HIV; 75% said they had not. There were 9 people who said they had gotten tested before the dance4life program went to their school and 10 had it done after. 52% had gotten tested at a public hospital, while the rest of the responses were distributed fairly evenly between getting tested at a community health center, at a private clinic, or at their doctor's.

Only 41% of the respondents had ever had any health visit about their sexual and reproductive health; of these, 63% were women. The places the young people most frequently mentioned of where to get support on questions related to their sexuality were a health center and a public hospital.

Qualitative Results

Semi-structured interviews

Throughout the 13 interviews, important and recurring themes were detected, especially regarding the impact of having young people coordinate and facilitate workshops, the effects of having a program like dance4life at schools in the city of Buenos Aires and suburbs, the training of agents4change, and the crucial points for the sustainability of the program, among others.

Almost all respondents felt that having young people leading and coordinating the dance4life activities was a positive aspect of the program, and in fact, some even came to consider it the strongest point.

"It seemed like an interesting methodology, firstly, because of the closeness in age between students and youth coordinators. Their way of speaking that was in everyday language." (Teacher)

"I think it was valuable for the kids to have a space where they could focus on a topic from a specific viewpoint, with people who are not a part of the school and, therefore, they can talk openly to, while at the same time because of their closeness in age, since they are young people too, they could address the topics from their daily life topic sharing their experiences together." (Teacher)

"I think that for the young people it's more like ... they feel a certain trust that they are not getting from teachers." (YHN member)

"What also makes students want to be a part of dance4life is that it is led by people of their same age, they are not grown-ups, you know, where they say 'no, this guy is so old, what does he know'." (YHN member).

"For me the strongest point is the youth participation in the program. Without a doubt it is a strong point, in the coordination, in the project design." (FH staff).

Interestingly, one of the aspects that many of the respondents highlighted was related to the language as well as the age of the promoters.

"... the approach of having peers talking to the young people is a good strategy because the way of communicating is different. At times, also the language. We get to them in a different way." (YHN member)

"Did age have an effect? Maybe, but what did have an impact was having used the same vocabulary that they use." (Teacher).

On the other hand, there was a strong recognition of the positive effect that the YHN had on young people, especially as reported by the youth of the YHN and the staff of FH. Some mentioned that belonging to a group and the bonds they generated there were positive, beyond their specific involvement in dance4life, also strengthening their roles as agents4change in their own communities and the confidence they felt to become promoters of change.

"I like it; it makes me feel really good. I can go to schools, help people, and answer their questions. That's what I like (about it), and what I like about being an agent4change." (YHN member)

"For me, there is something very beautiful about the youth from the network, especially among the youngest or newest who you see become more confident from just attending a workshop silently because they don't dare to do anything, until you then see them coordinating a workshop in front of all the kids. " (FH staff).

One of the interesting things that came out of these conversations with youth promoters of the dance4life program was the adoption of the language of the program, for example, the use of the phrase agent4change. Both those who used that phrase and those who did not, everyone identified through different stories and comments that this was their role and gave examples of them being agents4change outside the confines of the school, among friends, peers, and family.

Another relevant topic had to do with the program itself and with the activities proposed, and there were several comments about the little amount of information that the young people in the schools had prior to the presence of dance4life. There was general agreement among respondents that the use of games, activities, and audiovisual material, among other elements, were strong points of dance4life. There was also agreement among some respondents about the positive aspect of having a program of international scope.

"They actually had fun (...) so the kids learned a lot while playing. So they felt very enthusiastic, and they told the others about it." (Teacher).

"It's great when you leave and the teacher tells you 'I really liked how you did the workshop ' or 'I liked the strategy you used'. And it is good for that to happen, too. And many times this happens with the principals. The principals also get very excited (and ask) for more activities." (FH staff).

"(As students) we didn't know much. Maybe we didn't pay much attention to that. It was not taught in the school. We were in "health and adolescence" classes learning about the reproductive system. (...) Now, the students don't have such basic information. They know something (more)." (YHN member).

"From my point of view it was very innovative, especially how it ended and also that it had an international aspect." (Teacher)

As for the weaknesses or difficulties with the program, there were different salient themes, such as: logistical problems (lack of adequate space for workshops, number of participants, and coordination with the schools), commitment of principals and authorities, and some specific issues about the activities.

"At times, there are difficulties but they are external to us, like the physical space that sometimes is not adequate. Many times we had to go to many places in winter and in the cold. The schools' infrastructure posed an important issue." (FH staff).

"When I was here, (during) my management, I never heard of any activity that had been done." (Principal).

"Maybe, because of the amount of people participating at that time, it could get a bit chaotic. If I remember correctly, the methodology was to have a first meeting for all the youth together and then work in smaller groups." (Teacher).

"There are drawbacks like... the problem of negotiating topics and materials that are to be used." (FH staff).

About the difficulties with specific content or with implementation of the ACTIVATE step, there was agreement that, with regards to content there was some resistance to the topic of rights, and with regards to the ACTIVATE step there were difficulties in the execution.

"When you talk about laws it is somewhat boring (...). But that part is the most dense part of the EDUCATE, but we have to explain them, share information to get them to know, because if not..." (YHN member).

"There are topics to which they don't pay much attention, when we speak of rights, or begin to mention them." (YHN member).

"Mostly, when they have to show something (ACTIVATE), that we give something for everyone to do and they have to bring things and prepare them. Make posters ... and it is somewhat complicated. They get lazy." (YHN member)

"And that thing about trying to talk with others. They had to go to a public plaza; I think they agreed to go to a square. That failed." (Teacher).

"ACTIVATE usually is left up in the air " (FH staff).

Lastly, there were different opinions about the presence or absence of teachers in the classrooms during the workshops. On the part of the youth, it was found to be of primary preference not to have the teachers present, whereas among the staff at Fundacion Huesped, the importance of teachers remaining in the classroom during dance4life activities was mentioned.

"I think for the youth, it gives them a certain confidence that they don't get with the teachers (there). There have been workshops with teachers and the youth didn't feel as free to speak (...)." (YHN member).

"Once we build rapport with the group, (teachers) do not participate as much (...). But, afterwards, for the EDUCATE, they participate in the first meeting, but after that not anymore. They leave us alone." (YHN member).

"The teachers can be there, but in this way (...) Our idea is to go into the classroom so that later a teacher can follow up on these topics, so it's much better if the teacher is there to know what we are working on and how we are doing it. (FH staff).

"For me, the other thing that is still a little up in the air is the issue of having teachers remain in the classroom. We think they have to be there because of the issue of responsibility (...) but then in reality, they take advantage and go to do other things or leave ... many times with the pretext 'if I stay the kids get intimidated'." (FH staff).

The activities related with the CELEBRATE step were referred to in almost every interview as a positive event and one of the strengths of the program: "CELEBRATE (is the activity they like the most)". The interesting point is that one of the reasons for which this is valued is the aspect of socialization with other youth and the bonds generated on these occasions.

Finally, it is important to work on the issue of sustainability of the program beyond the presence of dance4life or the possibility of building capacity. The interviews revealed, especially those done with the teachers and principals, that as soon as dance4life stopped going to the school little was done to replace or continue with some of the activities initiated, despite the positive experience with the program and the innovative proposal.

"Afterwards it was like the ties were cut a bit. I do not know if the young man stopped working, or if the Fundacion stopped doing the activity, I don't know." (Teacher).

"It didn't continue (...) And everyone blames me, because I retired. And others blame the new principal." (Teacher).

"Because, (FH) was actually there like for three years. Then they stopped coming and it was like nothing had happened. There was no comment like 'hey, the Fundacion didn't come any more,

what a pity'. Nothing, nobody cared. So, there was no feeling that FH needed to continue coming to the school." (Teacher).

This result is especially important to consider given that many of the people interviewed mentioned that before dance4life came to their schools, there was no comprehensive sex education being taught in the classrooms.

"We did begin working together with the gynecologist from the health center that set up a kind workshop in the school where she gave answers to questions once a week. She didn't go to the classrooms. (...) The school didn't interfere with this either." (Teacher).

"It was talked about in the Biology class if I remember correctly (...). I remember one day they handed out condoms too. Yes, they talked about it, but beyond that, no, I don't know." (Teacher).

"(About) HIV nothing. What had been done was with clinical doctors, pediatricians (who came to give a talk but it wasn't implemented at the school curricula level)." (Teacher).

Focus group

A focus group was conducted with eight young people who had participated in at least one step of the dance4life program in their schools; an additional person who had not participated as a student but as a workshop coordinator accompanied a group from his organization for the focus group. Of these, three were students and graduates of the same school of CABA, three were from two different schools in Claypole (a southern district), and the other two were from two different schools in Moron (a western district). There were four young men and four young women aged 16 to 22 years old (mode: 18); most were still students in the schools. Two of these had participated in the program in 2010, three in 2011, and the remaining two in 2013. One of the young people had participated in 2011, 2012, and 2013.

The focus group was used to ask participants about their experience with the dance4life program. Everyone had participated in at least one step (INSPIRE), but the majority had participated in three (INSPIRE, EDUCATE, CELEBRATE) or the four steps. A rich, open and honest discussion was generated among those present. The first question asked was about their general impressions and from there, some common topics emerged.

The activities proposed in the INSPIRE step were mentioned and everyone who participated in this step said they enjoyed the activities, and could recall the topics covered and the activities conducted. A girl who only participated in the INSPIRE step suggested expanding the topics covered in this step

because not all the students then went on to participate in the EDUCATE step, and she considered it important that all the young people receive the best possible information on the subject at that time.

All agreed that prior to the presence of dance4life in their school, there was very little work done on the subject of sexuality in the classrooms. While many of the participants said that it was not addressed in any way, except to cover the reproductive system in the appropriate biology classes, others mentioned that the little they had received was "(...) *very, very boring. It put you to sleep (...)*" (female, 17 years) or "*basics, basics, basics*" (male, 16 years). Another young person commented: "*In my school there were many kids who didn't know much, even though they were already sexually active. At least I learned a lot. Before the workshops, I didn't know too much either*" (male, 18 years). As for what they learned in general, there was agreement that it was a "*before and after*" experience (female, 17 years). For example, regarding their knowledge of HIV testing a young man said: "*I thought it was something totally and completely difficult, (that) it was expensive. I thought it was like that, very difficult, only people with money could go get tested*" (male, 18 years) and another said: "*I was afraid that if someone got tested it was because of something. But no, it's all confidential and all that*" (female, 18). But they did not only mention what was learned related to HIV but also about sexuality in general, gender, rights and contraception: "*In the school, sex is not addressed. This is an opportunity to start addressing in schools different contraceptive methods, a little bit more*" (male, 18 years) and another person said they learned "*in my case, about contraception methods, but also about HIV*" (female, 17 years). With respect to adolescent rights they mentioned: "*The right to get tested, to have it be confidential, and to not discriminate against people with HIV*" (female, 18), "*and that as of 14 years old you can go anywhere, you can get tested without your parents*" (male, 18 years).

From the discussion that took place during the focus group, participants mentioned how positive it had been for them that the workshop facilitators were young people similar to their ages. A rich discussion was generated about the age of those who "*teach*" sexual health, and although there were different views on whether age was important in itself, or if it was the ability to build trust with the adult, the participation of the YHN in dance4life activities was stated as being positive: "*In addition, the way they address it, as she said, it is not boring, it's changing all the time and with different activities. The workshops are not all the same. For example, in each workshop we have a different activity and it is done differently in some groups and this is good*" (male, 18) and "*I do not know if (an adult leading a workshop) can do it in a fun way, it's just that we're going to approach it in another way. It's like, it's an adult. Even though those who came were adults, they were not as adults as the teachers were*" (male, 18 years).

Additionally, all the young people who participated in the focus group said they felt like agents4change, whether they continued to participate in activities with the YHN or not. They stressed the importance of the change that the program generated within them, "*because we changed with the project*" (female, 17 years) and their ability to become health promoters, "*after the talks, I knew what I was talking about, rather than saying just anything and then having others believing it*" (female, 18). In another case, a participant mentioned that her experience with dance4life inspired her to want to promote change in other organizations where she participated "*I was active before in a political party close to*

my home and I had become very good friends with a coordinator there and I had also told him about this and he was like 'Oh, that's interesting' and he called here (Fundacion Huesped) to ask for a talk to the young people in the political party. And I felt very important, very excited, this was because of me" (female, 17 years). Finally, they mentioned the confidence they felt now in talking with others and in generating change, "not to be ashamed to talk with others" (female, 17 years).

Finally, they almost all agreed in concluding that the benefit of the closing step (CELEBRATE), was the possibility to socialize with students from other schools and see the context in which dance4life is embedded:

"It helps to know that it is not just in one school, it is not only in your own city, but there are many more people who care about this issue and it makes you feel like yes, there are more people in a lot of places that are also involved in the same movement. It also helps to know that you're not the only one (...) It even makes you feel more committed, as you see that there are people in other places and so, let's continue helping, let's do it even bigger" (male, 18 years)

The objective of the focus group was to know some specificities of the dance4life program, especially those that may not have emerged in the interviews and, especially, from the point of view of those who participated in the activities. In this way, some of the themes that emerged were in accordance with what was said by interviewees, for example, having young people leading the workshops, the activities that were used, the information that the students had before the dance4life activities, and the way that sex education was addressed in schools. There was also an opinion shared between those interviewed and focus group participants regarding the positive value of the CELEBRATE step as well as the EDUCATE step, as this last one was where they felt they learned and became committed to dance4life.

Discussion of results and conclusions

The dance4life program is being implemented in a novel and successful way in urban areas of the province of Buenos Aires and in the Autonomous City of Buenos Aires (CABA), training in four years over two thousand agents4change. In the visited schools, the experiences reported were generally positive, even the ones where difficulties arose both during program implementation and in the continuation of the program in the schools. Despite this, there is insufficient evidence that the program has impacted the comprehensive approach to sex education in the classrooms.

Although the sample used for the survey is not representative of the entire national territory, it can be used to compare results with some statistical data at the national and local levels. In the survey sample, the age at first sex was similar to that obtained in a national survey of sexual and reproductive health when only people between 14 and 19 years old are considered, and it is also similar to that reported in a study in urban clusters in the country (15, 15.2 and 15 years, respectively).^{6,19} As for knowledge of contraceptive methods, the results of this work are in line with results from the national and urban studies. Condoms and contraceptive pills were the two methods that most respondents said they knew in this evaluation, the national survey, as well as in the study made in 2010-2011 by FH and UNICEF. There is a significant difference regarding emergency contraception: while 95% of respondents in this evaluation claimed to know of it, only 8.5% of the respondents in the national sample and 5% of the other sample said they had knew about it. This is striking because, although the national survey sample included people from 14-49 or 14-59 years old (for women and men, respectively) which could include potential ignorance among older people, the study by FH and UNICEF focused on young people from 14-19 years old. It's possible to think that this is the result of what was learned in the workshops and dance4life activities in the classrooms. Regarding contraceptive use at first sexual intercourse, this evaluation obtained more unfavorable responses than the other two under discussion: the national survey indicated that 90.4% of women and 87.1% of men from 14 to 19 used protection at first sex, the study mentioned above reported that 89% of sexually active youth used a condom at first sex, while this evaluation found that 73% (87% women, 58% men) of respondents had used some method to prevent pregnancy or infection in their first sexual relationship. Finally, according to estimates by the Statistics and Health Information Bureau and UNFPA Argentina, approximately 16% of the women between 15 and 19 years old had ever been pregnant. This percentage is similar to that found in the study conducted by FH and UNICEF: 13% of those interviewed had been pregnant. However, according to results from the questionnaire for this evaluation, that percentage was lower: 8% of the total respondents (both genders, all ages), but given the sample size and the low number of people reporting ever being pregnant (8 persons), it is difficult to compare with national data or make conclusions about this variable.

19 Fundación Huesped y UNICEF. Conocimientos, actitudes y prácticas en VIH y salud sexual y reproductiva (SSR) y uso de tecnologías de la información y la comunicación (TIC) entre adolescentes de Argentina [Knowledge, attitudes and practices on HIV and sexual and reproductive health (SRH) and use of Information and Communications Technology (ICT) among adolescents in Argentina]. Buenos Aires, 2012. Retrieved from: http://www.unicef.org/argentina/spanish/salud_comunica_Informe-UNICEF-FH.pdf.

Knowing the age at first sex is useful to plan activities for the program, especially when considering in which grade it is better to begin the activities. Since this age is similar to the national average, and to the results of the other study in urban centers, it is impossible to say that dance4life had an effect on delaying sexual initiation. However, the fact that the majority of the respondents in this evaluation said they knew how to refuse to have sex if they did not want it or if their partners did not agree to use condoms, it could be concluded that the majority of the sexual relations were consensual and wanted. While the percentage of young people who used protection at first sex in this study is lower than the national average and the average of the study cited previously, it is still high, and so is condom use. On the other hand, the low proportion of youth who have medical visits about their sexual and reproductive health could evidence difficulties in linking with the health system, especially knowing that the majority identified the community health center as a place to go for consultations about their sexuality. More than half of the respondents shared what they learned with their families, a fact also validated in the interviews and in the focus group. This is of particular interest because it is one of the objectives of the dance4life program. Results from questionnaires, interviews, and the focus group revealed that the majority identified SRHR as a topic covered in the workshops (for example, age at which they can access SRH services or get tested for HIV) but there was considerable confusion as to the laws that ensure these rights. Also, in both interviews and in the focus group, participants indicated poor knowledge or a poor approach to SRH and HIV previous to the dance4life program. The high knowledge on sexual and reproductive health and the positive changes in attitude related to sexuality among survey respondents could be interpreted as a success of dance4life. Less than one in five respondents had gotten tested for HIV, and although half of those tested did so after dance4life went to their schools, this is still a low percentage.

There was agreement in the interviews, focus groups, and the surveys that the dance4life program was successful in training agents4change, in teaching about SRH, improving their confidence as health promoters, and promoting changes in their attitudes towards HIV and sexuality. Both the interviews and focus group identified that having peer-led activities was the strong point of the dance4life activities; many times the youth leaders were members of their communities, students or graduates of the school. However, this aspect could not be verified in the questionnaires (see limitations). On the other hand, the importance of participating in an international program that is run in different countries of the world was mentioned.

This evaluation was a collaborative and capacity building process with the staff of FH. The evaluation team and staff at FH collaborated in the validation of the tools, in outreaching to the participating youth, and in completing every step of this process. Furthermore, comments and feedback from FH was sought in the development of the qualitative and quantitative tools. The completion of this evaluation would have been impossible in the stipulated time and in the breadth it was done had it not been for the continuous assistance, collaboration, feedback, and input from the staff at FH.

Limitations of the evaluation

This is the first experience in evaluating the dance4life program, and the tools used to record information or activities were not consistent throughout the years of project implementation. This situation made it difficult to analyze some data. Additionally, there was neither baseline data nor information regarding knowledge, attitudes and practices gathered throughout the program years. The information collected by this evaluation was done through questionnaires that asked young people to recall information about knowledge on pre- and post- project implementation. On the other hand, because there were difficulties in the recording of activities of the ACTIVATE step, this was excluded from analysis in this evaluation. This has an impact on the results since this is an important step of the program, given its role in training agents4change and the potential to have a lasting impact on the attitudes, skills, and behaviors of young people.

There are other limitations regarding this evaluation. For example, once the survey was applied, there were problems with young people understanding one of the questions, which did not emerge during the validation of the tool. One question (number 17, see Annex III for the full questionnaire) asked respondents to order certain activities of dance4life according to their interest. The majority of respondents of the paper version were not able to understand the instruction of the question and much data was lost as a result. Data provided by the online survey, which automatically ordered the activities as respondents clicked on options, was not used either because there were very few questionnaires completed this way (only 34 questionnaires). Additionally, even among those, the validity of the data is questionable because the system offered a default order for the answers. This will have to be kept in mind for the future, in order to minimize confusion and loss of important data.

Lastly, qualitative information recorded using tools such as interviews and focus groups is inherently not generalizable, therefore they do not reflect the opinion of the majority involved in the program. However, tools commonly used in the field of social science and qualitative research are valid to obtain recurring themes and richer information in terms of experiences with the implementation of the program.

Recommendations

Although the dance4life program has had very positive results in almost all the variables, there are issues to improve. For this, a list of possible changes and improvements is here included which could benefit implementation, results, and impact of dance4life:

- 1-** *To incorporate pre- and post-tests to activities in schools:* Through a simple tool (using a simplified and abbreviated version of the questionnaire used in this evaluation, for example), information on demographics as well as behaviors, attitudes, and knowledge on youth sexual and reproductive health can be obtained. This could be implemented at the beginning of all the activities (during INSPIRE) and at the end of the activities (prior to, or during, CELEBRATE). This would allow for a more systematic recording of the direct impact of the program. Similarly, to improve the system of recording information by workshop facilitators so as to obtain comparable data from all the schools without discrepancies between them especially in reference to the ACTIVATE step.
- 2-** *To generate links with other organizations that have a presence in the schools,* especially if they are part of the health system. When prevention and health promotion actions are integrated with the health system, better results are obtained.²⁰ As reported in the interviews and focus groups, some schools have very close links with Primary Care Centers that are not taken advantage of by dance4life, generating disjointed interventions with those that have been implemented in the past. On the other hand, surveys show that 87% felt they would go to health centers to receive support about matters related to sexuality. Through an integrated action with the health system, a more long-lasting change could be attained among the young people participating in dance4life.
- 3-** *To rethink a strategy for building capacity in the schools.* From the deficiencies the principals and teachers reported in the interviews, the implementation of different actions is suggested to ensure the sustainability of the program, either through teacher training (linking with other organizations that do this) and/or working together with student centers to continue youth involvement with the corresponding organization that is a part of the YHN.
- 4-** *To invite some of the students who participated in dance4life activities,* but who are not part of the YHN, to voice their opinions and experiences with the program. Their participation could shed light on some issues that the workshop facilitators may be not seeing at the time of leading the activities, in order to make changes and adaptations to the program. A post-test activity could be used at six or twelve months after implementing the program, or through focus groups.
- 5-** *Improve the potential impact of the program in the community by including the families in the activities.* There are a significant percentage of respondents who share what they have learned through dance4life with their families, so it would be interesting to continue to reinforce this linkage.

20 UNFPA. Maternidad en la niñez. Enfrentar el reto del embarazo en adolescentes. Estado de la población mundial 2013 [Motherhood in childhood: Facing the challenge of adolescent pregnancy. State of World Population, 2013. Retrieved from: <http://www.unfpa.org.ar/sitio/archivos/swop2013.pdf>

6- *Reinforce the agreements made at the beginning of this year.* In one of the schools interviewed, the vice principal was not aware of the program that was being implemented in his institution for over two years. In another school it was commented that as the contact was made directly with a teacher, there was no real commitment from school management and principals. Although these are isolated cases, a reinforcement of the system through which the liaisons are generated and the parameters are established with the schools is suggested so that all administrative levels are aware of the dance4life program being implemented in their schools. This, in turn, will help with the sustainability of the project.

7- *Expand the dance4life program to include other provinces, or young people in situations of greater vulnerability (homeless, children living in poverty, and school-dropouts).* This suggestion came from one of the interviews with a member of the YHN and in the focus group. Although it might be more difficult to execute and implement, it can be thought of as a long term goal.

Annex I: Terms of reference

External evaluation of dance4life Argentina

A. BACKGROUND

dance4lifeinterational

The dance4life mission is to put an end to AIDS, unwanted pregnancies and sexual violence by empowering youth to make safe sexual decisions. We would like to see a world where all youth enjoy sexual and reproductive health and rights. We believe that improving the health and the sexual and reproductive rights of young people reduces the stigma as well, and will lead to the reduction of HIV, unwanted pregnancies and sexual violence.

The International dance4life Foundation (headquartered in Amsterdam) has developed a concept for working with youth which consists of four steps: INSPIRE, EDUCATE, ACTIVATE and CELEBRATE. The program is completed with young person's active participation, advocacy, branding and communications. Actually, the dance4life program is implemented through social organizations in 21 countries in the entire world.

Elements	Definition	Objective
INSPIRE	In the first step of the dance4life concept, the strategy and the general contents of HIV prevention is presented with a large group of students. The coordination is through youth promoters and audio-visual resources, music and dance.	Inspiring young people to get involved in the promotion of their health and their rights is the first step of dance4life (as in the movement) and the dance4life program. Connecting with the group objective to take active participation and develop healthy practices.
EDUCATE	The second step of the dance4life program is developed with a smaller group of young people to get involved with integrated sexual education from a gender and a rights perspective.	Providing the young people's integrated sexual education in an attractive and participatory manner that favors the development of habits leading to healthy behaviors. Strengthening young people's abilities to make informed decisions about their sexuality, lifestyle and the future.

Elements	Definition	Objective
ACTIVATE	<p>The students who participated in the previous steps, plan and take action to spread the learning, becoming agents4change. The involvement can be at community, national or international level, in order to create awareness and get support from their peers, family, community and leaders, to meet their needs for sexual and reproductive rights as stakeholders in the community.</p>	<p>Action having two objectives: At an internal level, by reaching out to others, young people internalize and/or deepen their understanding and skills acquired in the EDUCATE. Externally, their actions contribute to the creation of change at social, national or international levels.</p> <p>The change can be related to young people's perception of sexual and reproductive rights, or the perception of the role of young people in society.</p>
CELEBRATE	<p>The celebration is the final step of the concept, targeted toward agents4change who have successfully completed the dance4life program. It is a place for socializing and sharing that makes visible the contribution of youth in improving sexual and reproductive rights.</p>	<p>Recognizing the effort of the young people who participate in dance4life.</p> <p>Strengthening the unity and sense of belonging to the international youth "dance4life" movement.</p> <p>Generating attention in media, the general population and stakeholders at the local, national or international level about dance4life as a platform where young people can make visible their skill and commitment.</p> <p>To have fun and motivate young people to continue participating in activities linked to sexual and reproductive health.</p>

dance4life Argentina

Since 2010, Fundacion Huesped (FH), in partnership with the Youth for Health Network (YHN), has coordinated the implementation of the dance4life program in about 20 public schools per year, in the Buenos Aires Metropolitan Area. The members of the YHN are in charge of coordinating with the schools which are selected based on proximity to youth group organizations that form the Network as well as youth's previous work experience. The workshops are planned jointly between FH and the YHN, and are coordinated by the YHN members trained in sexual and reproductive health and rights, workshop facilitation, and group activities. The contents are framed in a gender and rights perspective, and include issues such as prevention of HIV and other sexually transmitted infections, rights of adolescents and people with HIV, stereotypes about young people, sexuality, gender, and community participation.

The expected outcomes of dance4life in Argentina are:

- Changing the sexual and reproductive health behavior of young people by:
 - Their deciding whether to have sex or not.
 - Their using condoms correctly and consistently.
 - Their discussing safer sex with their partners.
 - Their seeking help and support when needed (in educational settings and social organizations, among other places).
 - Their attending health services in the settings where dance4life works.
- Strengthening the sustained and comprehensive work around sexuality education in schools.
- Promoting dialogue about sexual and reproductive health with their families.
- Increasing the number of students who get tested for HIV.
- Educating young people about sexual and reproductive rights.

B. EVALUATION OBJECTIVE

The general objective of this evaluation was to assess the results of the dance4life program in Argentina and to determine if these results covered the originally predicted outcomes; to draw conclusions about the possible impact of these results on the sexual and reproductive health of young people, their lives and their environments; and, ultimately, to make recommendations to improve the effectiveness and relevance of the program. In addition, another objective was to build capacity within Fundacion Huesped in monitoring and evaluating projects and programs.

The results and conclusions of the evaluation will be used to inform stakeholders—such as donors, youth groups and other partners—how to make decisions in the country and globally, and promote learning within the family of dance4life. Some decisions influenced by the evaluation results could be related to capacity development, approach to fundraising, adaptations of the dance4life concept, decisions on design and contents of the program in the country, and improvements in the internal tools and policies.

C. SCOPE OF THE EVALUATION

Analysis of the country context: People between 15 and 29 years of age who live in Argentina reach 9,972,725 people, representing 25% of the total population. The poor are highly represented in this group comprising more than 60% of youth. The weakness of social networks, the lack of cohesion among peers and poor community participation, including the exclusion of this population from the educational system and their difficulties in accessing the workforce, are the factors that aggravate exposure of this group to violence, drug use and other problems related to sexual and reproductive health, such as unwanted pregnancies, HIV/AIDS and other sexually transmitted diseases. One out of every three poor women is a mother under 20 years old; and one out of three deaths in adolescent mothers was caused by an unsafe abortion. In the country, 130,000 people live with HIV and 50% of them do not know they are infected, with the consequence of unintended transmission of the virus and late access to treatment. The epidemic is concentrated in the main urban areas, such as Buenos Aires, where two-thirds of people with HIV are living.

Period under review: March 2010 to December 2013.

Time for the evaluation: June to October 2014.

Target Group characteristics:

- 1) teachers and school director teams where dance4life was implemented.
- 2) young men and women (13-19 years old) who attend public secondary schools where the dance4life program was implemented.
- 3) youth promoters of the Youth for Health Network who participated as peer educators in dance4life.

D. EVALUATION QUESTIONS

- Efficacy: What are the expected and unexpected results, positive and negative (behavioral or not) of the dance4life program? Are these results in line with the predicted results?
- Impact and relevance: What is the impact of the results of the program in the young people's sexual and reproductive health and rights, and in their lives?

- Efficacy of the intervention logic: What are the internal and external barriers and enabling factors on the efficacy of the intervention?
- Sustainability: Are the achieved behaviors sustainable over time?

Focus of the evaluation

The focus of the evaluation in Argentina centered on the following populations:

Schools:

- What is the link between the dance4life program and sexuality education initiatives in the schools?
- Were there any changes, expansions or additions, in sexuality education activities among teachers, students, and families?
- Were any links developed between health centers and other community organizations?

Program participants:

- Knowledge about sexual and reproductive health: Is the knowledge sustainable over time?
- Sexual and reproductive health activities: Are attitudes improved toward safe sex, condom use, people with HIV, and sexual and reproductive rights?
- Condom use: Are they used consistently? Does use vary according to the partner? What does it depend on?
- Access to health services: Have they had a health visit in the last year?
- HIV test: Have they gotten tested for HIV? How often? Why?
- Talking with their families: Do they talk with their families about sexual and reproductive health? Did family communication contribute to program participation?

Youth agents4change:

- Motivation: What motivated them to become agents4change? What role did the program have in this?
- Skill development (communication, decision-making, among others): What abilities and techniques were acquired through the program?

- Self-esteem: How does program participation influence agents4change's self-esteem?

E. APPROACH AND METHOD OF THE EVALUATION

The approach and methodology presented are only proposals. The investigation consultant can change or adapt the methodology in accordance with Fundacion Huesped.

General methodological framework: The evaluation must combine qualitative and quantitative methods to gather relevant information. The review of existing reference documents and monitoring reports provided by Fundacion Huesped must offer sufficient material for the design of instruments to be used for qualitative and quantitative data gathering.

Proposed methods of data collection

It is expected to use the following data collection instruments:

- Document review
- Focus group discussion
- Surveys
- One-on-one interviews with youth, leaders and members of the community
- Health data collection on the same level as the intervention

A clear framework must be specified for the evaluation, and the data must be collected and analyzed according to gender.

Evaluation process with Fundacion Huesped: The design and implementation of the evaluation must build on the knowledge and experience of Fundacion Huesped for the future monitoring and evaluation of their programs. Therefore, it is expected that there be regular meetings and joint work with the objective to transfer knowledge and rationale behind the research.

Process of validating the results with stakeholders: the results must be discussed with stakeholders, in particular with the young people. Furthermore, the results must be communicated or be available to the contributors and the study participants. Principally, having a conversation about the findings with (a sample of) the young respondents, parents, teachers, the community, etc., might provide an additional perspective for the report of the evaluation and other recommendations for the program, that in turn might increase the appropriateness and the acceptability of the program.

F. MAIN STAKEHOLDERS IN THIS PROJECT

In this evaluation, the involved parts are:

- Fundacion Huesped is ultimately responsible for the evaluation.
- dance4life, which supports Fundacion Huesped in its evaluation responsibilities.
- Young people, as the target group and as members of the Youth for Health Network, in association with Fundacion Huesped for the execution of the program.
- Other partners in the program: technical partners, implementation partners, governmental organizations and donor agencies.
- External evaluator, preferably from a recognized research school in the country. The evaluator must be capable of guaranteeing an objective, impartial and high quality evaluation.

G. PRINCIPLES AND VALUES

The evaluation must follow generally accepted ethical guidelines for research, as mentioned in the Standards for Evaluation of the United Nations Evaluation Group, or other similar directives. The specific guidelines used will be detailed in the report. Following these principles, the evaluation must center on:

- Focusing on the results and, in turn, be a learning tool.
- Assuring its usefulness. The evaluation must be planned and designed to be useful to the principal intended users.
- A gender perspective must be integrated in the process and execution of the evaluation.
- Working according to the principles of youth participation and of people living with HIV.
- Promoting the participation of local agencies, the collaboration with the beneficiaries and hiring local consultants.

H. PROFESSIONAL EXPERIENCE

The following criteria will be considered:

- Experience in evaluating projects on health, and sexual and reproductive rights, and/or youth topics.
- Experience with qualitative and/or quantitative methods.

- A high level of English language ability.
- Good analytic skills, and the ability for facilitation and training.
- The evaluator must be independent and without significant conflicts of interest, must not be working with Fundacion Huesped or with any of their partners. They must not be involved in the design, implementation or regular monitoring of dance4life activities.
- A resume is needed with references and examples of previous evaluations.

I. FINAL PRODUCT

The delivery of the final evaluation project will include:

- A copy of the data in digital format (raw and clean data)
- A final report which must include:
 - 1- A table of contents
 - 2- An executive summary that can be used as a separate document
 - 3- Evaluation objectives and questions
 - 4- Methodology
 - 5- Ethical considerations
 - 6- Limitations of the evaluation
 - 7- Results in relation to the evaluation questions
 - 8- Conclusions and recommendations (for the program and for future evaluations)
 - 9- Results and discussions of findings with key players
 - 10- Narratives and quotes collected
 - 11- Annex: Terms of reference
 - 12- Annex: Photos of the process
 - 13- Annex: Instruments used in the evaluation

The report (excluding the annexes) must not exceed 30 pages. Fundacion Huesped will be in charge of the translation of the final report and its annexes into English and also for the preparation of the report for its publication following guidelines of formatting and branding of dance4life.

J. APPLICATION PROCESS

Please send an e-mail to jovenes@huesped.org.ar with the following documents:

- 1.** Resume of the consultant, including work experience on systematization or evaluations similar to this proposal.
- 2.** A 3-page document including; work proposal, timeline and budget, in Argentine pesos.
- 3.** In the subject-of the email, please write: Consultant proposal for evaluation of dance4life + the last name of the consultant.

Closing date 8 June 2014.

Annex II: Indicators

Component	Indicator	Description	Material/Sources
Behavior and knowledge of youth participating in the initiative	Sexual activity	% of respondents reporting having sexual relations	Questionnaire designed for participants' sample
	Age at first sex	Average age at first sex reported by youth respondents	Questionnaire designed for participants' sample
	First sexual relationship	Most frequently reported type of relationship (mode) by young people who have had their first sexual relationship	Questionnaire designed for participants' sample
	Contraceptive use	% of respondents reporting contraceptive use during their first sexual relationship and during the latest sexual relationship	Questionnaire designed for participants' sample
	Pregnancy or infection prevention	% of respondents reporting pregnancy or infection prevention	Questionnaire designed for participants' sample
	Correct and consistent condom use in sexual relationships	% of sexually active respondents reporting consistent use of condoms in their sexual relationships (always and a majority of the time)	Questionnaire designed for participants' sample
	Adolescent pregnancy	% of respondents reporting a past pregnancy (themselves or their partner's)	Questionnaire designed for participants' sample
	Talking about sex with partners	% of respondents reporting knowing how to say 'NO' if they don't want to have sex % of respondents reporting knowing how to say 'NO' if their partner doesn't want to use a condom	Questionnaire designed for participants' sample Questionnaire designed for participants' sample

Component	Indicator	Description	Material/Sources
	Sexual and reproductive health visits	% of respondents reporting having a visit about sexual and reproductive health % of respondents reporting having a place where they could ask about sexual and reproductive health if needed	Questionnaire designed for participants' sample Questionnaire designed for participants' sample
	HIV knowledge	% of respondents reporting having accurate knowledge about HIV transmission % of respondents correctly identifying fluids that can transmit HIV % of respondents reporting receiving instruction about how to use a condom through dance4life	Questionnaire designed for participants' sample Questionnaire designed for participants' sample Questionnaire designed for participants' sample
	Pregnancy prevention knowledge	% of respondents reporting knowledge about how to prevent pregnancy	Questionnaire designed for participants' sample
	Knowledge of contraceptive methods	% of respondents reporting knowing contraceptive methods, and how many	Questionnaire designed for participants' sample
	Attitudes toward sexual and reproductive health	% of respondents reporting changes in attitude towards sexual and reproductive health ("very much")	Questionnaire designed for participants' sample

Component	Indicator	Description	Material/Sources
Program of comprehensive sexual education in schools	Workshop implementation in schools	Number of schools where different steps of dance4life were conducted	Questionnaire designed for participants' sample
	Activity participants	Number of participants in the INSPIRE step	dance4life program reports
		Number of participants in the EDUCATE step	dance4life program reports
		Number of participants in the ACTIVATE step	dance4life program reports
Condom distribution	Number of participants in the CELEBRATE stage	dance4life program reports	
Communication and dialogue about sexual and reproductive health with families	Communication with the community	% of respondents reporting having spoken with their families about topics addressed in dance4life	Questionnaire designed for participants' sample
		% of respondents reporting having spoken with their friends about topics addressed in dance4life	Questionnaire designed for participants' sample
HIV testing	HIV test	% of respondents who took an HIV test; % of respondents who did it after the dance4life intervention	Questionnaire designed for participants' sample
Adolescent sexual and reproductive rights	Knowing about sexual and reproductive rights	% of respondents reporting knowing about sexual and reproductive rights and the national laws that protect them	Questionnaire designed for participants' sample

Indicators and results obtained

Component	Indicator	Description
Behavior and knowledge of youth participating in the initiative	Sexual activity	66% of those surveyed said they had had sexual relationships
	Age at first sex	15 years old: Youth's average age reported for first sexual relationship
	Initial sexual relationship	Boyfriend / girlfriend: Most frequently reported type of relationship in which they had the first experience
	Contraceptive use	73% of respondents reported contraceptive use in their first sexual relationship, and 88% during their last sexual relationship
	Pregnancy or infection prevention	89% of respondents reported frequently using some method to prevent pregnancy or sexually transmitted infections
	Correct and consistent use of condoms in sexual relationship	83% of sexually active respondents reported consistent condom use in their sexual relationships ("always" and "most of the time")
	Adolescent pregnancy	8% of respondents reported some past pregnancy (themselves or their partner)
	Talking about sex with partners	80% of respondents reported knowing how to say 'NO' if they don't want to have sexual relationships 75% of respondents reported knowing how to say 'NO' if their partner doesn't want to use a condom
	Sexual and reproductive health visits	41% of respondents reported having had a medical visit about healthy sex and reproduction 39% of respondents reported having a place to ask questions about Sexual and reproductive health
	HIV knowledge	93% of respondents correctly identified modes of transmission 91% of respondents correctly identified fluids capable of transmitting the virus 95% of respondents reported having received instruction about condom use through dance4life

Component	Indicator	Description
	Knowledge of contraceptive methods	95% of respondents reported knowing how to prevent pregnancy 85% of respondents reported knowing pregnancy prevention methods
	Number of schools that worked in different instances of dance4life	55% of respondents reported change in attitudes on relationship issues regarding sexual and reproductive health ("very much")
Program of comprehensive sexual education in schools	Workshop implementation in schools	Number of schools that worked in different instances of dance4life INSPIRE: 85 EDUCATE: 89
	Activity participants	Number of participants in INSPIRE: 7,607 Number of participants in EDUCATE: 3,267 Number of participants in ACTIVATE: N /A Number of participants in CELEBRATION: 2,121
	Condom distribution	Number of condoms distributed through the dance4life initiative: 59,328
Communication and discussion about healthy sex and reproduction in families	Communication with the community	56% of respondents reported speaking with their families about the topics addressed in dance4life 71% of respondents reported speaking with friends about the topics addressed in dance4life
HIV testing	HIV test	19% of respondents had taken an HIV test; 53% tested after the dance4life intervention
Adolescent sexual and reproductive rights	Knowing about sexual and reproductive rights	67% of respondents reported knowing about sexual and reproductive rights and the national laws which protect them

Annex III: Instruments used in the evaluation

Dance4life activity participant questionnaire

GENERAL AND BASIC INFORMATION

1- Name of your school (where you participated in dance4life):

2- Year of study in the school (if you are currently in school, you already graduated or don't go to school, please write it down): _____

3- Age: _____

4- Gender:

a. Woman

b. Man

c. Other

5- Year when dance4life / Youth Health Network went to your school:

a. 2010

b. 2011

c. 2012

d. 2013

ABOUT WORKSHOPS AT SCHOOL

Between 2010 and 2013, dance4life went to different schools, including yours, and performed different activities. We want to know what things you learned from participating in the activities.

6- HIV is transmitted in the following ways (mark all the correct answers):

a. From mother to child during pregnancy, birth and breastfeeding

b. From a mosquito bite

c. Sharing needles and pipes with infected people

d. Kissing an infected person

- e. Having sex without protection
- f. Sharing kitchen utensils with infected people
- g. I don't know / I don't remember

7- Body fluids that can transmit the virus are (mark all the correct answers):

- a. Saliva
- b. Blood
- c. Vaginal fluid
- d. Tears
- e. Semen
- f. Urine
- g. Mother's milk
- h. I don't know / I don't remember

8- Can a person with HIV look healthy and attractive?

- a. Yes
- b. No
- c. I don't know

9- Have you ever heard about the following contraceptive methods? (mark yes or no for each options)

	YES	NO
Contraceptive pills		
IUD (intra-uterine device)		
Injectibles		
Condoms		
Emergency contraceptives (day-after pills)		
Permanent methods: vasectomy tube-tying		

10- Have you spoken in workshops about your sexual and reproductive rights as a teenager?

- a. Yes
- b. No
- c. I don't know

11- Have you talked in workshops about how to use a condom?

- a. Yes
- b. No
- c. I don't know

12- Have you talked about preventing HIV transmission?

- a. Yes
- b. No
- c. I don't know

13- Have you talked about preventing pregnancy?

- a. Yes
- b. No
- c. I don't know

14- True or false: In our country there are a series of laws related to our sexual and reproductive health (mark whether you think it is true or false, or if you are not sure:

	TRUE	FALSE	UNSURE
a. Comprehensive sex education (compulsory in all public and private schools)			
b. Sexual health and family planning for everyone, even teenagers			
c. AIDS national law that protects the rights of people with HIV			

15- Did you talk about gender and sexual identity?

- a. Yes
- b. No
- c. I don't know

16- What do you think about the activities (workshops of dance4life) the young people conducted in your school? (Mark only one answer).

- a. I liked them a lot
- b. I like them a little
- c. I was indifferent
- d. I didn't like them much
- e. I didn't like them at all

17- What did you like the most? (Order with numbers, 1 being the activity you most liked and 7 for the one you least liked. If you did not participate in any of the activities, do not assign any number).

- a. The choreography that was taught
- b. The activities, games and dynamics in the workshops
- c. Learning about sexual and reproductive health
- d. The activities we did with the group members in the school or in the community
- e. The end-of-year party we had
- f. The videos that were shown
- g. That the activities were coordinated by young people

AFTER THE WORKSHOPS AT SCHOOL

18- Do you think that participation in the dance4life activities changed your attitude towards the following situations (mark a lot, a little or not at all according to how do you feel for each option)

	A LOT	A LITTLE	NOT AT ALL
a. Relating to people without regard to sexual identity, gender, sexual orientation			
b. Respecting people living with HIV			
c. Having a more open discussion about sexuality			
d. Organizing activities about health for people your own age			
e. Talking about HIV/AIDS with your friends			
f. Belonging to a youth group interested in health			
g. Knowing more about sexual and reproductive rights			
h. Feeling better and more capable of generating change			
i. Dancing for a good cause			

19- Have you ever talked to your family about HIV?

- a. Yes
- b. No
- c. I don't remember

20- Have you talked to friends that haven't participated in the workshops about HIV?

- a. Yes
- b. No
- c. I don't remember

21- Have you talked to your family about your sexual and reproductive rights?

- a. Yes
- b. No
- c. I don't remember

22- Have you talked to friends that haven't participated in the workshops about sexual and reproductive rights?

- a. Yes
- b. No
- c. I don't remember

23- Have you talked to your family about how to prevent pregnancy or sexually transmitted infections?

- a. Yes
- b. No
- c. I don't remember

24- Have you talked to friends that haven't participated in the workshops about how to prevent pregnancy or sexually transmitted infections?

- a. Yes
- b. No
- c. I don't remember

INFORMATION ABOUT SEXUAL AND REPRODUCTIVE HEALTH

Now we're going to ask you some personal questions about your sexuality/sexual and reproductive health so we can know a little bit more about young people, such as yourself. We ask you to be as honest as possible - remember that everything you write here is absolutely confidential.

25- Have you had sex?

- a. Yes
- b. No (go to question 33)
- c. I prefer not to respond (go to question 33)

26- At what age did you have sex the first time? _____

27- What type of relationship did you have with the person with whom you had sex the first time? (choose only one)

- a. Boyfriend/Girlfriend
- b. Friend
- c. Acquaintance
- d. I don't remember
- e. Other : _____

28- The first time you had sex, did you use a contraceptive method (condom or pill or other).

- a. Yes
- b. No
- c. I don't remember

29- The last time you had sex did you use a contraceptive method (condom, pill or other).

- a. Yes
- b. No
- c. I don't remember

30- How often you use condoms when you have sex?

- a. Always
- b. Most of the time
- c. Sometimes
- d. Never

31- When you have sex, what do you do to prevent pregnancy or infection (mark all options that apply to you).

- a. My partner uses a condom / I use a condom
- b. I use contraceptive pills / my partner uses contraceptive pills
- c. My partner pulls out/ I pull out
- d. I don't have sex during my fertile days

e. I don't do anything because I am looking to get pregnant / I don't do anything because I am looking for my partner to get pregnant

f. I don't do anything but I don't want a pregnancy

g. Other : _____

32- Have you ever been pregnant / Have you ever made a partner pregnant?

a. Yes

b. No

c. I prefer not to respond

33- If the person you hang around with wanted to have sex and you didn't want to, would you know how to say that you didn't want to?

a. Yes

b. No

c. I don't know

34- Would you know how to say to someone who wants to have sex without a condom that you didn't want to unless a condom was used?

a. Yes

b. No

c. I don't know

35- Would you know where to go if you wanted to get a method to prevent pregnancy or sexually transmitted infections?

a. Yes

b. No (go to question 37)

c. I don't know (go to question 37)

36- Where would you go to get a method to prevent pregnancy or infection? (Mark all options that apply to you):

a. Bar or disco

b. Corner store

- c. Pharmacy
- d. Hospital or health centre
- e. I could ask somebody to buy it for me
- f. Other : _____

37- Have you had an HIV test?

- a. Yes
- b. No (go to question 40)
- c. I don't remember (go to question 40)

38- When was the first time you had an HIV test?

- a. Before dance4life went to my school
- b. After dance4life went to my school

39- ¿Where did you get tested for HIV?

- a. Community health center
- b. Public hospital
- c. Physician office
- d. Private clinic
- e. Other : _____

40- Have you ever had a discussion about your sexual and reproductive health?

- a. Yes
- b. No
- c. I don't remember

41- If you had questions about your sexuality, where would you go? (Mark all that apply)

- a. A clinic
- b. A health center
- c. A public hospital

d. A private physician

e. Family

f. Friends

g. The Youth Health Network

h. Other : _____

42- I feel I can go to these places to receive support and counseling about questions related to sexuality :

	YES	NO	I DON'T KNOW
School			
Community organization			
Health Center			
Other			

43- If you have never had sex, what is the reason?

a. I am waiting to be an adult or married

b. I've been with my partner for a very short time

c. I'm afraid of getting pregnant / making my partner pregnant

d. I haven't had an opportunity

e. I am afraid of catching an infection

f. My religion

g. I have had sex

h. Other reasons , which? _____

MANY THANKS!

Many thanks for your answers to all our questions. Your answers will help us to improve the program for other young people, a lot.

Semi-structured interview guide

TEACHER INTERVIEWS

INTRODUCTION

- Personal introduction and explanation of the interview objectives
- Explanation the interview confidentiality
- Thank the teacher for participating

GENERAL QUESTIONS ABOUT THE PROGRAM

1. What subject do you teach in the school?
2. How much time were you involved with the dance4life program of Fundacion Huésped and the Youth for Health Network?
3. What was your participation in the program?
4. Could you describe how the program was developed in the school?
5. Before participating in dance4life, was there some sexual education program in your school? What did it consist of?

GENERAL QUESTIONS ABOUT THE PROGRAM CONTENTS

6. How much did the students know about the following topics before the beginning of the program (if this was taught in the school)
 - a. HIV /AIDS
 - b. HIV and other sexual transmitted infections
 - c. Sexual and reproductive rights
 - d. Pregnancy prevention
7. Is the material provided by the comprehensive sexual education (law) used in the school? How?

8. How do you think the dance4life program/Fundacion Huesped could help young people to learn new things?

9. How do you think the program impacted the young people who participated? And in the school?

QUESTIONS ABOUT THE EXECUTION OF THE PROGRAM

10. Could you describe for me the activities you did in your school? (INSPIRE, EDUCATE, ACTIVATE). What opinion do you have of them?

11. What was your own participation or involvement in the activity?

12. What did you think of the activity's content?

13. What opinion do you have on the way the information was presented?

14. Tell me about the experience of having a young person leading the activities.

GENERAL IMPACT OF THE PROGRAM

15. From your point-of-view, how has the program contributed to changes in the young people:

- a. their sexual and reproductive behavior?
- b. attitudes toward people with HIV?
- c. knowledge about sexual and reproductive rights and health?

16. In what way do you think the project can be helpful in empowering the students in sexual health?

17. What do you think has been the biggest impact of the program on the students?

FINAL QUESTIONS

18. What do you think are the strongest points of the dance4life program? What are the weakest points?

19. What changes would you propose in the program execution to obtain the expected results?

20. Which were the biggest challenges faced during the program's implementation?

21. Any other comments or suggestions?

MANY THANKS FOR YOUR PARTICIPATION!

INTERVIEW WITH THE YOUTH OF THE YOUTH HEALTH NETWORK

INTRODUCTION

- Personal introduction and explanation of the interview objectives
- Explanation the interview confidentiality
- Thank for participating

GENERAL QUESTIONS ABOUT THE PROGRAM

1. What was your role in the dance4life program?
2. During what period were you involved in the program?
3. What was your role in the interaction with the schools?
4. How were you involved with the Youth for Health Network?

QUESTIONS ABOUT THE CONTENT AND EXECUTION OF THE PROGRAM

5. How was your preparation to go to the schools and lead the activities?
6. Were there difficulties with the execution of the different steps (INSPIRE, EDUCATE, ACTIVITIES) in the schools?
 - a. What were they?
 - b. What happened?
 - c. How were the problems resolved?
7. Before the dance4life program in the schools, what did the young people know about:
 - a. sexual and reproductive health?
 - b. HIV transmission and prevention?
 - c. sexual and reproductive rights?
 - d. attitudes toward people with HIV?
8. How did the youth respond to the different steps (INSPIRE, EDUCATE, ACTIVATE)?

9. What did you like the most of the activities? The Least? And what did the young people in the schools like?

10. How did you get young people to participate in ACTIVATE?

11. What do you think attracts them to join the Network? Were there any new young people after participating in the activities in the schools?

12. How would you describe being an agent4change? Did the dance4life program have some impact on this?

GENERAL IMPACT OF THE PROGRAM

13. From your point-of-view, how has the program contributed to generating changes in the young people related to:

- a. sexual and reproductive behavior?
- b. attitudes toward people living with HIV?
- c. knowledge about sexual and reproductive rights and health?

14. What did you learn during your participation in the dance4life program?

15. In what way were you affected by your participation in the program?

MONITORING AND REPORTING

16. How was the record kept during the activities and attendance of the youth who participated?

17. How could you know if the youth learned something during the workshops?

FINAL QUESTIONS

18. What do you think are the strongest points of the dance4life program? What are the weakest points?

19. What changes would you propose in the program's execution to obtain the expected results?

20. Which were the biggest challenges faced during the program's implementation?

21. Any other comments or suggestions?

MANY THANKS FOR YOUR PARTICIPATION!

INTERVIEW WITH THE NCO (FUNDACION HUESPED)

INTRODUCTION

- Personal introduction and explanation of the interview objectives
- Explanation the interview confidentiality
- Thank for participating

GENERAL QUESTIONS ABOUT THE PROGRAM

1. What was your role in the dance4life program?
2. During what period were you involved in the program?
3. How were the schools/regions selected to be included in the program?
4. How was it decided to continue or not in a specific school?
5. What was your role in the interaction with the schools?

GENERAL QUESTIONS ABOUT THE PROGRAM CONTENT

6. How were the topics selected to be included in the different steps (INSPIRE, EDUCATE and ACTIVATE)?
7. Were changes made in the content over time? Why?
8. How were the young people who led the workshops trained and supervised?

QUESTIONS ABOUT THE EXECUTION OF THE PRORGAM

9. Were there difficulties with the execution of the different activities (INSPIRE, EDUCATE, ACTIVATE) in the schools?
 - a. What were they?
 - b. What happened?
 - c. How were the problems resolved?

10. How was the experience of doing the CELEBRATE step?

IMPACT OF THE PROGRAM

11. From your point-of-view, how has the program contributed to generating changes in the young people related to:

- a. sexual and reproductive conduct?
- b. attitudes toward people living with HIV?
- c. knowledge about sexual and reproductive rights and health?

12. What impact do you think the program had on the motivation of the students in becoming health promoters (agents4change)?

13. Do you think your involvement in the schools build capacity to implement a more comprehensive sexual education (ESI)?

14. What impact do you think occurred for the teachers who participated?

15. ...and in the school administrations?

16. ...and in the community participating in the CELEBRATE?

FINAL QUESTIONS

17. What do you think are the strongest points of the dance4life program? What are the weakest points?

18. What changes would you propose in the program execution to obtain the expected results?

19. Which were the biggest challenges faced during the program's implementation?

20. Any other comments or suggestions?

MANY THANKS FOR YOUR PARTICIPATION

Focus group guide

FOR SCHOOL STUDENTS

PREPARATION

- Pens and markers
- Cookies/snacks
- Participant´s informed consent
- Notebook
- Recorder

TO HAVE FOR NOTE-TAKING

- Identify those present to link them with notes
- Observe the group dynamics: Who participated? Who seemed disinterested? Who dominated the conversation?
- Use of language: (use of the words INSPIRE, EDUCATE, ACTIVATE, CELEBRATE; use of the terms agent4change, peer education, etc.)
- Observe discussions during and after the meeting is finished.

FOCUS GROUP OBJECTIVE

To obtain more information about:

- (a)** The relevance of the program in changing youth behaviors in relation to sexual health
- (b)** The strengths and weaknesses of the program
- (c)** The program´s capacity to promote dialogue within families and linkage with the health system
- (d)** The predisposition to test for HIV
- (e)** The impact of the dance4life program

INTRODUCTION

- a. Receiving students and thanking them for coming. Ask participants to sign the informed consent form and explain it.
- b. Introductions and explanation of confidentiality and the importance of honesty.
- c. Explain that: "I am going to write and take notes; but it is only for me to be able to understand what was said after the discussion and nothing more."

Moderator:

Today, I am going to ask some questions about the dance4life program in which you participated between 2010 and 2013 in your schools. The dance4life program has been in Argentina since 2010, and in our country, Fundacion Huesped is coordinating it together with the Youth for Health Network. The program has been implemented in approximate 20 schools each year, and consists of four steps: INSPIRE, EDUCATE, ACTIVATE and CELEBRATE. The program offers information about sexual and reproductive health, youth and adolescent rights, and HIV/AIDS. It is a program that has existed for 10 years in more than 20 countries, including Argentina. I will ask you to help me understand how the program went, what things worked and which did not, and to gather opinions about how to help improve it in the future.

BASIC RULES

- It is not a test, there are no right or wrong answers.
- If you have questions, please ask them whenever you wish.
- Respect everybody's opinions and listen to each other, especially if there is something you disagree with.
- I am going to request that you turn off your cell phone during this short time, or keep them on silent mode so there are no distractions.
- Everything that is talked here is confidential; there will be no identification by name, only by location/school, but my final report will be anonymous.

CONSENT

- The information you give today will form part of the report I will do for Fundacion Huesped and dance4life International so they know how the program went in Argentina.

- Nobody can be identified in the final report.
- Identifiers will be used but only for general identification of gender and age, and who is saying what
- Photos will be taken and if you agree I will use them for the final report.

BEGINNING

1. INTRODUCTION TO DANCE4LIFE

Objective: To understand the participation of students in the dance4life program and help them feel comfortable

Moderator:

- ➔ Which activities did you participate in?
- ➔ What did you like most about the program?

2. BEFORE THE PROGRAM

Objective: Better understand the level of knowledge of the students before the program was implemented (as a baseline).

Moderator:

- ➔ Before the young people went to your school to conduct dance4life activities, what did you know about:
 - HIV-AIDS
 - Other sexually-transmitted diseases
 - Transmission modes and how to prevent them
 - Sexual and reproductive rights

3. INFLUENCE OF THE PROGRAM ON HOW MUCH THEY LEARNED AND ATTITUDESS

Objective: To know what the students learned from the dance4life program (about HIV-AIDS, sexual and reproductive health and rights) and their attitudes towards them; how much influence the program had on young people in each of their four steps of the program (INSPIRE, EDUCATE, ACTIVATE AND CELEBRATE)

A) INSPIRE

Moderator:

As I said at the beginning, there are four steps of the program. The first one is what we call INSPIRE and it is an activity that the YHN performed in front of a big group in the school.

- ➔ What did you learn in this activity in the school?
- ➔ What did you like about the activity? What didn't you like?

B) EDUCATE

Moderator:

Now I am going to ask you about the workshops led by the youth of the YHN in your classrooms

- ➔ ¿What did you learn in the school workshops?

(TEST FOR)

- What is HIV and AIDS?
 - How is HIV transmitted?
 - Can it be prevented? How?
 - What rights do young people have regarding their sexuality?
 - And people living with HIV?
 - Can you tell if someone is living with HIV?
 - Would you kiss a person you know is living with HIV?
 - What would you do if your partner or the person you're having sex with said that they don't want to use a condom?
 - What would you say if your partner pressured you to have sex (regardless if have had sex with that person or not before, with another person or never had sex)?
 - How can you prevent pregnancy?
- ➔ Have you spoken with somebody about the workshop contents? With whom? What did they say?

(TEST FOR)

- Have you had conversations with your friends about what was learned? With your families?
 - From what you learned, have you corrected the incorrect information of peers, friends or family in conversations?
 - Have you been faced with somebody saying something discriminatory to people living with HIV²¹? What did you do in this case?
 - Do you know where to go if you have more questions about your sexual and reproductive health? (Clinic, somebody in the school, talking with the Youth Network, Facebook page).
- ➔ Did you learn something that you didn't expect to learn from the school activities?
- For example, to belong to an activist group?
 - Did you want to participate in the network? Why? Why not?
 - Anything else?
 - Are you more capable in facing sexual relations after these workshops? Why yes or why no?

C) ACTIVATE

Moderator:

Now, I'm going to ask about the activities in the school or neighborhood after participation in the workshops.

(TEST FOR)

- ➔ What activities were done?
- ➔ Who chose them? Why?
- ➔ Who participated in the activity?
- ➔ Who was the activity targeted toward?
- ➔ What was learned from this activity?

21 Explain the significance of discrimination if they do not know. "Treating a person or a group as inferior or in a derogatory manner based on race, religion, gender, sex, sickness, etc."

- ➔ What didn't go as expected? What was better than expected?
- ➔ Did the activities feel useful and positive? Why? Why not?
- ➔ Do you know what an agent4change is? Do you consider yourself an agent4change?
- ➔ Following the program, did activities continue in the school or neighborhood?
- ➔ What level of confidence did you have when you took part in the activity? Did you know the topics well enough or did you have the skills to do the activity?

D) CELEBRATE

Moderator:

Now I am going to ask about the activities that were done at the end of year, each year.

- ➔ Did you participate in the activity? Why?
- ➔ Did you like like the activity? What did you like best? Why?
- ➔ Did you learn something new during the event? What?
- ➔ Do you think we should keep that end-of-year activity? Why?
- ➔ Something to add or something to change in the event?
- ➔ What did you think about the connection with youth groups from other countries? Was it positive, negative, indifferent?
- ➔ Did participation in this event make you want to form part of the Network?

4. SOCIAL INFLUENCE OF DANCE4LIFE

Objective: To understand the impact the program had on the students in their social environment, how much they spoke about the program content with their friends, families and community, and if there was any impact on the groups outside the school.

Moderator:

Now I am going to ask about what you are left with as a result of having participated in the four steps of the dance4life program.

- ➔ Did you share what you learned with friends outside the school?

- ➔ With acquaintances? With others you know?
- ➔ If you shared something, what did you share?
- ➔ What was the reaction of the people you shared your learning with?
- ➔ Can you help correct misinformation or prejudice of others as a result of participation in dance4life activities?
- ➔ How have your attitudes about sexuality changed from this program?
- ➔ How has your conduct and behavior changed regarding your sexuality from this program?
- ➔ Did the program have some effect on your self-esteem?
- ➔ Do you feel more confident to speak about these topics since participating in the program?

5. GENERAL IMPROVEMENTS IN THE PROGRAM

Objective: To understand the opinions of the young people about improvements to the program

Moderator:

To finish, I would like to ask about the program in general, and what you believe should be kept the same, changed or added based upon the impact on each of you.

- ➔ Do you think we should keep the program the same?
- ➔ What would you change?
- ➔ What should be added?
- ➔ What should be dropped?
- ➔ Why?

6. CLOSING

Objective: To close the meeting and evaluate the experience of the students who participated.

Moderator:

Before we go, I would like to do a brief summary of the most important things you told me today, and I would like to be corrected if you feel I'm wrong or if there is something needing to be added.

(Note the answers given by the young people).

- ➔ Is this the most important?
- ➔ Would you like to add anything else?

As mentioned at the beginning, this serves to help us a lot so the program can be improved in the future and to be able to offer the participating youth the best program possible.

MANY THANKS!!



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