Section 4: Fidelity, Quality, and Reporting

Training of Facilitators

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4.1: Fidelity and Adaptations
TOF Structure

Welcome and Introduction to Re:MIX

Foundations of ASRH

Facilitation and Inclusion Strategies

Fidelity, Quality, and Reporting
After completing this module, participants will be able to:

- Explain the meaning of fidelity and adaptation within curriculum.
- Describe how fidelity relates to monitoring and evaluation (M&E) practices.
- Review and apply adaptation guidelines to the Re:MIX curriculum.
Defining Fidelity

What does the word “fidelity” mean?

1) The quality or state of being faithful
2) Accuracy in details
Youth are not a homogenous group. Therefore, youth-oriented programs must be flexible to effectively reach diverse audiences.

Re:MIX was designed with the flexibility to reach diverse youth groups while maintaining fidelity.
Levels of Adaptations

**Green Light**
- Modifying warm-up, introductory, or icebreaker activities
- Adding or substituting discussion questions
- Customizing role-plays
- Updating SRH information
- Tailoring language to youth culture

**Yellow Light**
- Changing the # and duration of sessions
- Adding or changing the sequence of activities
- Adding activities to address additional risk and protective factors
- Working with same-sex versus mixed-sex groups

**Red Light**
- Changing the peer and health educator facilitation model
- Omitting activities or sessions
- Reducing or eliminating closing discussions
- Failing to repeat/reinforce key messages and The Code
Commitment to Fidelity and Quality

How will you commit to supporting fidelity and quality as a new facilitator?
4.2: Giving and Receiving Feedback
After completing this module, participants will be able to:

- Describe how feedback can improve professional relationships and teamwork.
- Give examples of positive, constructive feedback.
- Use feedback from others to improve performance in order to achieve individual goals and enhance program outcomes.
Think of a specific instance in which you received feedback and how it impacted you.

What was the feedback and what was the outcome?

Experience with Feedback
Team Feedback Guidelines

**Giving Feedback**
- Be kind
- Be thoughtful and honest
- Provide details
- Balance the scales
- Pick and choose
- Pay attention to the listener

**Receiving Feedback**
- Be open
- Make eye contact
- Listen carefully
- Store the feedback
- You decide
Feedback Protocols and Debrief Details

**Feedback Protocols**
- Facilitator and observer prepared for feedback session
- Facilitator identifies successes and challenges
- Observer identifies successes and suggests improvements
- Facilitator and observer create an action plan for improvements

**Debrief Details**
- Co-facilitators’ names
- School or site name
- Session title
- Session successes and challenges
- Solutions for future challenges
- Incident/mandatory reporting
4.3: Reporting Requirements
Learning Objectives

After completing this module, participants will be able to:

- Understand the concept of mandatory reporting related to child abuse and neglect.
- Define abuse and neglect according to federal and/or state laws.
- Identify reportable scenarios and expectations for reporting.
Mandatory Reporting (Federal Law)

- Each state has laws requiring certain people to report concerns related to child abuse and neglect.
- Some states require all people to report their concerns, many states identify specific professionals (including child care providers, educators, medical and mental health professionals, and social workers) as mandated reporters.
- Many states have established specific procedures for mandated reporters to make referrals to child protective services.

Source: US Department of Health and Human Services, Child Welfare Gateway
Defining Abuse (Federal Law)

- **Physical abuse**: Non-accidental physical injury to a child caused by a parent, caregiver, or other person responsible for a child and can include beating, biting, burning, choking, hitting, kicking, punching, shaking, stabbing, or throwing.

- **Sexual abuse**: The coercion, employment, enticement, inducement, persuasion, or use of any child to engage in, or assist another person to engage in, sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction; rape and statutory rape; in caretaker or familial cases, the incest, molestation, prostitution, or other form of sexual exploitation of children.

- **Sex trafficking**: Recruiting, harboring, transporting, providing, or obtaining of someone for a commercial sex act, such as prostitution, pornography, or stripping.

- **Emotional abuse**: A pattern of behavior that impairs a child’s emotional development or sense of self-worth.

Source: US Department of Health and Human Services, Child Welfare Gateway
Defining Sexual Contact, Abuse, and Assault (Federal Law)

- **Sexual contact:** Any touching of the anus, breast, or any part of the genitals of another person with intent to arouse or gratify the sexual desire of any person.

- **Sexual abuse:** Any sexual contact with a child (any person under the age of 17) by a person who is more than three years older; any sexual contact with a person aged 13 or younger.

- **Sexual assault:** Any direct or third-party sexual contact or behavior that occurs without explicit consent of the recipient; any direct or third-party sexual contact or behavior that occurs with an individual whose ability to consent is impaired.

Source: US Department of Health and Human Services, Child Welfare Gateway
Defining Neglect (Federal Law)

- **Neglectful supervision**: The failure of a parent or other caregiver to provide for a child’s basic needs
- **Medical neglect**: The failure to provide necessary medical or mental health treatment; withholding medically indicated treatment from children with life-threatening conditions
- **Physical neglect**: The failure to provide necessary food or shelter, lack of appropriate supervision

*Source: US Department of Health and Human Services, Child Welfare Gateway*
Mandatory Reporting (Texas Law)

Under Texas law (Title 5, Ch. 261, Texas Family Code), every adult is required to report suspected child abuse or neglect within 48 hours to:

- **The Department of Family and Protective Services (DFPS).** DFPS has a toll-free, 24-hour Family Violence Hotline: +1 800 252 5400. You can also report abuse online at www.txabusehotline.org.

- **Law enforcement.** For life-threatening or emergency situations, call your local law enforcement agency or 911 immediately and then make a report to DFPS.
Physical abuse: Deliberate actions resulting in injuries to a child or genuine threats of such actions or concerns about injuries of an unexplained or suspicious nature

Sexual abuse:
- Sexual indecency, sexual assault, or aggravated sexual assault* (see next slide)
- Failing to make a reasonable effort to prevent sexual misconduct against a child
- Using a child for the creation of obscene or pornographic material

Emotional abuse: An emotional or mental injury caused by the parent or caregiver that results in an observable effect on the child

Trafficking: A parent or caregiver forcing a child into labor or unhealthy services, prostitution, or sex acts

Source: Texas Department of Family and Protective Services
Defining Sexual Contact, Abuse, and Assault (Texas Law)

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> N.B., This content mirrors the federal laws.

Source: Texas Department of Family and Protective Services
Defining Neglect (Texas Law)

- **Neglectful supervision:** Improper supervision of a child left alone, which could have resulted in substantial harm.

- **Medical neglect:** Failure to seek, obtain, or administer medical treatment that could result in substantial harm.

- **Physical neglect:** Failure to provide a child with the necessary food, clothing, and shelter to maintain a healthy life.

- **Abandonment and refusal to accept parental responsibility:** Leaving a child in a potentially harmful situation and not planning to return for the child or if a child has been out of the home for any reason, refusing to allow the child to return home.

Source: Texas Department of Family and Protective Services
Professionals are mandated to report within 48 hours from discovery or suspicion. A report is not an accusation or a proven fact. It does not require a reporter to be certain of abuse or neglect, rather to have cause to believe that abuse or neglect has or will occur.

Child protection authorities will investigate and determine the nature and extent of the problem, evaluate the child’s condition and safety, and if appropriate, initiate action to protect the child—including filing a report with law enforcement.

Source: Texas Council of Child Welfare Boards
Potential Incidents

- You are dealing with a major behavior management challenge with a particular student or group of youth and it has affected your ability to facilitate Re:MIX sessions or you fear it may impact future sessions.

- You observe a concerning situation between students and their primary school/site staff or between school/site staff and your co-facilitator.

- An emergency occurred while at the school/site that majorly affected or will affect Re:MIX facilitation (for example, flooding or vandalism that requires closing the site or room during a scheduled session).
Reporting Process

1. A student discloses information that merits a report. (Peer or Health Educator)
2. Notify the student that you are required to make a report. (Peer or Health Educator)
3. Notify your co-facilitator of the disclosure. (Peer or Health Educator)
4. Report the incident to the program supervisor. (Health Educator)
5. Complete the organization’s required incident form. (Health Educator)
6. Report the incident to the site liaison. (Program Representative)
7. Coordinate with site liaison or designee to submit a formal report to the appropriate agency, as appropriate. (Program Representative)
Unsure about a Situation? Ask!
4.4: Program Monitoring and Evaluation
Learning Objectives

After completing this module, participants will be able to:

- Define common terms related to monitoring and evaluation (M&E).
- Differentiate between the two concurrent evaluations of the Re:MIX project.
- Understand the M&E roles of Re:MIX facilitators and other program staff.
Introducing Data

What do you think of when you hear the word “data”?
Program M&E

The systematic collection of data about the activities, characteristics, and outcomes of programs used to guide program decisions, improve program effectiveness, and/or inform future programming.

Source: US Centers for Disease Control and Prevention (CDC)
Evaluation Types

- **Process evaluation**: A type of evaluation conducted during the life of a program documenting and assessing program implementation and operations.

- **Outcome evaluation**: A type of evaluation conducted at the end of a program to determine the effectiveness of the program and the extent to which anticipated outcomes were achieved.

Source: CDC
Types of Data

- **Quantitative data** are collected through surveys or similar methods and are measured numerically. Quantitative data can be analyzed using statistical methods and can be displayed in charts, graphs, and tables.

- **Qualitative data** is categorical data that is collected through interviews, focus groups, observations, or similar methods—and are often related to attitudes, intentions, knowledge, motivations, perceptions, and values. Qualitative data can provide an understanding of social situations and interactions and are generally expressed in narrative form or through pictures or objects.

Source: CDC
Other Key Terms

- **Fidelity**, also referred to as adherence, is the extent to which the delivery of an intervention adheres to the protocol or program model as originally intended by the program developers.

- **Quality** reflects the manner in which a program is delivered. Aspects of delivery quality can include facilitator preparedness, use of relevant examples, enthusiasm, interaction style, respectfulness, confidence, and ability to respond to questions and communicate clearly.

- **Continuous quality improvement** refers to a deliberate and iterative process focused on activities that are responsive to participant needs and improving the program. It refers to efforts to achieve measurable improvements in the accountability, effectiveness, efficiency, outcomes, and performance of a program.
Classroom Evaluation: 
*Randomized Control Trial (RCT)*

A **randomized control trial (RCT)** is a study design that randomly assigns participants into either an experimental group or a control group. RCTs are used to assess the difference in program outcomes between the control and experimental groups.

- Students in control and treatment groups complete surveys at three different intervals: pre-survey, post-survey, one-year post-survey.
- Program evaluators compare and contrast data to analyze program impact.

**Source:** George Washington University, Himmelfarb Health Sciences Library
Classroom Evaluation Tools to Measure Fidelity

**Sample Quality Log Excerpt**

<table>
<thead>
<tr>
<th>1.1 Welcome &amp; Introductions</th>
<th>1.2 Where Do You Stand?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ This activity was not taught → Skip to next activity</td>
<td>□ This activity was not taught → Skip to next activity</td>
</tr>
<tr>
<td>2. Was this activity completed? By complete we mean cover all of the content indicated in the curriculum.</td>
<td>□ Yes → Continue to Question 3</td>
</tr>
<tr>
<td>□ No → Skip to Question 4</td>
<td>□ No → Skip to Question 4</td>
</tr>
<tr>
<td>3. If the activity was completed, please select the option that best describes the pace of instruction.</td>
<td>□ Slow</td>
</tr>
<tr>
<td>□ Adequate</td>
<td>□ Adequate</td>
</tr>
<tr>
<td>□ Rushed</td>
<td>□ Rushed</td>
</tr>
<tr>
<td>→ Skip to Question 6</td>
<td>→ Skip to Question 6</td>
</tr>
<tr>
<td>4. If the activity was NOT completed, please indicate the reason(s) why. Check all that apply.</td>
<td>□ Ran out of time</td>
</tr>
<tr>
<td>□ Students had a lot of questions</td>
<td>□ Students had a lot of questions</td>
</tr>
<tr>
<td>□ Spent time catching up from previous lesson</td>
<td>□ Spent time catching up from previous lesson</td>
</tr>
<tr>
<td>□ Technology problem</td>
<td>□ Technology problem</td>
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<td>□ Student behavior</td>
<td>□ Student behavior</td>
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<td>□ Outside disruption</td>
<td>□ Outside disruption</td>
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<tr>
<td>□ Other, please describe</td>
<td>□ Other, please describe</td>
</tr>
<tr>
<td>5. Please elaborate on each item selected above.</td>
<td>Please elaborate on each item selected above.</td>
</tr>
</tbody>
</table>

**Session Debrief Form**

- Completed after each session by Re:MIX educators

**Observer Logs**

- Classroom observations completed by staff members
- Two sections:
  - Fidelity log
  - Quality log
### Classroom Evaluation Tools to Measure Quality

<table>
<thead>
<tr>
<th>1. In general, how clear were the program implementers’ (facilitators’) explanations of activities?</th>
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</thead>
<tbody>
<tr>
<td><strong>Health Educator</strong></td>
</tr>
<tr>
<td><strong>Peer Educator</strong></td>
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<tr>
<td><strong>Not clear</strong></td>
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</tbody>
</table>

1- Most participants (students) do not understand instructions and could not proceed, many questions asked.
3- About half of the group understands, while the other half ask questions for clarification.
5- 90-100% of the participants (students) begin and complete the activity/discussion with no hesitation and no questions.

**General comments:** Please provide any comments or feedback for this item here. If you rated the item as a 3 or lower, please describe why this rating was given and/or what could be improved.

<table>
<thead>
<tr>
<th>2. To what extent did the implementers (facilitators) keep track of time during the session and activities?</th>
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<tbody>
<tr>
<td><strong>Health Educator</strong></td>
</tr>
<tr>
<td><strong>Peer Educator</strong></td>
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<tr>
<td><strong>Not on time</strong></td>
</tr>
</tbody>
</table>

1- Implementer (facilitator) does not have time to complete the material (particularly at the end of the session), regularly allows discussions to drag on (e.g., participants (students) were bored or began discussing non-related issues in small groups).
3- Misses a few points, sometimes allows discussions to drag on.
5- Completes all content of the session, completed activities and discussions in a timely manner (using the suggested time limitations in the program manual, if available).
Sharing M&E Findings

Ready to RE:MIX: An Innovative Youth Sexual Health Education Program

Program

- KEY FEATURES OF RE:MIX
  - FUN, GAME-BASED LEARNING: Connecting to youth culture through fun, culturally relevant experiential methods and tools, such as theater and hip hop techniques.
  - STORYTELLING: Real stories from real young people, making the material more accessible and compelling for youth.
  - TURNOVER REDUCTION: Increasing self-awareness, self-esteem, and health literacy while allowing exploration and support.
  - PEER EDUCATION: Young people providing relevant, balanced information straight from a peer who has direct experience with teen parenting.
  - TECHNICAL: Integrating social media and other forms of technology to reinforce health messages.

Evaluation

- Data & Approach
  - 29 Chalk
  - 64 Red
  - 14 Green
  - 15 Orange

- 22 Students selected in total
- 189 consent to participate in study
- 164 contact to facilitators
- 99% successfully contacted
- 98% available to talk

- 90% of students participated at least 8 of the 12 sessions
- 91% of youth returned consent forms

- RCT Design
  - Classrooms were randomized into treatment and control status within schools and grade levels.
  - Confirmed that students in the treatment and control groups were equivalent in terms of demographics and sexual experience at baseline.

Study Recruitment: Consent

- Youth can choose to:
  - Participate in both program and study
  - Participate in program but not study
  - Opt out of programming (and study)

- Developed informational forms that provided more background on the program and highlighted how they improved health literacy. Accordingly, the consent rates rose from 75% to 91%.

- Increased return rates by calling participants who were not yet consented to return forms, offering incentives for returning forms, and sending letters to parents to remind them to have students return forms.

Re:MIX in Action

- 88% said they learned something from RE:MIX
- 80% would probably or definitely recommend RE:MIX

Preliminary Findings

- "Sharing their stories makes us feel more comfortable because we are sharing a deep part of their core."
- "Young female student when talking about peer educators and what is really like to be a teen parent"
# Funders and Evaluations

## Evidence-Based Teen Pregnancy Prevention Programs at a Glance

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Program Type</th>
<th>Outcomes</th>
<th>Duration of Activities</th>
<th>Activities</th>
<th>Trainers</th>
<th>Evaluated</th>
<th>No of Sessions</th>
<th>Session Length</th>
<th>Program Duration</th>
<th>Setting</th>
<th>Target Population</th>
<th>Age</th>
<th>Languages</th>
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<tr>
<td>Alan Aye Youth Project</td>
<td>SE</td>
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<td>Adult Identity Matters (Project AYI)</td>
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<td>ALH 4 Teen Moms</td>
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<td>All4U!</td>
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<td>Be Proud! Be Responsible!</td>
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<td>Be Proud! Be Responsible! Be Protective!</td>
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<td>Children’s Aid Society (CAS) Career Prep.</td>
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<td>Creativel!</td>
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<td>Draw the Line/Respect the Line</td>
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<td>Families Taking Together (FTT)</td>
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### Notes
- Grants may be provided for an evidence-based TP program with a population at risk of being involved in the program's target population. As a reminder, programs may be funded with CoFF and may require approval.

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**Program Type**
- SE = Social-emotional education
- YD = Youth development

**Setting**
- School
- Clinic
- Community-based

**Target Population**
- All races
- Low-income
- Low-income girls

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**Of ADOLESCENT HEALTH**

[EngenderHealth](https://www.engenderhealth.org/)

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**RE:MI**

[RE:Mi](https://www.remixproject.org/)

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**For a better life**
Optional: Evaluating the Professional Development and Leadership Program (PD&LP)

**Objective:** To assess peer educator growth in SRH content and professional development and leadership competencies

**Means of evaluation:** M&E staff observations and peer educator reflection forms, self-assessments, surveys, etc.
Pilot Re:MIX Findings

Classroom Findings

- 98% of students reported they learned something from Re:MIX
- Students who feel pressured to have sex varied by school (10%, 20%, 25%)
- Most students (93%, 92%, 88%) recognized the importance of goals
- After Re:MIX, students reported:
  - Plans to visit a healthcare provider
  - Positive attitudes regarding shared responsibility for decisions about sex and pregnancy prevention

PD&LP Findings

- Peer educators demonstrated improved proficiencies in communication, leadership, and personal motivation
- Peer educators demonstrated increased self-efficacy and self-confidence
- Co-facilitation and story sharing in the classroom improved peer educators’ communication skills
- Peer educators developed supportive relationships that were foundational for their growth
Your Role in Evaluation

- Completing evaluation activities, as required by the program
- Informing program staff if a form or survey link does not work, if you need to edit a response that you have submitted, or if you cannot complete an activity
Kahoot! Quiz

Source: Kahoot!