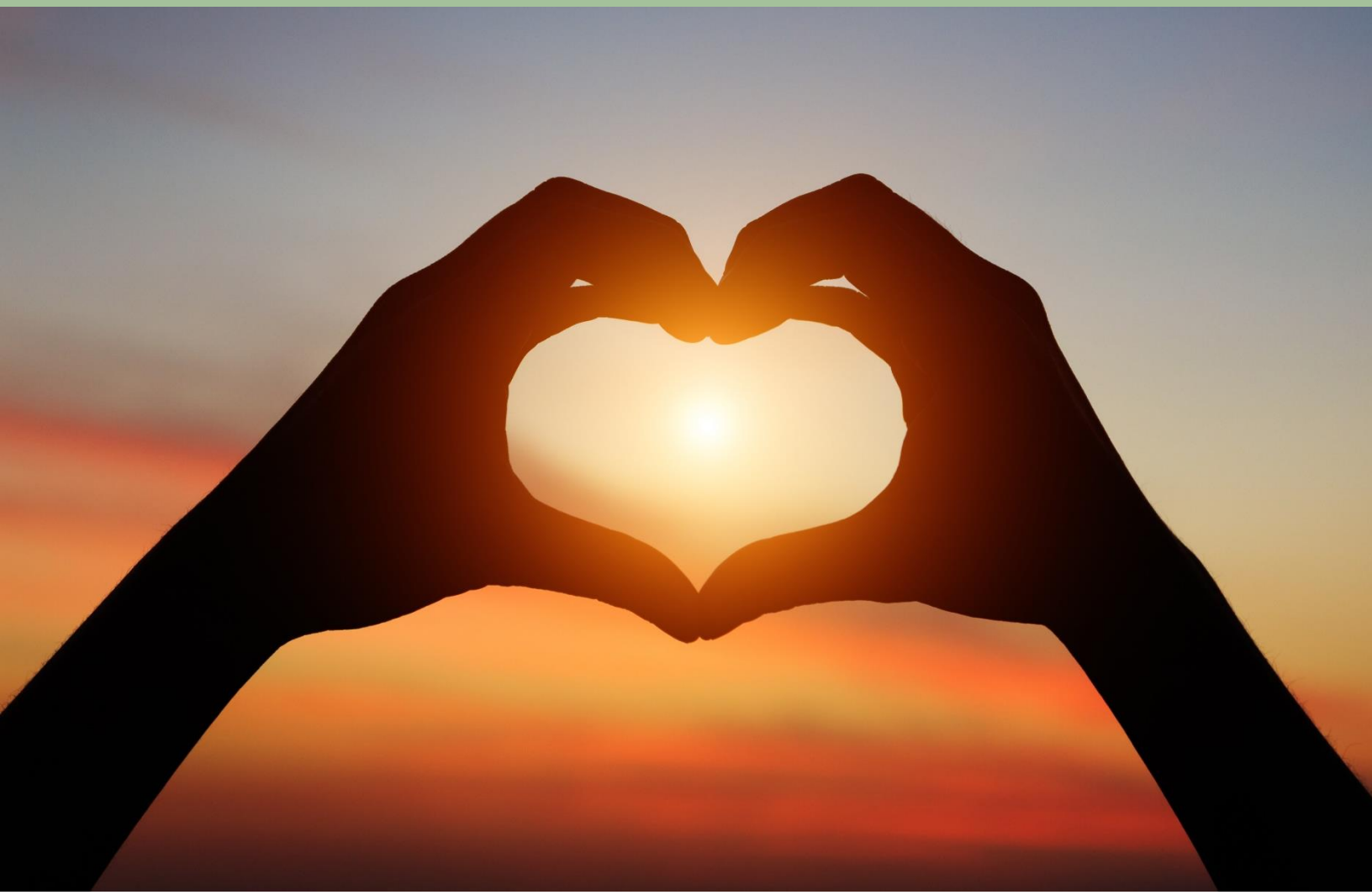

Families Matter! Program

Implementer's Package

Acknowledgments

The *Families Matter! Program* (FMP) is an adaptation of the U.S.-based *Parents Matter! Program.* FMP was adapted in Kenya with funding from the President's Emergency Plan for AIDS Relief (PEPFAR) through a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Institute of Tropical Medicine, Belgium.

The original *Parents Matter! Program* was developed in the United States through collaboration between Dr. Kim Miller and Sarah Wyckoff of CDC, and the following investigators: Dr. Rex Forehand, University of Vermont; Dr. Lisa Armistead, Georgia State University; and Dr. Nicholas Long, University of Arkansas for Medical Sciences.

The *Families Matter! Program* was originally adapted in Kenya by Hilde Vandenhoudt of the Institute of Tropical Medicine, Belgium; and Julliet Ochura, Christopher Obong'o, Fred Ochieng', Walter Odera, Gillian Njika, Phylis Mboi, and Daniel Adipo of the Kenya Medical Research Institute. Dr. Kim Miller, Sarah Wyckoff, and Melissa Poulsen of CDC participated in these efforts.

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We also wish to acknowledge the efforts of Macro International Inc. staff members who developed and produced the original *Parents Matter! Program* manuals and Danya International staff members who contributed to the layout and production of the *Families Matter! Program* materials.

We intend to keep this manual as current as possible to maximize its use over time. To achieve this objective, we welcome your input. Please contact Dr. Kim Miller via e-mail at kmiller@cdc.gov with any comments, questions, suggestions, or concerns.

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The *Families Matter! Implementer's Package* is meant to support organizations as they introduce the *Families Matter! Program* (FMP) into new communities. The manual provides detailed information to guide all stages of FMP implementation, including:

- Information about the aims of the program, the scientific background on which it is based, and a description of FMP's core elements and logic models.
- Guidance on how to culturally adapt the program to fit the community context in which it will be implemented;
- Guidance on how to recruit and retain participants;
- Guidance on costs and how to plan for implementation and successfully deliver FMP;
- Guidance on how to monitor and evaluate FMP; and
- Sample tools to support adaptation, implementation, and evaluation activities.

Who Is This Package For?

The *Families Matter! Implementer's Package* is for organizations that intend to implement or will be implementing *Families Matter!*. It is the main tool FMP program managers use to guide the implementation and monitoring of FMP. Non-governmental organizations and community- and faith-based organizations, can use this manual to introduce FMP locally. International, bilateral, or governmental organizations will find this manual useful for informing plans for developing a national FMP program.

What is the Purpose of this Package?

The *Families Matter! Implementer's Package* guides all stages of FMP implementation, from adapting the program for delivery in a new setting to evaluating program outcomes. Information contained in this package can be shared with stakeholders who are unfamiliar with FMP, providing them with the "why" of the program, including a brief history and the theoretical basis of FMP. Organizations bringing FMP to a new country or cultural context will find guidance on the steps necessary to adapt FMP to a new setting and to assess whether the organizational infrastructure needed to implement FMP successfully is in place. Organizations preparing to deliver FMP in a particular community will find helpful information for planning program implementation, delivery, and evaluation. The information in this manual can also be used to answer questions from program staff and stakeholders. There are numerous tools available in the appendices to support each of these activities, which can be adapted as needed.

Project Staff

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SECTION 1
FMP Foundation

Introduction to FMP

What Is FMP?

The *Families Matter! Program* (FMP) is an evidence-based HIV prevention intervention for parents, guardians, and other primary caregivers (hereafter referred to as "parents/caregivers") of preadolescents ages 9–14 years and adolescents 15-19 years. FMP targets parents/caregivers of the younger age band (9-14 year olds/preadolescents) and FMP2 targets parents/caregivers of the adolescents in the older age band (15-19 year olds). However, the overall program goals of FMP and FMP2 are the same. Each version of the program aims to enhance protective parenting practices that are associated with risk avoidance and risk reduction among youth and promote parent-child communication about sex and sexual risk reduction. Henceforth, "FMP" will be used, unless programmatic distinctions need to be made.

FMP consists of 7 sessions (about 3 hours each) delivered by two, trained and certified facilitators (one male, one female) over the course of 7 weeks. Groups are composed of 18-30 parents/caregivers. Adult learning principles and participatory methods are used to engage parents/caregivers.

FMP intervention sessions focus on the following objectives:

- Encouraging general parenting practices (relationship-building, monitoring, positive reinforcement, and general communication) that increase the likelihood that children will not engage in risky sexual behaviors;
- Improving parents/caregivers' ability to communicate effectively with their children about sex-related topics and sexual risk reduction;
- Raising awareness about the sexual risks faced by many adolescents, including risks of child sexual abuse (CSA) and gender-based violence (GBV);
- Increasing awareness and understanding of the specific challenges faced by adolescents living with HIV (ALHIV) – including stigma, disclosure, ART adherence and engaging in healthy relationships – and to help family and community members strengthen their skills to provide ALHIV with effective guidance and support related to these issues.

How Does FMP Help Families & Communities?

FMP works in many different ways to strengthen and support families in order to raise healthy children and help children reach their life goals. The ultimate goal of FMP is to reduce sexual risk behavior among adolescents – including delaying onset of sexual debut – by giving parents/caregivers the knowledge, skills, comfort, and confidence to deliver primary prevention messages to their children and to create a protective environment. More effective parental communication and positive parenting practices such as monitoring and supervision can help to delay their children's sexual behavior and increase their children's protective behaviors as they get older. The skills and knowledge parents develop during FMP sessions do not only have a one-time impact, but can be applied throughout the child's life, with the opportunity to tailor information to children's needs and questions, further building an ongoing relationship between the parent/caregiver and the child.

FMP helps parents create a protective environment for their children by eliciting reflections related to harmful gender norms and GBV risks that children face, both as potential victims and as potential perpetrators, as well as addressing pressures from peers, partners, and adults. Additionally, FMP helps to model healthy relationships based on mutual respect and communication and encourages parents/caregivers to challenge community norms which contribute to GBV. With regard to physical and emotional violence, FMP takes a number of steps to work with parents/caregivers to model alternatives to physical and emotional violence. For example, FMP includes activities and discussions with the following purposes:

- To encourage parents/caregivers to identify what challenges & pressures their children face
- To reframe discipline as being less about punishment and more about building a strong relationship to keep children safe
- To reflect on negative examples of parent-child interaction in audios featuring emotional violence and threat of physical violence
- To role-play positive communication and focus on problem solving

FMP is a values-neutral program and therefore supports parents/caregivers to convey their own values and expectations about sexual behavior to their children and to provide their children with important messages related to HIV, sexually transmitted infections (STI), pregnancy prevention, and GBV/CSA. By helping parents/caregivers explore their own sexual values and overcome communication barriers – such as embarrassment or discomfort, and lack of knowledge, skills and confidence – FMP works to enhance parenting skills and practices, including parental monitoring, positive reinforcement, and building a strong parent-child relationship. FMP also provides parents/caregivers with important information about the risks their children face with regard to CSA and the role that they play in protecting them from such abuse.

Although typically only one parent/caregiver is engaged in FMP directly, the sphere of influence goes beyond that one individual. Each parent/caregiver is connected to other children, friends, family, colleagues, etc. and can initiate conversations related to difficult topics such as GBV/CSA and HIV-related stigma. As parents/caregivers graduate from FMP, they are often excited to share this new knowledge with others in their communities and practice what they have learned. These indirect impacts expand beyond the size of FMP groups and have the potential to change norms regarding gender, health seeking behaviors, and stigma, at a community level. Additionally, as youth practice what they have discussed with and learned from their parents, the positive effects and behaviors can also transfer to other youth in their social circles and relationships. Creating a supportive and protective environment for youth in which they can make healthy decisions regarding their sexual health, can help youth achieve their life goals and either help them remain HIV free or practice self-care if they are living with HIV.

See the **Research Background Appendix** for an overview of other programs which engage other key community leaders in the lives of adolescents (eg: teachers, health care workers, faith leaders) who also play a role in establishing a supportive community environment for youth.

History of FMP

The *Families Matter! Program* is adapted from the *Parents Matter! Program* (PMP), a U.S. evidence-based intervention. PMP components were developed from research done in the 1980s and early 1990s in the United States on parenting and the parent-child communication patterns of African-American and Hispanic/Latino families.

Evaluation of PMP through a randomized controlled trial showed the intervention to be effective in influencing factors related to sexual risk reduction. Parents significantly increased the number of sex topics they discussed with their 9-12 year-old child and increased their knowledge, comfort, skills, and confidence in communicating about these sex topics. This was reported separately by the parents participating in PMP and their preadolescent children (Forehand et al., 2007).

Adaptation of Parents Matter! to Families Matter! (Poulsen et al., 2010)

In 2001, the Institute of Tropical Medicine (ITM) and Kenya Medical Research Institute (KEMRI) conducted a needs assessment in Kenya's Nyanza Province, and youth identified poor communication with parents and adults about sexuality and a lack of role models as obstacles for HIV prevention. From the needs assessment it was clear that a parent-focused intervention was needed to enhance parent-child communication about sexual health. PMP was identified as an evidence-based family-level intervention that could be adapted to the Kenyan setting.

Through a collaboration with CDC, ITM, and KEMRI, PMP was then pre-tested in Asembo. The core components of the intervention were found to be relevant to the community, and areas for adaptation were identified with substantial involvement from the community. For

example, the name was changed to “Families Matter!” to fully embrace the parenting and caretaking environment of Kenya.

An outcome evaluation of FMP (Vandenhoudt et al., 2010) conducted using a pre/post design showed that the adapted program had retained the effectiveness of the original program. Similar to the results seen in the PMP randomized controlled trial, at 15-months after attending FMP, parents had significantly improved the following:

- Parental monitoring and parental reinforcement of positive behavior;
- Discussion of sexual topics with their children; and
- Their level of knowledge, skills, comfort and confidence to discuss issues surrounding sexuality.

With the evaluation results showing that FMP had retained the effectiveness of the original program, PMP, and was highly accepted by the community, KEMRI/CDC/ITM began scale-up of FMP in March 2006, with a target of reaching 75% of families with children 9–12 years old in Asembo (Miller et al., 2013).

Enhancing of FMP Curriculum

Alignment with US Government priorities and the integrative approach advocated in the 2011 World AIDS Day goals provided a welcome opportunity to make interconnected revisions in the following areas to enhance the FMP curriculum:

- *Updated Content & Linkages to Care*: We updated thematic content related to sexual and reproductive health and related services and strengthened linkages to care.
- *Sexuality*: We widened the focus from sexual risk behaviors to sexuality and the broader context of sex, including relationships, gender norms, values and attitudes.
- *Gendered vulnerability*: We addressed gendered vulnerability and the diverse pressures children face (including normative ones) as a central focus.
- *Situation-based Approach*: We adopted a more situation-based approach incorporating greater contextual depth and the authentic voices and perspectives of young Africans.
- *Child Sexual Abuse*: We added a sixth session on CSA.
- *Adolescents Living with HIV*: We added a seventh session to address the very specific needs of adolescents living with HIV.
- Enhancement of the interactive skill building and role play activities and audio resources drew on stories written by young people across Africa for the Global Dialogues/Scenarios from Africa scriptwriting competitions (Global Dialogues, 2013; Winskell and Enger, 2005).

Development of FMP2 Curriculum

In 2013-14, the FMP curriculum was adapted for adolescents 13-18 years old. These adaptations were made in response to multiple requests from countries. The FMP2 curriculum was successfully piloted in Botswana, and a randomized control trial is planned for 2018.

Reach of FMP

Based on the positive results in Kenya, countries across sub-Saharan Africa have requested FMP. Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC provides technical support to assist in building capacity for FMP at all stages of implementation, from culturally adapting materials to bringing the program to national scale.

FMP is culturally and linguistically adapted for implementation in countries that request the program. As of August 2012, CDC/PEPFAR has supported the adaptation, implementation, and scale-up of FMP in 8 countries in sub-Saharan Africa, including Kenya, Tanzania, Cote d'Ivoire, South Africa, Zambia, Botswana, Mozambique, and Zimbabwe.

Kenya	Botswana	Ivory Coast	Tanzania
			
Zambia	**South Africa**	**Mozambique**	**Zimbabwe**
			

For more detailed information on the history of FMP please see the **Research Background Appendix.**

FMP Overview

The activities that comprise the FMP sessions were carefully designed to allow parents/caregivers to learn, develop, and enhance their parenting and communication skills. Parents/caregivers who combine the skills and knowledge they learn with the

confidence they develop can have a positive impact on the sexual attitudes and behaviors of their children.

The FMP sessions span a 7-week period, referred to as a "**wave,**" in order to give parents/caregivers adequate time to internalize the information and practice the skills learned during the intervention with their child.

Participants bring one child in the target age range (9-14 years for FMP or 15-19 years for FMP 2) to the fifth FMP session to practice the communication skills they have acquired over the course of the program.

Structure of FMP Activities

FMP is a small group intervention, delivered to 18-30 parents/caregivers at a time. The group-based approach of FMP offers the following advantages:

- A group setting provides opportunities for parents/caregivers to share experiences and to learn from others.
- The group environment provides an opportunity for parents/caregivers to develop and practice communication skills with their peers.
- The group process can assist parents/caregivers with overcoming fears and discomfort regarding talking with children about sex.
- Groups can provide relevant role models, which may be important for parents/caregivers who are, or perceive themselves to be, socially isolated.
- Group sessions are often more cost-effective than individually-delivered programs.

The group size of 18-30 participants is based on field experience. With fewer than 18 participants, the reach of the program will be very small and group discussions and activities may not work compared to a slightly larger group. With more than 30 participants, the group becomes too large to manage as not everyone is able to participate and the sessions take much longer than the designated 3 hours.

Adult Learning Principles

Learning experiences are quite different for adults and children. Adults bring considerable knowledge and experience with them and so interact differently with the learning process than children do. For this reason, FMP incorporates adult learning principles in order to be most effective for an adult audience, including:

Respect

Learners must feel honored, heard, and respected.

Immediacy
Learners must see how they can use their knowledge, skills, and attitudes immediately.

Experience
Learners learn best when what they are learning is directly related to their life experiences.

In addition, FMP was developed with the understanding that individuals have diverse learning styles, and therefore the program reflects strategies that maximize the retention of information. During FMP sessions, participants:

- Receive information by listening (through lectures) and visually (through handouts and posters);
- Participate in group discussions;
- Listen to audios; and
- Practice skills through role-plays.

Key Characteristics of FMP

Key characteristics of FMP are crucial activities and delivery methods for conducting an intervention. The key characteristics of FMP support the intervention's aim to improve parent-child communication and relationships, which have an impact on adolescent sexual risk behaviors and decision-making.

To be effective, FMP sessions should be delivered:

- To parents/caregivers or primary caregivers of at least one child 9-14 years old for FMP or 15-19 years old for FMP2;
- In small groups of 18-30 parents/caregivers or primary caregivers per group;
- No more than 6 groups per week per facilitator pair;
- By a team of two facilitators from within the community, one female and one male;
- In a centrally-located venue;
- In 3 hour sessions;
- On a weekly basis for 7 consecutive weeks to give parents/caregivers time to process and use the information;
- With a child in the target age range (9-14/15-19 years) attending the fifth session with the parent (potential for 1-3 children to attend);
- In the local language; and
- Using culturally appropriate materials.

Time and Content Breakdown

Across the seven sessions of FMP, the program covers a thorough range of content, all of which play key roles in strengthening the parent-child relationship and creating a safe and healthy environment for youth populations.

Content Breakdown

Building awareness and understanding of adolescent sexuality/unique needs of preadolescents and adolescents	• 3 hours 45 minutes
Positive parenting (knowledge and skills) & important role parents/caregivers play in helping their children stay healthy and reach their life goals	• 4 hours 30 minutes
Talking about sex and sex-related issues in general	• 75 minutes
Healthy Relationships	• 30 minutes
Reflections/group discussions regarding sexual values and norms/how they affect risk behaviors	• 45 minutes

HIV prevention (Awareness/education, testing, VMMC)	• 1 hour 45 minutes
Family Planning	• 15 minutes
GBV and CSA: Encompasses awareness and parenting strategies to prevent GBV/CSA and respond to instances of GBV/CSA	• 3 hours 45 minutes
Living with HIV (Treatment/ART, Disclosure, Stigma/Discrimination, Supporting ALHIV)	• 2 hours 45 minutes

FMP Session Descriptions

FMP is delivered in 7 sessions, each about 3 hours, which are delivered once a week for 7 consecutive weeks. Each session has a specific focus and measurable participant objectives, which are briefly described below.

1: Introduction to FMP and Steps to Understanding Your Child

Session 1 Goals:

- To provide parents and caregivers with an understanding of the purpose and goals of the *Families Matter! Program*
- To increase parents' and caregivers' awareness of the situations their children face that may put their children at risk and the important role they play in keeping their children safe and healthy.
- To introduce parents and caregivers to the physical, emotional and social changes their pre-adolescents are going through and the need to provide guidance and support to their children during this important period

2. Good Parenting Skills

Session 2 Goals:

- To help parents and caregivers understand that their children need and value their guidance and support during this difficult period of adolescence
- To provide parents and caregivers with information and strategies to protect and guide their children through this important period
- To help parents and caregivers practice general parenting skills that support their children and protect them from risky situations

3. Parents' Role in Educating their Children about Sexuality

Session 3 Goals:

- To make parents and caregivers more aware of the need for them to be sex educators for their children
- To increase parents' and caregivers' understanding of the physical and reproductive changes their children will be going through during puberty and adolescence
- To help parents and caregivers define their values about sex and to learn ways to communicate their values to their children
- To provide parents and caregivers with tools and strategies for communicating with their children about sex

4. Information to Increase Comfort and Skills in Discussing Sex and Sexuality

Session 4 Goals:

- To provide parents and caregivers with information on family planning, STIs, HIV testing, HIV treatment and adherence, and other sexual health issues
- To provide parents and caregivers with direct linkages to community health resources
- To increase parents' and caregivers' comfort and skills in discussing difficult sex-related issues with their children, as well as HIV stigma and HIV disclosure

5. Discussing Sexuality and Pressures Children Face

Session 5 Goals:

- To continue improving parents' and caregivers' comfort in discussing sex and sexuality with their children
- To give parents and caregivers an opportunity to work on their communication skills with their children
- To introduce parents and caregivers to pressures their children face from peers, partners and adults, such as pressure to have sex, that could keep their children from reaching their life goals

6. Understanding Child Sexual Abuse

Session 6 Goals:

- To raise parents' and caregivers' awareness about child sexual abuse
- To increase parents' and caregivers' understanding of their role in preventing child sexual abuse
- To increase parents' and caregivers' awareness of their role in protecting and supporting their children when responding to child sexual abuse

7. Guiding and Supporting Adolescents Living with HIV

Session 7 Goals:

- To increase family and community members' understanding of challenges facing adolescents living with HIV, including those related to stigma, disclosure, adherence to anti-retroviral therapy (ART), and healthy relationships
- To help family and community members strengthen their skills to provide guidance and support to adolescents living with HIV around issues of stigma, disclosure, adherence, and healthy relationships
- To provide family and community members with information about living with HIV, adherence to ART, and resources in their community to help adolescents living with HIV

Each session builds upon the previous one, providing opportunities for parents/caregivers to build on knowledge and practice applying skills throughout the program. After completing the 7-session program, parents/caregivers are better equipped to implement positive parenting practices and have greater knowledge, skills, comfort, and confidence to communicate with their children about sex and sex-related issues.

The strategies taught in the program also help to improve parent-child communication and strengthen parent-child relationships which allow for parents/caregivers to have a long term impact on their children's health and life goals. Parents/caregivers are in a unique position to provide ongoing and accurate information on sex and sex-related issues. By strengthening the parent-child relationship and communicating about these topics, youth are better prepared to make healthy decisions as they begin to navigate their own relationships.

How Does FMP Work?

FMP aims to help parents/caregivers overcome barriers to communication so as to improve family communication about sexual risk avoidance, sexual risk reduction, and other sex-related topics before youth begin sexual activity. The program also aims to improve positive parenting skills, such as parental monitoring and positive reinforcement, and strengthen family relationships, all of which are protective factors for child sexual abuse and sexual risk behaviors. The goal is to help adult caregivers build skills and strategies to help foster a safe home and community environment in which children can achieve their life goals, which are associated with decreased adolescent risk behavior.

FMP has three components:

- **Risk Awareness**
  By increasing parents/caregivers' awareness of adolescents' sexual risk and explaining the key role of parents/caregivers in helping their children avoid such risks, FMP helps parents/caregivers understand why they need to begin talking to their children about sexuality and sexual risk reduction at an early age.

- **Positive Parenting Skills**
  FMP increases parents/caregivers' skills and self-efficacy to practice positive parenting skills, including supervision, relationship-building, effective communication, and positive reinforcement. These practices are protective for sexual risk behaviors among adolescents and child sexual abuse.

- **Sexual Communication Skills**
  FMP increases parents/caregivers' skills and self-efficacy to communicate about sex and sex-related topics with their children, such as HIV prevention and treatment, child sexual abuse, and healthy relationships, making it more likely that

parents/caregivers will have such conversations and convey their values and expectations about sexual behavior to their children.

Figure 1 below shows how these three components are related to each other and to adolescent sexual behavior.

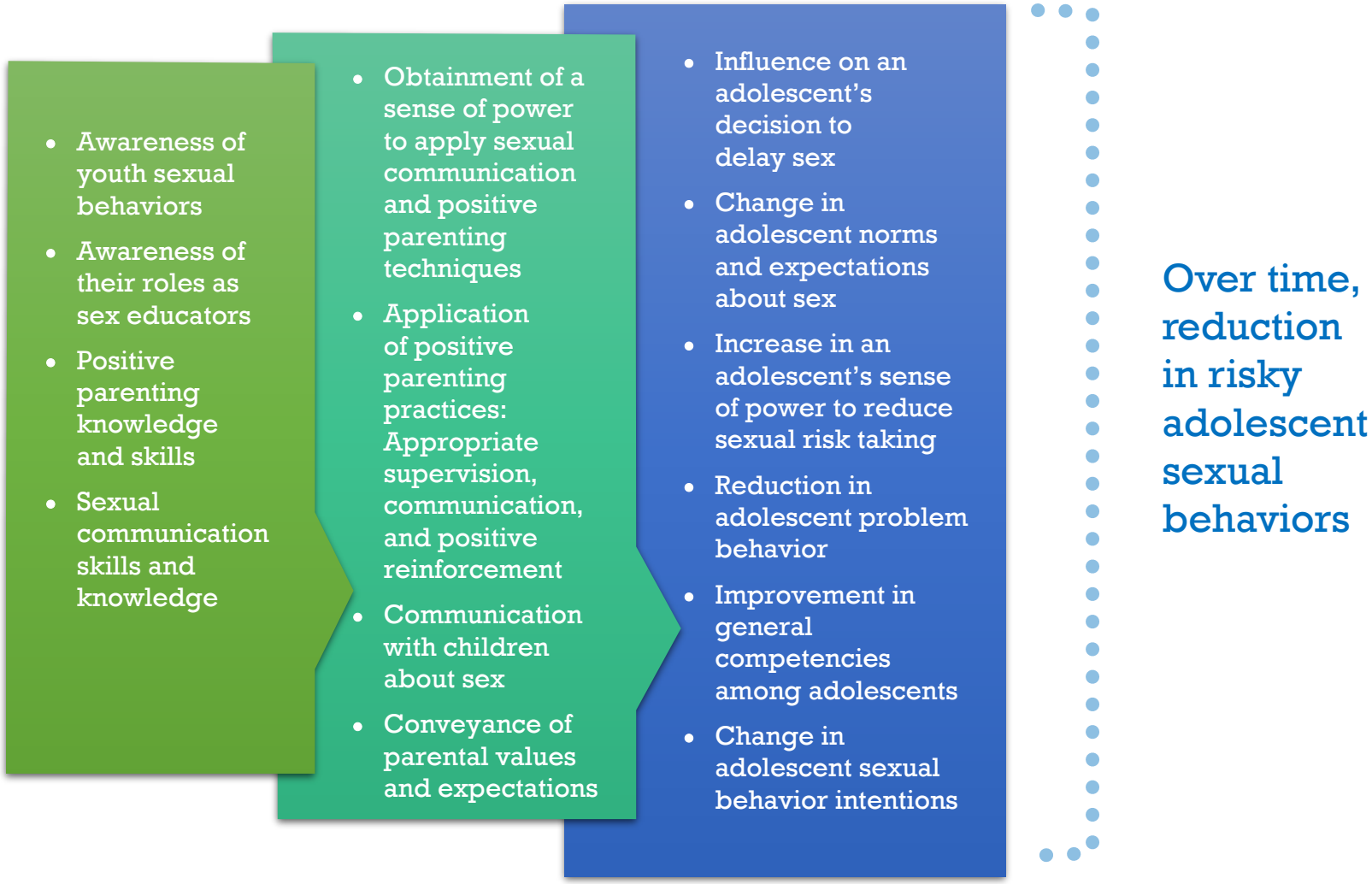


Figure 1. Relationship of FMP Components to Adolescent Sexual Risk Behavior
(Adapted from Dittus, Miller, Kotchick, & Forehand, 2004)

FMP also acts as a platform to address issues of sexual violence against children, in a number of ways. The program teaches parenting skills which have also been shown to closely map on to protective factors against CSA, as identified in various research studies. FMP provides a strong foundation for parents/caregivers to discuss CSA with their children, as it is already opening lines of communication between the parent and child and creating more comfortable spaces in which they can discuss difficult or challenging topics. By addressing CSA in particular, the program provides an opportunity to increase parents/caregivers' awareness of CSA and the role they can play in helping to prevent it, thereby also addressing CSA as a risk factor for subsequent sexual risk-taking. In addition, to CSA, FMP seeks to increase awareness and understanding of the specific challenges facing adolescents living with HIV (ALHIV) – including stigma, mental health, disclosure, ART adherence, self-care, sex, and romantic relationships. Because of the careful process through which FMP is adapted and implemented, it is widely accepted within communities and therefore able to open the lines of communication about tough subjects such as violence against children which otherwise would not be discussed.

Additionally, FMP establishes a safe environment for parents/caregivers to learn about and discuss difficult topics such as GBV and supporting adolescents living with HIV, illustrating that it is important and possible to talk about this topics. Parents/caregivers build their confidence in having these conversations with their own children and others in their communities. The impact FMP has does not end with the family unit, and instead, expands to the larger community environment related to gender norms that contribute to GBV and to HIV-related stigma.

FMP Theoretical Basis

FMP is guided by a conceptual framework that is based on three social and behavioral theories:

1. **Social Learning Theory/Social Cognitive Theory**
2. **Problem Behavior Theory**
3. **Theory of Reasoned Action**

In addition, FMP was developed with the assumption that adolescent sexual risk behavior can be affected by changes in parenting behavior, the family environment, or both. See the **Research Background Appendix** for more information regarding the theoretical basis for the program and accompanying logic models.

What Makes FMP Unique?

FMP recognizes parents/caregivers as a key source of information on sex and sex-related issues for their children. Parents are in a unique position to answer questions early and when they are asked, provide ongoing information about sexual topics, dispel myths and rumors from other sources, and share their values and expectations about sexual issues. Additionally, youth identify their parents as sources of information on sex and sex-related issues and want to have open and honest conversations with their parents, and other trusted adults. Recognizing this potential, FMP engages parents/caregivers with the goal of increasing their knowledge, skills, comfort, and confidence in having discussions with their children about difficult topics, including sex-related issues, HIV prevention and treatment, and GBV/CSA, as well as implementing positive parenting practices. As a parenting program, FMP is unique in several ways:

- The values neutral curriculum and approach is one of the main reasons the program is so well accepted in multiple communities and countries
- FMP provides a platform for the discussion of a diverse range of topics which are important for keeping youth safe and healthy but often hard to discuss
- FMP provides a platform to facilitate linkages and encourage service uptake. While working with thousands of families per wave, there is great potential to connect individuals with necessary health services. For example, mobile testing can be made available immediately following a session so parents/caregivers interested in getting tested could do so quickly and conveniently. Mothers who learn about VMMC during session three, should be provided information on clinics in the area that provide VMMC services so she can refer her son, nephew, brother, etc. Before implementation of FMP, implementing partners are strongly encouraged to develop a thorough and comprehensive list of health resources in the area. The development of this resource list facilitates community engagement and collaboration. Furthermore, the development of this list may also help implementing partners identify gaps in service provision. For example, there may be a shortage of sexual and reproductive health resources for children who have been sexually abused. The implementing partner can then take the necessary steps to assist in addressing these gaps.
- Monitoring and evaluation processes provide the opportunity to assess direct uptake of services due to involvement in FMP.

How do we know it's working?

- Parents and caregivers attend 21 hours of FMP sessions without receiving any compensation. They return each week because they are learning valuable information that helps improve the lives of their adolescents. FMP retention rates are consistently high, with 90% or more completing all 7 sessions.

- FMP connects parents/caregivers, their youth, and their entire families to the health services they need to remain healthy, whether that means remaining HIV negative or accessing treatment and adherence support.
- We have heard directly from numerous parents and caregivers that FMP has made a significant difference in their lives. Below are two quotes from Mothers in Zambia.

"We are so grateful for this program. We have learned about how we can take care and protect our children against HIV and AIDS and sex abuse. In our community we have a lot of early marriage cases. We also have a lot of sexual abuse cases and we have rape cases. We think this program is so helpful, and it is going to help us teach our children how to protect them against such violence. Our wish is that this program should continue to educate more of our friends that are still in the community that need this information." - **FMP Mother**

"We are so blessed and lucky that this program has taught us how to be talking to our children and how to help our children understand the challenges of these sexual abuses. The issue of HIV and AIDS prevalence among the girl child is going to be minimized because of this program. Our wish is that you do not end with Ngombe area or just with our class. We wish that you continue educating many other women and caregivers with this program. God bless you." –**FMP Mother**

1 Research Background Appendix

1. History and Evidence of FMP

The *Families Matter! Program* is adapted from the *Parents Matter! Program* (PMP), a U.S. evidence-based intervention. PMP components were developed from research done in the 1980s and early 1990s in the United States on parenting and the parent-child communication patterns of African-American and Hispanic/Latino families.

Development of an Effective Behavioral Intervention

The CDC initially designed and implemented PMP with African-American parents of preadolescents. African-American families were prioritized for these efforts because data show that African-American youth are at increased risk for HIV. The program was also culturally adapted and translated for use with Hispanic/Latino parents. However, this program is applicable to all families, including families outside of the United States.

Evaluation of PMP through a randomized controlled trial showed the intervention to be effective at influencing factors related to sexual risk reduction. Parents significantly increased the number of sex topics they discussed with their 9-12 year-old child and increased their knowledge, comfort, skills, and confidence in communicating about these sex topics. This was reported separately by the parents participating in PMP and their preadolescent children (Forehand et al., 2007).

Adaptation of Parents Matter! to Families Matter!

In 2001, the Institute of Tropical Medicine (ITM) and Kenya Medical Research Institute (KEMRI) conducted a needs assessment in Kenya's Nyanza Province to gain an understanding of the causes underlying the sexual and reproductive health problems of youth. Youth identified poor communication with parents and adults about sexuality and a lack of role models as important obstacles for HIV prevention. This information highlighted the need for a parent-focused intervention to enable communication with youth about sexual health issues. More broadly, results from the assessment showed the need for a comprehensive approach that would address adolescent sexual health needs at the individual, family, and community levels. This led to the formation of the multi-tiered Youth Intervention Program.

From the needs assessment it was clear that a parent-focused intervention was needed to enhance parent-child communication about sexual health issues. PMP was identified as an evidence-based family-level intervention that could be adapted to the Kenyan setting. To begin the adaptation process, formative work was conducted in Asembo, a community in Nyanza Province. Workshops and small group discussions with parents, teachers, and traditional leaders explored the context of sexuality education, the role of parents in sexuality education, and the need and desire for a parent-based intervention. Participating community members recognized the need for parents to protect their children from the

dangers of early sex, but parents reported a lack of knowledge, skills, and confidence to undertake this role. The groups acknowledged the relevance and acceptability of PMP's core elements and felt that a family-based intervention was timely. **For extensive detail on the process of adapting PMP from the US to FMP in Kenya, see Poulsen et al., 2010.**

Through a collaboration with CDC, ITM, and KEMRI, PMP was then pre-tested in Asembo. The core components of the intervention were found to be relevant to the community, and areas for adaptation were identified with substantial involvement from the community.

The following changes were made to adapt the program to the Kenyan context:

- The name was changed to "Families Matter!" to fully embrace the parenting and caretaking environment of Kenya;
- The program logo was adapted to reflect Kenyan cultural values;
- Local HIV, STI, teen pregnancy, and adolescent sexual behavior statistics were incorporated to demonstrate the problems facing Kenyan youth;
- Videos were replaced by audiotapes and role-plays;
- Local proverbs and songs were incorporated to reinforce the messages and concepts presented in the program and to enhance group cohesion;
- The length of the intervention sessions was expanded from 2.5 to 3 hours;
- Illustrated handouts were developed for low-literacy participants; and
- Materials were translated into the local language.

After facilitators had been trained by PMP trainers from the US, the adapted program was pilot-tested to validate the adaptations that had been made and to assess implementation. The pilot test also allowed facilitators to improve their facilitation skills.

Evaluation and Scale-up of FMP

An outcome evaluation of FMP conducted using a pre/post design showed that the adapted program had retained the effectiveness of the original program. Similar to the results seen in the PMP randomized controlled trial, at 15-months after attending FMP, parents had significantly improved:

- Parental monitoring and parental reinforcement of positive behavior;
- Discussion of sexual topics with their children; and
- Their level of knowledge, skills, comfort and confidence to discuss issues surrounding sex and sexuality.

This was reported separately by parents and their preadolescent children. Parents reported high levels of satisfaction with the intervention, and retention rates were high, with 98% of

parents attending at least four out of five sessions. For further information about these evaluation results, see Vandenhoudt et al.

With the evaluation results showing that FMP had retained the effectiveness of the original program, PMP, and was highly accepted by the community, KEMRI/CDC/ITM began scale-up of FMP in March 2006, with a target of reaching 75% of families with children 9–12 years old in Asembo. By March 2007:

- More than 75% of families in Asembo had been reached;
- 94% had attended at least four out of five sessions; and
- The level of satisfaction with the intervention remained high.

Scale-up of FMP continues throughout Kenya. Local non-governmental organizations and their facilitators have been trained to deliver FMP, and as of December 2014, over 400,000 Kenyan families had participated in FMP.

Lessons Learned

Valuable lessons were learned through the process of adapting and scaling-up FMP in Kenya.

- Delivering an intervention for parents to prevent HIV in youth that involves talking about often taboo topics is highly acceptable.
- Transferring an evidence-based intervention to a different cultural setting is feasible if the needs of the community are similar and culturally-specific adaptations are made to the intervention.
- Conducting a community needs assessment is a critical step in introducing programs to a new setting. Conducting a needs assessment helps ensure that the community sees a need for FMP and is willing to participate in the program.
- Community involvement throughout the process of adapting FMP is critical for ensuring cultural relevance and for obtaining community buy-in.
- Using a multi-disciplinary team that includes the program implementer, program developer, and community helps ensure FMP's appropriateness for a new population while maintaining the program's effectiveness.
- Mobilization that involves community leaders and other stakeholders is key to successfully introducing FMP in a community.
- Selecting appropriate and well-qualified facilitators is critical to effective delivery of FMP.
- The teach-back approach for training FMP facilitators is an effective training strategy.

- Monitoring the pilot-test and implementation is critical for ensuring program quality and that fidelity is maintained to the intervention's core elements.

Enhancing of FMP Curriculum

In 2012-13, the FMP curriculum was updated and enhanced to respond to new US Government priorities. These changes were made in response to evolving HIV policy. Enhancements drew on findings from: the Violence Against Children studies; qualitative literature on youth, HIV and sexuality in sub-Saharan Africa; a review of interventions that contextualize HIV within sexual culture and gender norms; and feedback on the existing FMP curriculum from partners in the field. The program's interactive curriculum incorporates skills-building role-play exercises and audio resources which present everyday situations seen through the eyes of children, young people and parents. Enhancement of these resources and activities drew on stories written by young people across Africa for the Global Dialogues/Scenarios from Africa scriptwriting competitions (Global Dialogues, 2013; Winskell & Enger, 2005).

Alignment with US Government priorities and the integrative approach advocated in the 2011 World AIDS Day goals provided a welcome opportunity to make interconnected revisions in the following areas:

- *Updated Content & Linkages to Care*: We updated thematic content related to sexual and reproductive health and related services and strengthened linkages to care.
- *Sexuality*: We widened the focus from sexual risk behaviors to sexuality and the broader context of sex, including relationships, gender norms, values and attitudes.
- *Gendered vulnerability*: We addressed gendered vulnerability and the diverse pressures children face (including normative ones) as a central focus.
- *Situation-based Approach*: We adopted a more situation-based approach incorporating greater contextual depth and the authentic voices and perspectives of young Africans.
- *Child Sexual Abuse*: We added a sixth session on CSA.
- *Adolescents Living with HIV*: We added a seventh session to address the very specific needs of adolescents living with HIV.

Development of FMP2 Curriculum

In 2013-14, the FMP curriculum was adapted for adolescents 13-18 years old. These adaptations were made in response to multiple requests from countries. The FMP2 curriculum was successfully piloted in Botswana, and a randomized control trial is planned for 2018.

2. Theoretical Basis for FMP

Table 1. Theoretical Basis for FMP

Social Learning Theory/ Social Cognitive Theory

Characteristics

- Emphasizes the role of external reinforcement in learning, performing, and maintaining behavior
- Emphasizes the role of an individual's self-efficacy regarding performing a behavior

Application to FMP

FMP encourages, supports, and positively reinforces parents/caregivers in their ability to communicate with their children through modeling and practice. FMP applies the social learning theory model to both parent and youth behavior by targeting:

- Self-efficacy of parents/caregivers to communicate with their children about sexual risk reduction and other sex-related topics; and
- Self-efficacy of children in having open and informed dialogue with their parents/caregivers about sexual risk reduction strategies
- Self-efficacy of a child in reporting an event of discomfort or sexual abuse to his/her parents/caregivers, and of a family in reporting an abusive event to authorities and seeking appropriate support services

Problem Behavior Theory

Characteristics

- Maintains that adolescent sexual risk behavior is part of a cluster of risky behaviors
- Acknowledges the interaction between environment and adolescents' risk factors
- Suggests that efforts to enhance general competencies (e.g. school achievement) and engage the family provides a social context that promotes sexual health and safety

Application to FMP

To help reinforce adolescents' perceived competence, FMP provides parents with skills to:

- Reinforce their children's positive behavior; and
- Structure their children's social environment to reduce opportunities for engaging in problem behaviors that may promote sexual risk-taking and situations in which sexual abuse may occur.

Theory of Reasoned Action

Characteristics

- Asserts that behavioral intention is influenced by attitudes toward the behavior and perceived social norms about the behavior

Application to FMP

To modify adolescents' attitudes and norms, FMP:

- Provides parents/caregivers with tools to convey their own attitudes and expectations on sexual topics; and
- Provides parents/caregivers with skills to encourage children to incorporate those expectations into their own attitudes and intentions, particularly as they relate to risky sexual activity, peer pressure, and decision-making.
- Provides parents/caregivers with knowledge on what sexual abuse is, how to address it with their children, and what actions they can take if an abusive event should occurs

3. FMP Logic Models

Figure 2, 3, 4 outline the logic model from which FMP is based, and Table 2 presents the assumptions from which the model is based. The model shows the causal mechanisms through which FMP works to try to increase adolescents' safer sex behaviors. An understanding of this framework will help users of this manual integrate FMP into their organizations' existing programs and activities. Before implementing FMP, it is particularly important to assess whether the outcomes FMP affects match an organization's priorities and goals.

Table 2. Assumptions of the FMP Logic Model

Behavioral Assumptions (Sessions 1-5)

Parents/caregivers:

Are reluctant to talk with their children about sex because they are uncomfortable with the subject matter and fear it will encourage sexual behavior;

- Lack awareness of adolescent sexual risk behavior; and
- Lack skills and self-efficacy for positive parenting practices and sexual communication.

Adolescents:

- Engage in risky sex behaviors because they lack knowledge about sexuality, sexual risk factors, and risk-reduction strategies;
- Do not perceive themselves to be at risk or vulnerable;
- Have negative attitudes about risk-reduction strategies and delaying sex;
- Have liberal attitudes about teenage sexuality;
- Subscribe to unhealthy social norms and expectations about sex;
- Do not perceive parental disapproval of risky sexual behaviors; and
- Engage in substance use and other problem behaviors.

Behavioral Assumptions (Session 6)

Parents/caregivers:

- Have limited awareness of CSA and its short and long-term consequences
- Do not perceive their children to be at risk for or vulnerable to CSA
- Have limited awareness of situations where their children could be at risk for CSA
- May blame those who are abused, especially pubescent and post-pubescent girls
- May not have a strong, positive relationship with their children
- Do not monitor their children closely
- Lack skills and self-efficacy to speak with their children about CSA
- Are unlikely to report CSA
- Are unaware of and unlikely to use CSA support services

Adolescents:

- Do not perceive themselves to be at risk for or vulnerable to CSA
- Have limited awareness of situations where they could be at risk for CSA
- Lack skills and self-efficacy to respond to situations where they could be at risk for CSA

- Do not speak with their parents/caregivers or others about CSA
- Are unlikely to disclose CSA to parents/caregivers
- Are unaware of and unlikely to use CSA support services

Behavioral Assumptions (Session 7)

Parents/caregivers/community members:

- Have limited understanding of the challenges ALHIV face and the role they play in supporting and guiding ALHIV in overcoming these challenges
- Lack knowledge about the HIV disclosure process and the skills to effectively disclose their child's HIV status to others
- Have limited awareness about ART, its side effects, the importance of adherence to ART, and strategies to promote adherence
- Do not possess skills to discuss and guide ALHIV to adhere to ART
- Lack the skills to communicate with ALHIV to make healthy choices about romantic relationships
- Have limited awareness and skills to support and guide adolescents facing HIV-related stigma
- Lack knowledge and skills to answer difficult questions from ALHIV about stigma, disclosure, ART, and sex
- Are unlikely to recognize the role they can play in their community to support and guide ALHIV on HIV-related issues, regardless of their child's HIV status
- May not believe it is important for their child to know his/her HIV status
- Lack skills, self-efficacy, and comfort to help their child effectively disclose their status to others

Adolescents living with HIV:

- Do not feel comfortable discussing or asking questions about HIV disclosure, ART adherence, sex, with parents/caregivers/community members
- Are unlikely to seek support and guidance in the community about HIV-related issues due to stigma and embarrassment
- Do not have the knowledge or skills to disclose HIV status effectively
- Have limited awareness about ART, its side effects, and the importance of adherence to ART
- Do not have the knowledge, skills, and confidence to avoid unsafe sex and make healthy choices about romantic relationships
- Do not perceive to be at risk or vulnerable to transmitting HIV to others
- May not always be aware of their HIV status
- Struggle to cope with HIV-related stigma and discrimination and look toward parent/caregiver and community guidance and support
- View parents/caregivers and other community leaders as sources of information for difficult questions when it comes to managing their HIV
- Do not access the necessary support services

Theoretical and Programmatic Assumptions (Sessions 1-5)

- Parental communication about sex will decrease adolescents' risky behaviors if communication:
  - Delivers comprehensive messages;
  - Occurs frequently; and
  - Starts before they are sexually active.
- Parental monitoring, communication, and reinforcement will decrease adolescents' risky behaviors.
- Parents/caregivers need knowledge, skills, support, and confidence to discuss sexual issues with their children.
- Parents/caregivers are more likely to communicate with and monitor their children if they:
  - Believe they have ability to do so;
  - Have practice performing the behaviors; and
  - Believe the behaviors will lead to beneficial outcomes.
- Adolescents will engage in fewer risky behaviors if they excel in general youth competencies (e.g., school performance, positive social relationships).
- Adults are more likely to learn if lessons are taught respectfully, apply to their immediate lives, and directly relate to their life experiences.
- Materials and information are more effective if they are culturally relevant, sensitive, and tailored to the target audience.

Theoretical and Programmatic Assumptions (Session 6)

- Parental monitoring, communication about CSA, and building a strong, positive parent-child relationship will help children identify and avoid situations where they could be at risk for CSA.
- Parents/caregivers need knowledge, skills, support, and confidence to discuss CSA with their children.
- Parents/caregivers are more likely to communicate with their children about CSA if they:
  - Believe they have ability to do so;
  - Have practice performing the behaviors; and
  - Believe the behaviors will lead to beneficial outcomes

Theoretical and Programmatic Assumptions (Session 7)

- Parents/caregivers and community members are more likely to support ALHIV if they understand the critical role they play in guiding them through adolescence, so they can reach their life goals.
- Parents/caregivers and community members need knowledge, skills and confidence to support and guide ALHIV, about issues related to stigma, HIV disclosure, ART adherence, and sex.
- Parents/caregivers and community members will be more likely to communicate with ALHIV about healthy relationships and preventing risky sexual behaviors if they 1) believe they have the ability to do so, 2) understand the unique needs and challenges of ALHIV, 3) have practice performing these behaviors and applying this knowledge, and 4) believe the behavior will lead to beneficial outcomes

Figure 2. FMP Theoretical Logic Model – Session 1-5

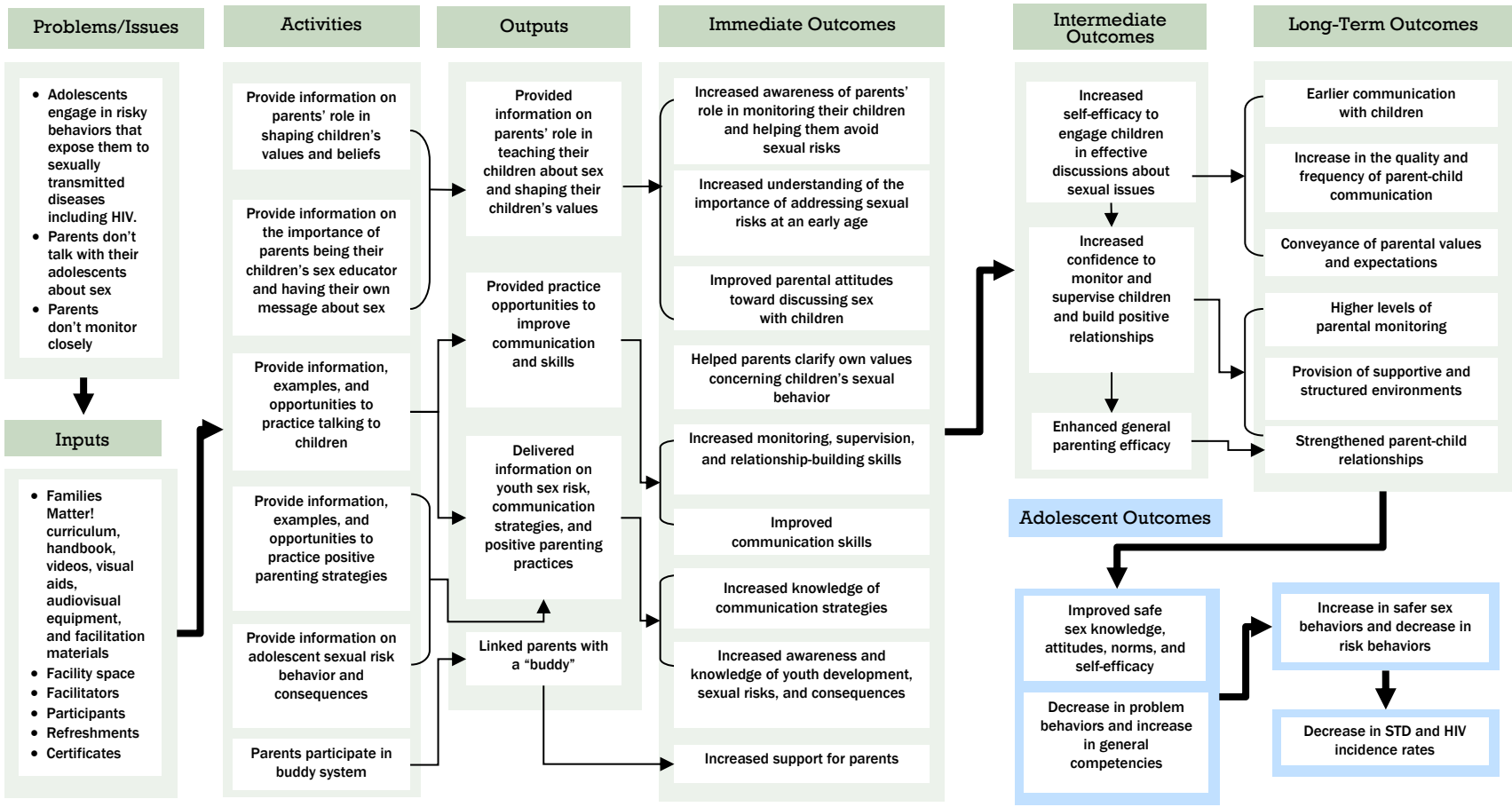


Figure 3. FMP Theoretical Logic Model – Session 6

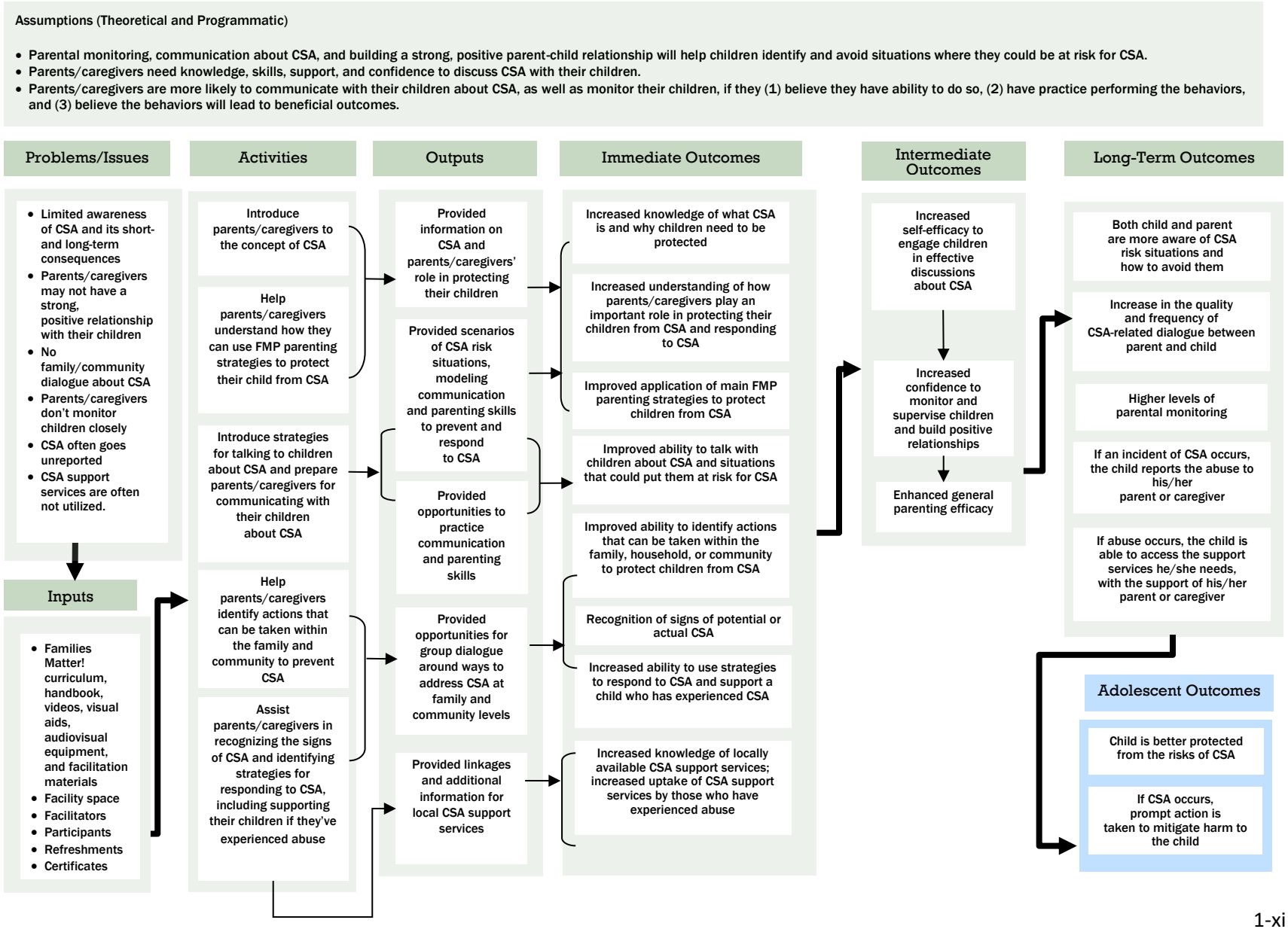
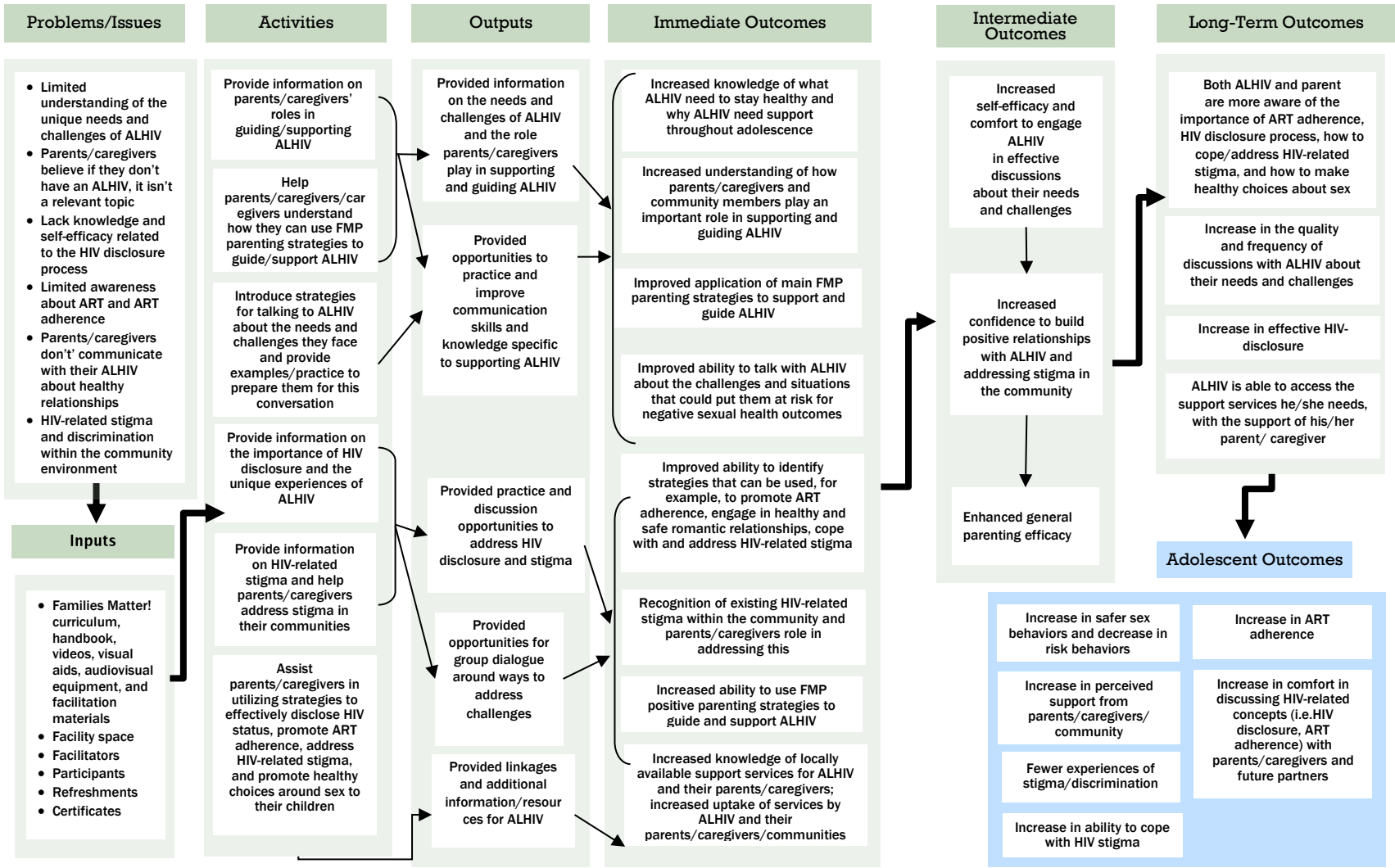


Figure 4. FMP Theoretical Logic Model – Session 7

Assumptions (Theoretical and Programmatic)

- Parents/caregivers and community members are more likely to support ALHIV if they understand the critical role they play in guiding them through adolescence, so they can reach their life goals.
- Parents/caregivers and community members need knowledge, skills and confidence to support and guide ALHIV, about issues related to stigma, HIV disclosure, ART adherence, and sex.
- Parents/caregivers and community members will be more likely to communicate with ALHIV about healthy relationships and preventing risky sexual behaviors if they 1) believe they have the ability to do so, 2) understand the unique needs and challenges of ALHIV, 3) have practice performing these behaviors and applying this knowledge, and 4) believe the behavior will lead to beneficial outcomes.



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5. New Programming – Teachers Matter!, Communities Matter!, Faith Matters!

In addition to parents, several key adult figures play a crucial role in supporting and educating youth in terms of sexual risk reduction, as well as in creating a protective environment in which youth can reach their life goals. Recognizing the potential for the evidence-based FMP program to be tailored to various audiences, while maintaining adult learning principles and the values-neutral approach, three new curricula have been developed: **Teachers Matter!, Communities Matter!, and Faith Matters!**. These curricula are being piloted in 2017/2018. Teachers Matter! focuses on building the skills, comfort, and confidence of teachers who will be or are delivering comprehensive sexuality education in their school setting to discuss sex and sex-related topics. Communities Matter! and Faith Matters! are strongly focused on Session 7 of FMP on Guiding and Supporting Adolescents Living with HIV (ALHIV). These two programs engage key community leaders with the goal of helping create a supportive and protective community-level environment to improve the quality of life of ALHIV and decrease HIV-related stigma at the community level. Short descriptions of each program are included below in addition to contact information if you organization is interested in also implementing one of these evidence-informed programs.

Teachers Matter!

The Teachers Matter! Program (TMP) will utilize key components from the Families Matter! Program (FMP) curriculum to ensure teachers are prepared to deliver the sexuality education curriculum. A teacher training module was utilized and found effective when implementing the Parents Matter! Program (PMP) in the United States.

By using FMP as the foundation, the information conveyed through TMP will include culturally acceptable and age-appropriate content surrounding sex, sexuality, child sexual abuse, and gender-based violence. Implementing TMP can help ensure teachers feel comfortable discussing sensitive sex-related topics and have the knowledge, skills, and confidence to successfully deliver comprehensive sexuality education (CSE) to their students. Core elements that will be covered in the Teachers Matter! Program include:

- Improving knowledge about adolescent development
- Importance of the teacher's role in educating students about sexuality
- Information to increase comfort and skills in discussing sex and sexuality
- Increasing awareness of sexuality and pressures students face
- Understanding child sexual abuse/gender-based violence and the role teacher's play in protecting students

- Guiding and supporting students living with HIV
- Creating direct linkages to sexual health resources

TMP will be implemented via a two day training for a total of 12 contact hours. Teachers will be assembled in small groups (in-service) and will receive TMP from two trained and certified facilitators who share equal responsibility for delivering the curriculum. TMP will utilize a mixture of structured learning experiences, discussion, role plays, and group exercises.

For inquiries contact Meghan Duffy (wwwp2@cdc.gov) and Kim Miller (kxm3@cdc.gov)

Communities Matter!

Identified as one of the populations with the highest rate of HIV treatment failure and highest risk for HIV and STIs, there is a significant need to support the growing youth population in terms of both HIV prevention and treatment. Adolescents living with HIV (ALHIV) face unique challenges as they navigate new cognitive and social developmental phases, transition from pediatric to adult HIV care, experience various peer pressures, and begin to engage in sexual relationships. Therefore, ALHIV are in need of tailored support from various entities such as health care workers (HCWs), teachers, and faith based organizations (See Faith Matters! section below), especially as access to treatment increases and we transition into a chronic disease management approach to HIV care for all people living with HIV.

The Communities Matter! Program (CMP) will utilize key components from the FMP curriculum to ensure that teachers and healthcare workers gain a better understanding of the unique challenges, experiences, and needs of ALHIV. The overall goal of the CMP is to create a community environment in which ALHIV feel supported and have access to effective resources (social, emotional, medical, etc.) to improve their quality of life. CMP strives to build community members' knowledge and empathy related to the experiences of ALHIV and increases their skills and comfort in communicating about sex, sex-related issues, as well as HIV-related matters such as ART adherence and HIV disclosure.

CMP is comprised of two, audience-specific curricula (e.g., teachers and health care workers) and will build on the knowledge and skills of these key community members to work with and support ALHIV.

More specifically, the program aims to:

- Increase community members' understanding and awareness of the challenges faced by ALHIV including those related to stigma, HIV disclosure, ART adherence, and healthy relationships
- Build knowledge and willingness to inform, guide, and support ALHIV around issues of stigma, disclosure, ART adherence, and healthy relationships
- Enhance community members' knowledge and comfort in communicating about sex and other health-related matters with ALHIV
- Equip community members to be good role models for youth and others in community who may hold discriminatory and negative beliefs toward ALHIV

- Increase communication with ALHIV, regarding HIV treatment, HIV stigma, adolescent sexual and reproductive health, among other important topics related to the wellbeing of the youth population such as GBV/CSA
- Increase knowledge of the community resources available to support ALHIV and facilitate linkages when needed

The Communities Matter! Program will be implemented as a 1 day workshop for each audience, for 8 contact hours. Audience-specific workshops will be delivered to small groups of (14-20 participants) by two trained and certified FMP co-facilitators (one male and one female) who share equal responsibility for delivering the curriculum. Delivery of the workshops will utilize a mixture of structured learning experiences, discussion, and group exercises. The curriculum delivered will consist of core elements of FMP in an effort to build a knowledge base related to effective communication skills, strengthening relationships with youth, and adolescent sexual and reproductive health. The focus, however, will be on ensuring thorough knowledge and discussion of the unique challenges and needs of ALHIV, the impact stigma has on the lives of ALHIV, how to address this stigma, and the crucial role that the health care workers and teachers (respectively) play in the support of these youth.

For inquiries contact Shilpa Patel (bte3@cdc.gov) and Sarah Shaw (ndf3@cdc.gov)

Faith Matters!

The World Health Organization has emphasized the need for public health agencies to collaborate with FBOs in an effort to positively impact the HIV care continuum. Intervening at this faith-based community level is essential as religion plays a role in defining health-seeking behaviors, attitudes, and values. Therefore, the Faith Matters! program will engage faith-based leaders in an effort to improve health outcomes and the quality of life of ALHIV and to promote a supportive environment for ALHIV. Furthermore, utilizing this existing community structure recognizes the influential role FBOs play in the health and well-being of their communities and the value of engaging community strengths and values when working within a topic that cultural norms often deem taboo.

The Faith Matters! program will utilize key components from the FMP curriculum to ensure that faith-based leaders gain a better understanding of the unique challenges, experiences, and needs of ALHIV. The overall goal of the program is to create a community environment in which ALHIV feel supported and have access to effective resources (social, emotional, medical, etc.) to improve their quality of life. Through this process, Faith Matters! also aims to reduce secondary transmission within this community and challenge stigmatizing beliefs related to HIV. Among faith-based leaders, the focus is on building awareness and empathy, as well as identifying their unique role in supporting these youth in their community.

Faith Matters! will be implemented as a 1 day workshop targeting faith-based leaders with the main goal of increasing faith-based leaders' understanding of the unique challenges, experiences, and needs of ALHIV in order to build awareness and empathy among the faith-based community and reinforce their key role in supporting these youth. Through this process, Faith Matters! also aims to challenge stigmatizing beliefs surrounding HIV and create a supportive environment for ALHIV leading to improved ART adherence and quality of life.

The Faith Matters! Program specifically aims to:

- Increase knowledge of HIV treatment and self-care for ALHIV
- Increase knowledge of issues specific to ALHIV, such as stigma and mental health, HIV disclosure, barriers to treatment adherence and self-care, and healthy relationships
- Increase knowledge of resources and services available for ALHIV
- Increase comfort in discussing topics such as stigma and discrimination, HIV adherence and self-care, and healthy relationships
- Increase support and linkage provided to ALHIV and their parents about services for ART treatment and treatment adherence
- Increase initiation or participation in ALHIV-related activities provided through the church (e.g., support groups for ALHIV and their parents, HIV-testing, HIV awareness events)
- Increase discussions within the church about the challenges ALHIV face

For inquiries contact Evelyn Davila (iyl7@cdc.gov) and Kim Miller (kxm3@cdc.gov)

SECTION 2
Ensuring Cultural Relevancy: *First step in preparing for FMP Implementation*

Cultural Relevancy

To implement FMP successfully, the cultural context of the target community must be taken into consideration. Specifically, program materials must be culturally sensitive to their intended audience. Language, tone, images, and activities should reflect the cultural norms of the community and be relevant to the specific audience. Materials should also be visually appealing and easy to use and understand.

Examples of FMP components that should reflect cultural norms include:

- **Session Facilitators**
  Session facilitators should reflect the ethnic or racial profile of the parents/caregivers in the community. Ideally, facilitators should live in the same (or a similar) community as participants and be familiar with the community's cultural norms and nuances, and speak the local languages or dialects. Facilitators should have or have had children in the 9-14 year-old target age range for FMP or 15-19 year-old target age range for FMP2, or have experience working with these age groups so that they can relate to the challenges participants face in parenting. (See Section 3 for more information on necessary facilitator characteristics.)

- **Program materials and content**
  The program materials, including posters and handouts, should be culturally appropriate. Literacy levels should be considered in relation to the amount and complexity of text that is used within these materials. The images used should also be designed to resonate with participants.

  The content within the activities in the Facilitator Manual should also be culturally appropriate. For example, the scenarios depicted in the audio scripts and role plays should reflect situations that commonly occur in the community in which you are working and should be conveyed using everyday language. Proverbs used to convey key FMP messages should be familiar to participants.

Implementation logistics

The way in which the program is implemented should also reflect cultural preferences and norms. Sessions should be delivered on days and during times that are convenient to participants and that do not conflict with other major community events. In addition, the sessions should be held at a culturally appropriate venue. Refreshments, such as tea, may also be expected.

Overview of Adaption Process

It is critical to involve community members in the adaptation process, as community members are the most knowledgeable about their own cultural preferences and are best placed to determine what intervention strategies are acceptable and sustainable in their community. By obtaining feedback from parents/caregivers, other primary caregivers, community leaders, and older youth regarding their views of the program's activities, messages, and delivery methods, FMP can be appropriately adapted for the community in which it will be implemented. Involving community members in the adaptation process also helps to obtain community buy-in for the program, which can help improve participant recruitment and retention down the road.

Process

The adaptation workshop occurs **prior** to making any adaptations to the program materials. During a **2-day workshop,** a diverse range of stakeholders from your FMP implementation community are presented with select program activities and materials. It is critical that the components that are presented to the community are contextualized so that participants understand the aim of each component in order to give informed feedback. Through group work, participants provide recommendations on the aspects of the program that should be changed to better align with the community's norms and culture. This feedback is used to inform the adaptations needed to tailor FMP to your cultural context. CDC-Atlanta staff facilitate the workshops and a manual is available with more information regarding the adaptation workshop content/agenda. Contact Kim Miller (kmiller@cdc.gov) for more information.

Participants

The adaptation workshop is designed for a group of approximately 25-40 participants. Participants for the workshop should include a variety of community members who represent the community in which you plan to implement the Families Matter! Program. The following community members should be represented:

- Mothers, fathers, and other primary caregivers of 9-14 year olds for FMP and 15-19 year olds for FMP2

- Teachers of the above age groups
- Other adults who may participate in youth sexuality education (e.g. traditional initiation rites leaders, health care workers, aunts, grandmothers)
- Older adolescents (15-19 year olds)
- Community leaders (e.g. religious leaders, administrative leaders, traditional leaders)

Where to Hold Adaptation Workshops

Since the adaptation workshop is meant to give community members a voice in the adaptation process, you may need to hold more than one adaptation workshop if you are implementing in more than one culturally distinct community. The number and location of your workshops will depend on where you plan to implement FMP. It is important to ensure that each culturally unique community in which you are implementing FMP is represented at a workshop. You can accomplish this by holding one workshop with participants with diverse characteristics (e.g. if you plan to implement with a Christian community and a Muslim community, ensure that both Christians and Muslims participate in the workshop), or by holding more than one workshop. It is advised that you keep the total number of workshops small, otherwise you will end up with an overwhelming amount of feedback that may be difficult to process. Holding between 1 and 3 workshops is manageable.

Major Components for Review during Adaptation Workshop

During the adaptation workshop, participants review and provide feedback on the following components of FMP to inform necessary adaptations:

Audios

Audios include the voices of children, parents/caregivers, and community members discussing relevant issues or exemplifying concepts presented in FMP. The audio scripts should be tailored so that the scenarios are relevant to the setting in which you are working, have appropriate cultural references, and clearly convey the intended purpose of the specific activity to participants.

Posters and Proverbs

Visual aids in the form of posters are used during FMP sessions to help explain concepts and stimulate discussion. Many of the posters illustrate proverbs which are used throughout the intervention sessions. The proverbs should be tailored to represent familiar local proverbs or expressions that clearly convey the intended message of the original proverb or saying used in the activity. The posters should be tailored to depict situations that are relevant to the related proverb, are culturally appropriate, and that resonate with the participants.

Role-plays

Role-plays are used during FMP sessions to provide important opportunities for the participants to practice their new communication skills with each other and to become more comfortable and confident in talking to their children about sexual issues. The role-plays should be tailored so that the scenarios are relevant and realistic to the setting in which you are working.

Logo

The FMP logo is found on the various materials used during FMP sessions. It serves as a visual representation of the message of the program – that Families Matter! During the adaptation workshop, participants brainstorm and draw new FMP logos that depict a culturally relevant scene that conveys the important role families play in communicating with their children about sexual topics and sexual risk reduction.

If there are other components or activities of FMP that you believe may need cultural tailoring, these can also be built in to the adaptation workshop agenda.

SECTION 3

Targets, Program Staff Recruitment and Training

Prior to delivering FMP, program staff and facilitators must be identified or recruited, and trained. The number of staff and facilitators needed to deliver FMP is dependent on your organization's targets.

Section 3 outlines the reach of the program based on the number of facilitator pairs and describes the requirements for the staff and facilitators who will be hired to implement FMP. In addition, the training process for the staff or facilitators is described. To deliver FMP, facilitators must be certified or provisionally certified after completing the Training of Facilitators (TOF).

Staffing Overview

Staffing Needs

Your FMP project team should include the following staff:

- A program manager (# dependent on # of facilitators – aim for 1 PM for 6 facilitator pairs)
    - *This can also be based on a model that would allow for thorough monitoring of each facilitator pair twice during a 7 week period and regular review of records and data.
- A community mobilizer/recruiter (to assist with community mobilization and recruitment of participants in each implementation site/area)
- Administrative Assistant
- Helper(s) for session 5
- Facilitators (# dependent on targets)

FMP staff members should have:

- Commitment and passion for working with families to support them in raising healthy children;
- Familiarity with the cultural norms of the community in which you are working;
- Experience working with families;

- Familiarity with the administrative structures and other key stakeholders in your implementation community;
- Experience implementing behavioral, group-level interventions; and
- Understanding of evidence-based programming.

The Staff Recruitment and Training Appendix provides additional information about the roles and responsibilities of FMP staff and sample job descriptions.

Staff Recruitment

In terms of staff recruitment, policies should be developed for each of the following:

- The required characteristics, skills, and experience for each staff member
- The roles and responsibilities for each staff member (**Staff Recruitment and Training Appendix**)
- The procedures you will use to recruit staff, including advertisement procedures;
- The process for hiring staff, including the interviewing process and who is responsible for making hiring decisions; and
- What strategies will be used to retain staff and prevent staff turnover.

Program Managers Training

To gain familiarity with the program, Program Managers and other key FMP program staff can attend a FMP Program Managers consultation facilitated by CDC-Atlanta staff. It is also recommended that the M&E person attends this workshop. This will allow staff to:

- Gain an understanding of the purpose and goals of FMP;
- Learn about the background research and theoretical underpinnings of FMP;
- Become familiar with the structure and format of the intervention;
- Become familiar with the steps to adapt and implement FMP; and
- Create a work plan and timeline to move forward with adaptation and implementation.
- Learn about the various process and monitoring forms used in FMP and how they are filled in and be ready to train other FMP staff including facilitators on the use of the forms

Recruiting and Training FMP Facilitators

Because facilitators play a critical role in the successful delivery of FMP, it is imperative that highly qualified facilitators are recruited and provided with thorough training on FMP facilitation. Only those facilitators who are certified after attending the Training of Facilitators (TOF) can be hired. Facilitators must also have the opportunity to practice the entire intervention prior to delivering it to

parents/caregivers. Facilitators must understand FMP so that they can communicate the goals and purpose accurately to parents/ caregivers. This component describes the desired educational qualifications, characteristics, skills, and abilities of FMP facilitators in detail, as well as options for facilitator recruitment and training.

Determining Facilitation Needs

The number of facilitators you hire will depend upon your organization's target (how many people you plan to reach with FMP) and budget. Consider the following when determining how many facilitators you will need to hire:

- Facilitators should be hired full-time and paid a fair wage to maximize your investment in their training and the number of participants they are able to reach. **Hiring volunteers or people who are already employed elsewhere is not recommended.**
- Facilitators must be certified or provisionally certified through the Training of Trainers (TOF) which is thoroughly discussed later in this section and in the **Staff Recruitment and Training Appendix**.
- Every FMP session is facilitated by a team of two facilitators: one male and one female.
- The same facilitator pair delivers all 7 consecutive sessions of FMP for a given group of parents/caregivers.
- The 7 sessions must be conducted once per week over the course of 7 consecutive weeks.
- The recommended number of groups for full-time facilitators to reach is five to six per week with a maximum of two groups per day.
- It is recommended that facilitators receive a one-week break after each FMP wave to prepare for the following wave and to avoid burnout. Participant recruitment and enrollment can be done during the off-week.

Reach per wave depending on the number of facilitator pairs

	# parents/caregivers per wave		
# of parents/caregivers per group	**18**	**26**	**30**
1 facilitator pair	108	156	180
2 facilitator pairs	216	312	360
5 facilitator pairs	540	780	900
10 facilitator pairs	1080	1560	1800
15 facilitator pairs	1620	2340	2700

*Based on each facilitator pair delivering FMP to 6 groups per week

*To determine how many facilitator pairs you first need to identify the target number of participants to be reached per wave. Then divide the target by 180.

FMP Facilitator Criteria

Facilitators play a critical role in the success of FMP. In many ways, the program is only as good as the facilitators who deliver the sessions. Therefore, whether your plan is to use existing staff or hire new staff, facilitators should be chosen carefully on the basis of their skills, experience, and other characteristics. The table below outlines some of the necessary characteristics for FMP facilitators with more detail in the following text.

Overview of Necessary FMP Facilitator Characteristics

CHARACTERISTIC	GUIDANCE
Gender	Having one male and one female facilitator co-facilitate FMP will help participants: • Relate to a facilitator • Hear perspectives from the opposite gender • View both male and female role models for activities Half of the TOF participants should be male and the other half female
Cultural Orientation	Facilitators need to be culturally sensitive when delivering FMP. They should have familiarity with the community so that participants feel comfortable with facilitators. Specifically, facilitators should: • Speak the same language as participants • Be from the target community or a similar community • Ideally be of the same ethnicity as participants • Have children between the ages of 9-14/15-19 (or older) or have experience interacting with children in this age group
Education	Facilitators should have a certificate or diploma in a related field Facilitators should read/write and speak the language in which the TOF will be conducted in addition to necessary implementation languages
Experience	Facilitators should have prior experience: • Working with families in the community • In child and adolescent development, parent-child communication, or HIV prevention • Facilitating groups of adults
Comfort	Facilitators need to be comfortable and confident in discussing sex and sex-related issues. They should have the ability and willingness to present information and lead discussions about sexuality in a factual and comprehensive way.
Organization	Facilitators must be well-organized and able to: • Keep objectives and goals clearly in mind while facilitating • Remember information so that it can be used in response to questions • Use time well and keep sessions moving on schedule
Enthusiasm	Facilitators should have good people skills and be enthusiastic about: • The content of the program • Supporting parents/caregivers in their efforts to raise healthy children

The Staff Recruitment and Training Appendix includes a spreadsheet to capture these characteristics and must be completed and sent to CDC-Atlanta for review at least two weeks prior to the Training of Facilitators.

FMP facilitators need many skills and abilities to help them effectively deliver the program. Experienced facilitators may already have these skills and abilities and less experienced facilitators should be able to gain them with training and practice. Expanding on the characteristics outlined in the table, FMP facilitators need all of the following skills:

Ability and Willingness to Lead Discussions about Sexual Issues

FMP facilitators should be comfortable and confident discussing sexuality issues. Specifically, in leading discussions, facilitators should:

- Be knowledgeable about puberty and adolescent development in order to answer parents/caregivers' questions;
- Understand local sexual terms and slang and be comfortable using such terminology;
- Be able to relay information about sex in a matter-of-fact tone, refraining from crudeness in words or actions that may cause discomfort in the group;
- Know when to stop discussions that may become uncomfortable to participants or inappropriate;
- Help participants express information that they may feel uncomfortable or embarrassed about expressing;
- Lead discussions in a mature, professional manner modeling how parents/caregivers should bring up and talk about issues;
- Be aware of their own attitudes and values about sex and how these impact the group; and
- Recognize and value diverse opinions and create an open, inclusive environment during the discussions.

Ability and Willingness to Work within Community Norms

FMP facilitators should be comfortable working within the cultural norms of the community in which FMP is being implemented. FMP facilitators should be from the community in which they are serving or a similar community, speak the same language as the participants, be of the same ethnicity, and be aware of social norms.

Knowledge of Adolescent Sexual Behavior

Facilitators should have knowledge of adolescent development and sexual behavior, but they must be able to strike a balance between being a knowledgeable resource to parents/caregivers and acting as the expert, which can impede the parents/caregivers' learning process. FMP facilitators should:

- Guide the learning process by moving the discussions along, giving information, and helping the parents/caregivers learn specific skills;
- Answer parents/caregivers' questions about adolescent behaviors as well as indications of sexual readiness or sexual activity observed in the target children; and

- Draw upon their personal experiences with their own or other children as well as formal education on child development.

Knowledge of Child Rearing and Communication Issues

FMP facilitators should also be knowledgeable about raising and communicating with preadolescent and adolescent children. As part of this knowledge, facilitators should:

- Understand and have empathy for issues related to raising and communicating with children;
- Have had their own children or children under their care in the target age range or have experience working with children in the target age range;
- Understand the difficulties that parents/caregivers face, since parents/caregivers will be more likely to trust and accept encouragement from someone with whom they can relate;
- Share personal stories and experience to aid participants' understanding of how to implement positive and effective parenting practices with their own children;
- Understand that no one is perfect and good parenting relies on building individual strengths;
- Know that children impact their parents/caregivers' behavior and that parenting involves give and take between parents/caregivers and children;
- Teach certain skills and techniques so parents/caregivers can tailor the skills to meet the needs of their children and family;
- Be able to distinguish between parents/caregivers who are tailoring their skills to meet their children's needs and those who are avoiding discussing sensitive topics; and
- Guide parents/caregivers to improve communication skills.

Facilitation Experience

FMP facilitators should have previous experience with facilitation. At a minimum, facilitators should:

- Have experience delivering other interventions and programs;
- Be able to troubleshoot and interact appropriately with participants;
- Be able to manage discussions and keep the group moving;
- Be enthusiastic;
- Have good people skills;
- Be able to successfully complete the FMP TOF in order to properly deliver the sessions; and
- Be comfortable adhering to curricula, including following the Facilitator Manual.

Ability to Conduct and Critique Role-plays and Offer Feedback

Another important skill that FMP facilitators should have is the ability to provide parents/caregivers with constructive feedback in a non-judgmental and values-neutral way. In this role, facilitators must:

- Be comfortable acting in front of groups;
- Be aware of diverse parental attitudes, opinions, and behaviors;
- Have thorough knowledge of curriculum content;
- Understand that each parent has a different parenting style;
- Be able to recognize parents/caregivers' strengths and weaknesses in role-plays;
- Be able to be supportive and positive in letting parents/caregivers know what was good and what needs improvement; and
- Be aware of diverse parent-child relationships.

Recruitment and Hiring Process

It is particularly important to have a strategy outlined for hiring and retaining qualified facilitators. Facilitators play a critical role in the success of FMP and must be chosen carefully based on their qualifications, skill, and enthusiasm for the program. Training facilitators can be a significant portion of your program costs, and so it is critical to retain facilitators who are successfully recruited and trained. Exceptional facilitators who remain with the project help to build the reputation of FMP as well as attract and retain participants.

A three-step recruitment plan may be useful to recruit and hire facilitators. During the three-step process:

1. A face-to-face interview is conducted with qualified candidates who meet the qualifications outlined above.

2. The short-listed candidates take part in a group discussion guided by standardized prompts to explore issues of discussing sexuality with children. This discussion helps to show which candidates are confident in discussing sexuality in a group setting and if candidates hold strong opinions about sexuality issues which may hamper their ability to facilitate FMP sessions in a nonjudgmental way. Example questions for the group discussion include:
   - Should parents/caregivers talk to their children about sexual issues? Why or why not?
   - What should parents/caregivers say when they talk to their children about sexual issues? Should they tell them about condoms? Abstinence? Family planning?

   Candidates can also facilitate activities in front of the group that will display their comfort discussing sexuality, such as doing a condom demonstration, labeling the parts of the male and female genitalia on the reproductive organs posters, or describing conception, puberty, or HIV transmission.

3. The successful interviewees may be paid a small stipend to attend the 5-day FMP TOF. This is up to the implementing partner's budget and opinion. After the training, Master Trainers and CDC staff will provide the implementing partner with a certification list of those candidates that display the best facilitation skills and mastery of content and these individuals can be hired. **It is important not to promise individuals employment prior to their completion of the TOF, as not all participants who complete the training are successfully certified as FMP facilitators.** Only those who display a thorough understanding of FMP and the necessary facilitation skills will be certified and be eligible for hiring.

It is imperative that some iteration of step 2 is followed. Regardless of previous facilitator experience, facilitators will not be successful at delivering FMP if they are not comfortable discussing sexual issues openly.

Other things to consider during the recruitment process include the following:

1. *Where will you be implementing FMP? Is it easy to get from site to site? You may be able to recruit from a large pool of people or need to recruit from different areas or districts depending on your targets and geographic distribution.*

2. *The number of candidates you will recruit for the TOF is dependent on your organization's targets. If recruitment guidance is followed well, plan for about a 50% certification rate. For example, if you need 6 pairs, recruit 24 candidates to the TOF (12 male/12 female).*

3. *How many waves do you need to meet your targets? How many 8 week periods (7 weeks of FMP, one off week) are available in your time period? When planning schedules for waves, keep in mind holiday schedules.*

Conflict of Interest

When recruiting facilitator candidates, it is important to follow a standard recruitment and hiring process to avoid any conflicts of interest. Recruiting family members to attend the TOF is not acceptable.

Retention of Facilitators

As is evident by the rigorous qualifications required by FMP facilitators, it is not always easy to find skilled facilitators. Once you do, you will want to hold on to them, particularly after having invested in their training. Since the program cannot run without trained facilitators, it is critical that you have a plan for retaining facilitators. In the end, the small investments you make in retaining your facilitators will save you the much larger expenditures of having to recruit and train additional facilitators.

The following strategies will help in retaining your facilitators:

- *Pay facilitators well.* The most important way you can retain your facilitators is by compensating them with a competitive salary. Otherwise you may lose your facilitators to other organizations. In addition, ensure that all employees receive their pay as scheduled.
- *Keep facilitators busy.* Once you hire facilitators, you should be ready to begin implementation (or pilot-tests) immediately. Do not let your trained facilitators sit around with nothing to do, as they will likely become bored and may forget what they learned in

the TOF. If implementation is stalled, involve them in other ways, such as in mobilization and recruitment.

- *Avoid burnout.* Facilitating FMP takes a lot of energy. Be careful not to overload facilitators with too many groups per week (6 groups per week should be the maximum with no more than 2 groups per day), and give them a week break in between each FMP wave.
- *Recognize accomplishments.* Provide facilitators with positive feedback and reward them for their work. Emphasize the importance of their work and their contribution to the success of FMP.

Though many HIV prevention programs rely on volunteers, this is not recommended for FMP. The job of facilitating FMP is demanding and requires a high level of skill that should be duly compensated. In addition, there is frequently high turnover when relying upon volunteers. Considering the investment required to train facilitators and that one wave of FMP takes 7 weeks to complete, high staff turnover will jeopardize the success of FMP. For these same reasons, hiring people who are employed elsewhere part-time is **not recommended**.

Training of Facilitators (TOF)

All FMP facilitators must successfully complete the FMP Training of Facilitators (TOF) in order to deliver FMP. To be effective, facilitators must be very knowledgeable about FMP subject matter and be able to effectively share the information with FMP participants. The week-long TOF is a hands-on, skills building course that provides participants with in-depth knowledge about how the program works and prepares them to facilitate FMP sessions. Participants receive instruction, demonstration of facilitation strategies, and opportunities to demonstrate facilitation of assigned portions of the FMP curriculum in front of the group and receive constructive feedback.

Attending the training does not ensure that a participant will be certified as an FMP facilitator. **Only participants who demonstrate an ability to facilitate FMP during the TOF are certified as FMP facilitators.** Therefore it is extremely important to ensure that participants chosen to attend the training meet all of the characteristics outlined above and in the **Staff Recruitment Appendix**.

There are three levels of certification: 1) Fully Certified, 2) Provisionally Certified, and 3) Not certified. Only those who are fully or provisionally certified can be hired to deliver FMP. A provisionally certified facilitator MUST be paired with a fully certified facilitator at all times.

During the TOF, potential facilitators have multiple opportunities to rehearse and present practice and demonstration assignments (both partnered and individually) and are evaluated according to the following criteria:

Facilitation Skill Key	

Preparation	• Prepared all materials necessary for session:
	  ○ Newsprints
	  ○ Handouts/page numbers in participant manual
	  ○ Role play cards
	  ○ Audios
	  ○ Co-facilitator (for demo presentation)

Delivery: Voice, Passion, Energy	• Used good voice inflection • Projected adequately • Facilitated with emotion/passion • Provided local examples/situations to clarify points
Attending/Observing/Listening	• Showed interest and attention to participants • Faced the audience • Addressed entire group (did not focus on one side) • Maintained appropriate eye contact • Moved helpfully amongst participants • Avoided distracting behaviors • Paraphrased participant responses appropriately
Time/ Group Management	• Used time management strategies • Spent adequate time on each topic • Paced activity properly • Handled planted disruptions appropriately
Asking/Responding to Questions	• Asked clear, concise, simple and open-ended questions • Paused for responses • Repeated questions when necessary • Addressed entire group when answering questions • Recognized the importance of all questions • Respectfully answered questions • Asked if additional explanation was needed • Corrected misinformation
Fidelity	• Covered all content in the correct order • Used all required materials appropriately (posters, audios, handouts, etc.) • Followed directions in the manual correctly
Understanding	• Demonstrated understanding of the activity • Demonstrated understanding of the context/placement of activity within wider FMP curriculum • Demonstrated understanding of FMP as a whole

The TOF should only be scheduled when your organization is ready to begin implementing FMP. Facilitators should begin delivering FMP as soon as they have completed the training and practiced the full intervention. This will ensure that the skills and knowledge they gained through the training remain fresh, and that facilitators are kept active. It is recommended to schedule the training up to three weeks prior to the start of implementation. This will allow one week for the TOF to occur, and one to two weeks for practice/preparation.

The TOF can only be conducted by certified FMP Master Trainers. Staff at CDC-Atlanta will provide guidance on the facilities and preparations needed for the training as well as provide contact information for certified FMP Master Trainers to conduct the TOF course. However, CDC cannot be involved in negotiating FMP Master Trainer contracts. It is important to be in contact with FMP Master Trainers in advance.

It is important to note that FMP Master Trainers speak English. If the language of implementation will be different than English necessary plans must be made to hire and adequately prepare a skilled translator. CDC-Atlanta can assist with this process.

It is recommended that program managers attend the first day of the TOF so that they are familiar with the expectations for FMP facilitators and can effectively manage their facilitators. Supervisors should not attend the last couple days of the training during which the demonstrations are conducted, but they will be needed at the end of the last day to provide the participants with information on "next steps" (certification, hiring etc).

The Master Trainers who conduct the TOF and CDC-Atlanta staff when present will provide the partner with the certification status of all TOF participants within 6 hours of completion of the TOF. The Master Trainers will also provide the implementing organization with a report detailing the strengths and weaknesses of each of the facilitators. This report will be submitted within two weeks of the completion of the training.

A checklist for TOF preparations is included in **The Staff Recruitment and Training Appendix.**

During monitoring visits, CDC Atlanta will re-evaluate those facilitators who are provisionally certified and assess whether they have improved on the areas identified as weaknesses in the report and can become fully certified. Only the Master Trainers or CDC Atlanta can certify facilitators.

Outside of formal monitoring visits, facilitators should be evaluated by an observer who sits in on the sessions once they begin delivering the program to parents/caregivers and gain some experience. The observer should be someone who has attended the FMP TOF and who is knowledgeable about the program (e.g. a program manager). More information on monitoring can be found in **Section 6**.

Facilitator Practice Week

A facilitator practice week is held directly after the TOF to provide new facilitators with a chance to practice delivering all 7 FMP intervention sessions to an audience, to improve their fidelity to the curriculum, and to receive feedback on specific facilitation skills they may need to practice and improve upon before program delivery. Practice week can be delivered by Master Trainers or by CDC-Atlanta staff in collaboration with the FMP Program Manager(s) to minimize costs.

The practice week consists of a guided practice with mock participants (consisting of other FMP staff such as the Program Manager and Community Liaisons/Mobilizers or other parents/caregivers from the community), in which they practice facilitating all 7 sessions across at least 5 days (mock participants do not have to be present for the entire practice week but it is recommended to engage them as much as possible). If possible, all facilitator pairs should deliver each session. When this is not possible, facilitators should alternate delivering sets of activities. It is important that facilitator pairs see the program delivered in the complete sequence. Facilitator pairs observe each other and contribute to feedback.

Master Trainers or CDC-Atlanta staff and the Program Manager provide coaching and feedback to the pairs after each session. Provisionally certified facilitators should be carefully observed and receive additional coaching during the practice week to make sure they are improving. Fully certified facilitators may exhibit stronger skills, but they can still improve in many ways and need to practice as well.

The practice week is also a good opportunity to let other members of your organization's staff become familiar with FMP by participating in a practice run of the program. The audience should pretend they are parents/caregivers and fully engage in the sessions to give the facilitator experience managing participants.

Reproductive and Sexual Health Workshop

A reproductive and sexual health workshop should be held shortly after the TOF to bring the facilitators up to date on the latest reproductive health, family planning and HIV/AIDS information. The workshop must be held prior to FMP implementation, and is held usually the day after the TOF or the following week. Similar workshops should be held yearly to ensure facilitators are adequately prepared to answer questions from participants when delivering FMP. Relevant topics for these workshops may be identified by collecting frequently asked questions facilitators receive during FMP delivery. Implementing Partners can request local health offices and non-governmental organizations to come and teach different parts of the workshops.

Topics can include, but are not limited to:

- **Anatomy and physiology of male and female reproductive organs;**
- **Family planning methods;**
- **Drivers of the HIV epidemic;**

- HIV counselling and testing;
- Prevention of Mother-to-Child Transmission (PMTCT);
- Gender-based violence;
- Gender norms
- Girl empowerment
- Negotiation of safe sex
- STI transmission, treatment and prevention;
- Voluntary Medical Male Circumcision (VMMC);
- Living with HIV and Viral Load
- Test and Start
- CSA/GBV and reporting policies; and
- Orphans and Vulnerable Children (OVCs).

3 Staff Recruitment and Training Appendix

1. Facilitator Recruitment Criteria spreadsheet
   **to be completed and sent to CDC-Atlanta for review at least two weeks prior to the TOF*
2. Staff Roles/Responsibilities and Job Descriptions
   - Program Manager
   - Facilitators
   - Community Mobilizer/Recruiter
   - Administrative Assistant
3. FMP TOF Material Preparations & Checklist

1. Facilitator Recruitment Criteria

FMP TOF Selected Candidates

Facilitator's Name						
Facilitator's Contacts						
Facilitators age and gender						
Can read and write						
Comfortable and confident discussing sexuality issues						
Speaks the local language fluently						
Familiar with community (e.g lives in the community is of the same ethnicity or has previous worked with families in the community)						
Possesses a certificate or diploma in a related field						
Has prior experience facilitating discussions and activities						
Has experience in child and adolescent development, parent-child communication, child rearing and or HIV prevention. Provide examples						
Has Children in the target age range or older, or has experience working with pre-teens. Provide details						
Enthusiastic about facilitating FMP						

Position Title	Role/Responsibility
Program Manager	Responsible for managing and coordinating implementation of FMP, including: • Coordinating day-to-day project activities such as assigning tasks, monitoring progression, and arranging staff meetings • Supervising FMP staff • Recruiting and hiring facilitators and community liaisons • Coordinating facilitator trainings • Identifying technical assistance needs of project staff and coordinating the provision of technical assistance • Monitoring expenditures and the budget • Collaborating with other organizations as necessary; establishing community linkages and maintaining community relationships • Developing and implementing Standard Operating Procedures for responding to trauma or disclosure of CSA • Planning and facilitating marketing activities • Identifying and securing session space • Coordinating and managing participant recruitment • Supervising the M & E of the program, collection of data, proper management of data, and data analysis • Ensuring facilitators have necessary supplies to deliver FMP
Community Mobilizer/Recruiter	• Conducting community mobilization • Recruiting and screening potential participants • Scheduling participants for FMP groups • Helping to ensure retention; following up with parents who miss sessions • Supporting facilitators during sessions (e.g. delivering refreshments)

Facilitator	• Participating in the Training of Facilitators
	• Facilitating FMP sessions, including:
	  • Facilitating the activities in the FMP Facilitator Manual
	  • Managing discussions on sensitive topics in an inclusive manner
	  • Modeling skills and behavior
	  • Answering questions
	  • Making personal connections and contact with participants
	  • Demonstrating concern for participants and their families
	  • Using tools during facilitation (e.g., audio equipment, flipcharts)
	  • Collecting and monitoring data as needed (e.g., attendance data)
	  • Referring participants to appropriate social service agencies, as needed
	• Implementing SOPs for responding to trauma or disclosure of CSA as necessary
	• Attending regular staff meetings and training throughout the project
	• Communicating with FMP participants prior to scheduled sessions and for make-up options
	• Coordinating with PM to ensure they have the necessary supplies to deliver FMP

Administrative Assistant	• Supporting program staff (e.g. travel arrangements) • Recording staff meeting minutes and organizing lessons learned from notes • Securing project materials (e.g. audio equipment, audios, posters, flipcharts) • Buying and arranging refreshments for the project • Printing certificates of completion for participants • Performing tasks related to mobilization and recruitment • Entering monitoring data into a database • Tracking participant contact information

2. Staff Roles/Responsibilities & Job Descriptions

Program Manager

The program manager is responsible for managing and coordinating the implementation of a group-based, multi-session behavioral intervention to prevent HIV infection among youth and create a safe environment for youth.

Primary responsibilities of this position include coordinating day-to-day activities of the project (e.g. assigning tasks, monitoring and ensuring progression of the project, arranging staff meetings); developing implementation plans; recruiting, hiring, and supervising staff; coordinating distribution of all necessary program materials as needed to ensure successful project implementation; conducting site visits to troubleshoot and monitor project progress; coordinating trainings; identifying technical assistance needs of project staff and coordinating the provision of technical assistance; monitoring expenditures and managing the budget; writing and submitting project reports as requested; attending project meetings; evaluating progress toward objectives and disseminate weekly written reports; collaborating with other agencies and organizations as necessary; establishing community linkages and maintaining community relationships; and developing/implementing Standard Operating Procedures for responding to trauma or disclosure of CSA. Other responsibilities may include planning and facilitating marketing activities; coordinating implementation logistics such as securing intervention space and coordinating participant recruitment; and supervising the M & E of the program, including data collection, management, and analysis.

Specific tasks that the Program Manager must complete include:

- Potential organization of/participation in FMP orientation sessions if applicable
- Coordination of all materials for facilitator pairs under their supervision
- Observation of facilitator session delivery via unannounced field visits (2 per pair per wave)
- Completion of all required paperwork for each field visit

Qualifications include:

- **Minimum** education level of a post-secondary certificate or diploma in a related field
- Prior experience in program management
- Prior experience implementing behavioral interventions
- Understanding of evidence-based programming
- Familiarity with the administrative structures and knowledge of who comprises the key stakeholders in a community
- Demonstrated leadership skills
- Excellent organizational skills
- Commitment and passion for working with families to support them in raising healthy children

Facilitator

Facilitators are responsible for delivering a community-based behavioral intervention to small groups of parents/caregivers following a pre-established curriculum. Primary responsibilities of this position include leading discussions on sensitive topics in an inclusive manner while keeping the discussion on track and giving feedback; using tools during facilitation (e.g., audio equipment, visuals, flipcharts to record participant responses); modeling communication skills and parenting behavior; answering questions; implementing Standard Operating Procedures for responding to trauma or disclosure of CSA when necessary and attending regular staff meetings and trainings throughout the project.

Qualifications include:

- Comfort and confidence in openly discussing sexuality issues
- **Minimum** education level of a post-secondary certificate or diploma in a related field
- Ability to speak the language(s) of training and implementation
- Prior experience in facilitating groups of adults
- Experience in child and adolescent development, parent-child communication, and/or HIV prevention
- Knowledge of child rearing: Candidates with their own preadolescent children or older, or have worked with or cared for children in this age group are desired
- Familiarity with the culture: ability to speak the same language as participants, living in the same or a similar community, and being of the same ethnicity as participants
- Familiarity and experience working with families
- Demonstrated leadership skills
- Excellent people skills
- Commitment and passion for working with families to support them in raising healthy children

Employment is contingent on successful completion of the *Families Matter! Program* Training of Facilitators, which is provided by the agency.

Community Mobilizer/Recruiter

The community mobilizer/recruiter is responsible for community mobilization for a community-based, small-group behavioral intervention for parents/caregivers to prevent HIV infection among youth. Primary responsibilities include carrying out mobilization strategies, recruiting and screening potential participants; scheduling participants to attend sessions; and helping to ensure retention by following up with participants who miss sessions. Other responsibilities may include arranging for supervision and activities for children and providing additional support to program facilitators during program sessions.

Qualifications include:

- Prior training and experience in community development work
- Knowledge of who comprises the key stakeholders in the community and able to establish good relationships with these communities
- Comfort in managing conflicts
- Demonstrated leadership skills
- Excellent people skills
- Strong organizational skills
- Dependability
- Commitment and passion for working with families to support them in raising healthy children

Expertise and experience in child and adolescent development, parent-child communication, or HIV prevention are desirable.

Administrative Assistant

The administrative assistant is responsible for administrative tasks associated with the implementation of a community-based intervention for parents/caregivers. Primary responsibilities of this position include supporting program staff, including arranging travel; attending staff meetings and recording minutes; securing program materials and refreshments; and printing and photocopying program materials. Other responsibilities may include tasks related to participant mobilization and recruitment; entering monitoring data into a database; and tracking participant contact information.

Qualifications include:

- Prior training and experience in administrative tasks
- Competent in necessary computer software including Microsoft Excel
- Strong organizational skills
- Strong attention to detail

3. FMP TOF Material Preparations & Checklist

Training of Facilitator (TOF) Preparations

- Trainings will occur over a period of 5 days (Monday-Friday)
  - When a translator is needed, the TOF occurs over a period of 6 days
- An additional half-day should be used to hold a sexual and reproductive health workshop for the facilitators who have been certified
- The following tasks need to be completed in preparation for the TOF:

Identify an appropriate training venue.

- The venue should have 1 main room and several breakout rooms
  - Room size depends on the number of facilitators being trained
- The venue should have capacity to provide lunch and tea breaks
- The main room should be equipped with:
  - LCD projector
  - Laptop with audio CD player capabilities
  - Wall space to hang up newsprint sheets and posters

Hire Master Trainers to conduct TOF and Practice Week

- CDC cannot be involved in negotiating their contracts and can only provide their contact information
- It is also necessary to hire a translator if the TOF must be conducted in a language other than English

Identify and recruit participants for the TOF based on criteria in Section 3 of the Implementer's Package

- The number of participants recruited from each district should align with the number of facilitators needed for each district to reach the targets

Prepare the following materials for EACH of the training participants:

- **Facilitator manuals**
  - **Distributed to candidates at least 2 weeks prior to the start of the TOF**
  - This is the FMP curriculum and the facilitators will use this to practice during the TOF and to deliver the FMP program
  - There are two manuals – FMP and FMP2 (curriculum delivered based on age of the child). Only the FMP manual needs to be printed for the TOF.
- **Slides**
  - A few slides must be updated with partner and country specific information prior to the TOF
  - Slides should be printed for each participant: 3 slides per page with lines next to each slide (so participants can take notes). Black and white is fine.
- **Agenda**
- **Handouts #1-7 all in one document**
- **Evaluation Form**
  - Participants will complete this at the end of the training
- **Observation Form**
  - These forms are used to systematically evaluate the facilitators and determine certification status.
  - *In addition to the copies that go in the participant folders, we will need the observation forms for trainers and support staff (~5 people). Number of copies is dependent on the number attending the TOF.

Prepare the following materials for the Master Trainers:

- **FMP posters**
  - It is important that these are printed on sturdy material as they will be traveling to and from sites in the future
  - One set of posters needed for each room
- **Audio players and accompanying audio CDs** (**one set per room**)
- **Flipchart stands with paper** (**one set per room**)
- **Markers**
- **Nametags and name tents for each participant**
- **Post-its (for parking lot)**
- **Bostick**
- **Ball of String**
- **Candle and matches/lighter**

SECTION 4

Implementation Logistics: Planning, Costs, Materials

Overview

When you're ready to start planning the implementation phase of FMP there are several key components and processes to keep in mind. This section will help your organization prepare for FMP implementation. Implementation requirements are as follows:

- 2 facilitators (1 male and 1 female) deliver 1 session per week for 7 weeks (one wave)
  - The same faiclitator pair should deliver all 7 sessions
- Each facilitator pair needs a package of materials, accounting for differences between FMP and FMP2
- Each facilitator pair delivers FMP to a maximum of 6 groups per week
- Each group consists of 18-30 parents/caregivers of children ages 9-14 (FMP) or ages 15-19 (FMP2)
  - Groups should be exclusively FMP or FMP2, not combined
  - The child (or children when appropriate), within the target age range, attends Session 5 with his/her parent/caregiver
- Delivered in private venues
  - Must be available for the entire 7 week period
  - Extra space is needed for Session 5 when children attend the session with their parents/caregivers
- Refreshments provided for every group, every week, with extras for Session 5 to accommodate children

Core Elements of FMP

Core elements are the components responsible for an intervention's effectiveness. The core elements of FMP were defined by the theoretical framework on which the program is based (discussed in the **Research Background Appendix**) and through experience with implementation. Because of their relationship to the effectiveness of the program, core elements must be maintained—they cannot be adapted when implementing the program in a new setting. Before diving into full implementation, it is important to review these key concepts.

There are three types of core elements: content elements, pedagogical elements, and implementation elements. **Table 1** describes the core elements of FMP.

Table 1. FMP Core Elements

Content	Pedagogy	Implementation
• Provide information to increase parents/caregivers' risk awareness of youth sexual behaviors • Provide information to increase parents/caregivers' awareness about their important and unique role as sex educator, as well as build their confidence • Provide parents/caregivers with information, examples, and opportunities to build positive parenting skills • Provide parents/caregivers with information, examples, and opportunities to build skills and confidence necessary to communicate with youth about sexual issues	• Draws upon adult learning principles to create an appropriate environment for adult learning Includes activities to: • Build group cohesion • Personalize risks and build risk-awareness • Promote self-reflection about sexual behavior and values • Fill gaps in sexual health knowledge • Allow practice of communication skills with peers • Guide communication practice with target child (or children when appropriate)	• Delivered to small groups of parents/caregivers of adolescents and pre-adolescents • Delivered in 7 weekly sessions to give parents/ caregivers time to internalize new information and practice skills • Sessions conducted by 2 skilled facilitators: one male and one female • Target child (ren) attends the fifth session with parent

Planning Logistics: Implementation Plan/Timeline, Venue, and Costs

Implementation Plan and Timeline

An implementation plan provides details about how you intend to implement the intervention. An implementation plan is important for planning ahead and ensuring that all of the necessary components are in place for successful implementation. The plan should also include specific program goals that link to your organization's goals.

To develop an implementation plan:

- Clearly state the goals of implementing FMP in terms of the expected outcomes. Delineate the link between FMP goals and your organization's own mission and goals.
- Define how large of an audience will be reached with FMP in a given time frame, based on already existing targets (example of reach included in Section 3).
- Outline the specific activities and tasks that need to take place in order to implement FMP – informed by this manual.
- Create a realistic timeline that allows sufficient time to complete the tasks and meet program goals. The timeline will depend on the scope of the project and the number of staff members working on FMP.
- Identify who is responsible for each task and when they are expected to complete each task.

The Implementation Logistics Appendix provides an implementation planning worksheet to assist you in developing your implementation plan for FMP.

Venue to Hold Sessions

You will need to secure a venue at which to hold FMP sessions. Consider the following when selecting a facility to hold FMP sessions:

Central Locale

Choose a safe, central location that participants are familiar with and that they can easily get to. Community venues with appropriate space include:

- Schools
- Recreation centers
- Churches
- Community centers

Transportation

Choose a location that participants can easily walk to or that is along a major public transit route so participants can use public transportation to get to each session.

Privacy

When choosing a location, consider privacy, as participants are asked to share personal experiences and discuss sensitive topics during the sessions. The space should ensure privacy by having doors that can be closed or a space that can be closed off from other people who may be in the building. If an organization is not holding the sessions in its own space, discuss privacy concerns with the host building's representative.

Venue Perception

It is important to be conscious of how the parents/caregivers and their children may view a venue and their comfort with the venue. For example, participants may not want to attend sessions in a facility that is known as an HIV or STI clinic.

Consistency

The same location should be available for all 7 sessions. Thus the venue should be available for 3 hours on the same day and time for 7 consecutive weeks.

Size

The space should comfortably fit 18-30 adults arranged in a U-shape or circle to foster open discussion. The space should be large enough for parents/caregivers to spread out when conducting role-plays and to accommodate children in the fifth session. An additional room or space should be available for Session 5 for the children when they are not engaged in role-plays with their parents/caregivers.

Comfort

Staff should make sure that participants are comfortable. The room should be neither too warm nor too cool, and everyone should have ample space and a chair to sit in.

Costs

Costs associated with implementing FMP should be considered in advance and sufficient funds should be available. Itemize required start-up costs, equipment, and personnel and draft a budget accordingly. The following should be factored into your budget:

- Translating materials into the local language (when possible);
- Engaging the community to gain the buy-in of key stakeholders (e.g. through informational meetings)
- Printing training materials (e.g., posters, facilitator manuals, participant manuals, puberty booklets);
- Hiring program manager, community mobilizer/recruiter
- Providing staff training for program managers and implementing partners;
- Recruiting and paying facilitators;
- Providing space for training of facilitators and FMP sessions;
- Providing transportation for facilitators and other staff to FMP sites;
- Conducting community mobilization;
- Recruiting participants; and
- Providing refreshments (drink and snack) for participants attending FMP sessions.

The Implementation Logistics Appendix includes an example of estimated costs to implement FMP beginning with the Adaptation Workshop and ending with FMP implementation. However, each country is different. Unit expenditures have ranged from $25 per household in some countries to $40 per household in other countries due to the variability in targets, available staff, local salaries, translation needs, etc.

For this reason, **it is important that Program Managers work with CDC HQ to develop a realistic budget appropriate to the country context**. Please reach out to CDC HQ for assistance.

Managing Program Materials

There are several materials used in the FMP program which need to be managed. They are as follows:

NOTE: Depending on which program(s) a facilitator pair is delivering, they may need to receive materials for FMP, FMP2, or both. It is the Program Manager's responsibility to ensure that the pairs receive the correct materials for the program(s) which they are facilitating.

Facilitator Manuals

- Each FMP facilitator should be provided with his or her own bound copy of the Facilitator Manual.
- The Facilitator Manual provides facilitators with step-by-step instructions on how to deliver the FMP sessions. Fidelity to the manual is essential to ensure program effectiveness.
- The Facilitator Manual includes information and materials such as:
  - An overview of the background research supporting the development of FMP
  - Summary of the intervention sessions
  - Facilitator guidelines
  - Fact sheets
- Facilitators should bring their copy of the Facilitator Manual to each FMP session. These must be printed on full sized paper and in color.

Participant Manuals

- Each FMP participant should receive a bound Participant Manual at the beginning of the first session that contains the handouts for the entire program.
- Manuals can be printed on half sized paper to save money on printing costs.
- Participants should be reminded to bring their Participant Manuals with them to each session. However, it may be helpful for facilitators to have a few extra copies in case a participant forgets to bring his or her copy that week.

Posters

- Visual aids in the form of posters help explain concepts and stimulate discussion. Posters also illustrate proverbs which are used throughout FMP sessions.
- Each male/female facilitator pair needs a set of the FMP posters to use during sessions (ex. 3 facilitator pairs = 3 poster sets)

- Posters should be printed large enough that participants can easily read them when hung on the wall.
- Posters should also be made of a durable materials and printed in color. The posters will likely be carried back and forth between sessions and will quickly deteriorate if not made from a sturdy material.

Role-Play Cards

- Role-play cards are used during the FMP sessions to allow participants to act out OR role play a scenario and practice the skills taught during the session.
- Cards should be made from durable materials as they will be carried back and forth and handled several times.

Audios

- Audios stimulate discussion among parents/caregivers and include voices of children.
- Audios provide examples of parents/caregivers and community members discussing relevant issues or exemplifying concepts.
- Each male/female facilitator pair needs a CD (or audio file) of the audios and an audio player to use during FMP sessions.
- Batteries are needed as well if electrical outlets are not available at the program venue.

Puberty Booklets

- Each participant in FMP should receive a Puberty Booklet for both boys and girls, regardless of the sex of his/her child.
- This booklet is for the parent/caregiver to take home to keep, review at his/her convenience, and share with his/her child as he/she wishes, as conversations surrounding puberty and other topics arise.
- We hope parents/caregivers will find the Puberty Booklets to be a helpful tool in starting and continuing these conversations with their children.
- Puberty Booklets should be printed in color and on half sized paper.

Additional materials

- Each facilitator pair will need to bring newsprint, markers, flipchart/easel, nametags, and tape (or other sticky material to hang posters and newsprint) to each FMP session.
- Sufficient copies of the various monitoring forms to be completed by the program managers are also needed.

- Each facilitator pair should have an attendance register for each group to track attendance and retention. This register will also record absences, reasons for an absence, and any make up information.

Refreshments

- Arrangements should be made to have the refreshments (drink and snack) delivered to each session.
- During the fifth session, refreshments should be provided to parents/caregivers and their children.

Community and Local Resources Sheet

- Each participant in FMP should receive a copy of the community and local resources list in his/her Participant Manual.
- This resource list should be user friendly and include a diverse set of services. More information regarding the list is provided later in this section.

Staff members need to take full responsibility for the materials assigned to them for their work. Your organization should develop clear guidelines for managing these materials, including:

- How program materials will be transported to FMP sessions;
- How to report the loss or damage of materials;
- Who is responsible for duplicating and distributing program materials and monitoring forms;
- How to request additional forms; and
- How forms will be tracked, including the number printed, distributed, and received.

The Implementation Logistics Appendix includes a FMP Materials Checklist which can be used by facilitators and program managers to ensure that they have everything they need to hold a particular session.

Linkages to Community Resources

Linkages to community resources is an essential component in FMP delivery, empowering parents/caregivers to actively engage in their health and the health of their children. Additionally, FMP Facilitators are trained to correct misinformation, acknowledge when they don't know an answer, and research or seek help to find the information, thereby modeling this behavior for parents/caregivers. Facilitators may not be experts in all of the topics discussed during FMP. Strong

facilitators therefore recognize the importance of referrals and linkages to other services so parents/caregivers can receive additional and accurate information and care.

Use the Local Resources Form in the **Implementation Logistics Appendix** to compile a referral guide for facilitators to use to refer FMP participants to other services. You can collect information on these sites by speaking with community leaders, parents/caregivers and primary caregivers, school officials, religious leaders, and staff members of community organizations. You can also identify sites from local community resource directories. The resource guide should be user-friendly as it will be distributed to parents/caregiver participants and referenced throughout Sessions 1-7. Please pay special attention while preparing this information for your community as this is a key component of FMP delivery.

Such referral services should include:

- **Sexual assault and child abuse**
- **Reproductive health, and family planning**
- **Voluntary Medical Male Circumcision**
- **HIV counseling and testing, including voluntary counseling and testing**
- **Sexually transmitted infection testing and treatment**
- **Prevention of mother-to-child transmission**
- **Orphaned and vulnerable children support**
- **Home-based care**
- **Anti-retroviral treatment**
- **Other**

Since there may be different local resources for each catchment area, the appropriate handout will need to be included in the Participant Manuals for the groups which are being delivered in that area. It is the Program Manager's responsibility to work with the facilitators to ensure that (A) they have the correct local resources handouts for their catchment area(s) and (B) to ensure that these handouts are in the Participant Manuals.

NOTE: You will also need to develop a more detailed list of the resources available in your community so that facilitators can provide FMP participants with *direct linkages and referrals* to services and information throughout the implementation of the FMP curriculum. Coordinate with existing services so they are prepared and aware of expected uptake of services.

Standard Operating Procedures for Responding to Trauma or Disclosure of Child Sexual Abuse

Given the sensitive nature of the topics discussed during Session 6, practical precautions must be considered and planned for prior to the delivery of Session 6.

During the delivery of Session 6, the Facilitators and/or the FMP participants may experience trauma or emotional discomfort/distress from listening to and discussing sensitive topics related to child abuse. It is important to be prepared to best support an individual if this does occur.

Therefore, Standard Operating Procedures (SOPs) must be developed before the implementation of FMP to ensure that the Implementing Partner (IP), Program Manager, and FMP Facilitators understand their role in managing and addressing instances of trauma or emotional discomfort experienced by participants or facilitators themselves, as a result of engaging in Session 6.

Throughout this process, confidentiality, empathy, and respect should be constantly demonstrated and considered. It is the responsibility of the IP to ensure that Program Managers and FMP facilitators are familiar with the content of this SOP and confident in applying these procedures. All study staff should be aware of how to respond to and report (if applicable) disclosures of child abuse and other experiences of gender-based violence. This orientation process must be completed prior to delivery of session 6 and preferably before implementation. The SOP should be broken down into the specific roles and responsibilities of the IP, Program Manager, and FMP Facilitators. Additionally, this document should provide detailed procedures for responding to specific situations which may arise, an example form to record referrals specific to experiences of distress and trauma, and special considerations and talking points for Session 6.

Detailed instructions to guide the creation of these SOPs is included in the **Implementation Logistics Appendix.**

4 Implementation Logistics Appendix

1. FMP Materials Checklist
2. Implementation Planning Worksheet
3. FMP Local Resources Form
4. Standard Operating Procedures for Responding to Trauma or Disclosure of Child Sexual Abuse
    - Incident and Referral Form
5. FMP Cost Estimates

1. FMP Material Checklist

FMP Materials	✓
Facilitator Manual	
Attendance Register	
Participant Manuals- *available resources included	
Puberty Booklets- FMP & FMP2	
Posters	
Role-Play Cards- FMP & FMP2	
Audio CDs- FMP & FMP2	
Audio Player	
Functional Flip Chart	
Sufficient Flip Chart Paper	
Markers	
Snacks	

2. Implementation Planning Worksheet

Use the following spreadsheet to plan your FMP implementation activities.

Activity	Implementer's Manual	Comments
Planning for FMP		
Read carefully through Implementer's Manual		
Define target # of parents	Section 3	
Develop a budget according to target	Section 4	CDC HQ can assist
Create job descriptions for the Program Manager and other program staff; develop staff supervision plan	Section 3	
Hire Program Manager and administrative support as needed	Section 3	
Create implementation plan	Section 4	
Conduct Formative Work		
Gain community "buy-in" for FMP from key stakeholders		
Conduct adaptation workshop	Section 2	CDC HQ will lead workshop
Identify resources in the area		
Ensure linkage plans are developed	Section 4	
Pre-Implementation Plan		
Develop facilitator recruitment plan ▪ Decide # of facilitator trainees relative to target #	Section 3	
Conduct facilitator recruitment and interviews ▪ Select top candidates for Training of Facilitators (TOF)	Section 3	To be done approx. 6-8 weeks before facilitator training
Prepare for TOF ▪ Materials printed and prepared	Staff Recruitment Appendix	See checklist
Recruit Master Trainers		CDC HQ will facilitate contact

Conduct TOF	Section 3 and Staff Recruitment and Training Appendix	
Conduct sexual and reproductive health training for facilitators	Section 3	
Prepare for training of Project Manager and M&E staff	Section 3	2-day training usually conducted during same week as facilitator training
Conduct practice week for newly-trained facilitators	Section 3	
Recruit and enroll FMP participants	Section 5	
FMP Implementation		
Secure appropriate venue for FMP sessions	Section 4	
FMP materials printed and purchased	Section 4	See checklist
Implement FMP		
Monitoring & Evaluation of FMP Sessions		
Develop a M&E plan: 2 sessions must be observed by program manager	Section 6	
Conduct M&E activities	Section 6	
Report process monitoring and evaluation data	Section 6	

3. FMP Local Resources Form (Next Page)

Families Matter! Community and Local Resources

Type of Care Needed	Service Provider	Services Offered	Primary Clients (Age/Sex)	Location/Contact Details
Post Gender-Based Violence Care				
General Health Services				
Child Abuse				
Vulnerable Children				

Type of Care Needed	Service Provider	Services Offered	Primary Clients (Age/Sex)	Location/Contact Details
Children Living with Disabilities				
Voluntary Medical Male Circumcision				
HIV Testing and Counseling				
Any Other Services				

Standard Operating Procedure for Responding to Possible Trauma or Disclosure of Child Abuse during the delivery of FMP Session 6

Overview

The Families Matter! Program (FMP) Session 6 ("Understanding Child Sexual Abuse") is a module with three goals:

- To raise parents' and caregivers' awareness about child sexual abuse
- To increase parents' and caregivers' understanding of their role in preventing child sexual abuse
- To increase parents' and caregivers' awareness of their role in protecting and supporting their children when responding to child sexual abuse

Given the sensitive nature of the topics discussed during Session 6, practical precautions must be considered and planned for prior to the delivery of Session 6.

During the delivery of Session 6, the Facilitators and/or the FMP participants may experience trauma or emotional discomfort/distress from listening to and discussing sensitive topics related to child abuse. It is important to be prepared to best support an individual if this does occur.

The purpose of this Standard Operating Procedure (SOP) is therefore to ensure that the Implementing Partner (IP), Program Manager, and FMP Facilitators understand their role in managing and addressing instances of trauma or emotional discomfort experienced by participants or facilitators themselves, as a result of engaging in Session 6. Throughout this process, confidentiality, empathy, and respect should be constantly demonstrated and considered. It is the responsibility of the IP to ensure that Program Managers and FMP Facilitators are familiar with the content of this SOP and confident in applying these procedures. All study staff should be aware of how to respond to and report (if applicable) disclosures of child abuse and other experiences of gender-based violence. This orientation process must be completed prior to delivery of session 6 and preferably before implementation. The SOP is broken down into the specific roles and responsibilities of the IP, Program Manager, and FMP Facilitators. Additionally, this document provides detailed procedures for responding to specific situations which may arise, an example form to record referrals specific to experiences of distress and trauma, and special considerations and talking points for Session 6.

Implementing Partner's Responsibilities

A. Review and tailor this SOP to the specific country and community context
   a. Incorporate any guidelines and practices your organization/agency may already have in place
   b. Understand and incorporate relevant national/local guidelines and laws for reporting disclosures of experiences of abuse
   c. Be familiar with the responsibilities of all staff involved in FMP delivery

B. Dedicate time to review the tailored SOP, as well as any other related documents/forms, with the appropriate Program Manager(s) and FMP Facilitators prior to delivery of Session 6.
   a. Ensure all staff are familiar with the existing referral pathways and reporting requirements for the IP and at the national policy level
   b. Provide information for a key person to contact if staff have further questions or concerns related to these regulations

C. Develop a Services/Referral Sheet prior to implementation of FMP.
   a. This sheet must include a list of local services related to child abuse, child sexual abuse (CSA), and gender-based violence (GBV) with the contact information and location of these services. These include but are not limited to the following: HTC, PEP, counseling and psychosocial services, and legal services. Unless otherwise specified in national laws, it is always the parent/caregiver's choice whether to report the incidence of child abuse or GBV. However, in instances where a parent/caregiver is the perpetrator of child abuse, this must be reported by the Program Manager/IP in accordance with national policies and regulations.
   b. This sheet should be distributed to the FMP facilitators so that they can refer to it in an event that a participant or their fellow facilitator needs additional support and referrals. These services must also be included in the community/local resources sheet attached to the back of the Participant Manuals as a user-friendly version.

D. Contact local CSA and GBV services and resources to inform them of FMP activities and ensure that they are prepared to receive and provide support to anyone referred from the study.

E. Tailor the FMP Incident and Referral Form to the local context
   a. The purpose of this form is to document any referrals, especially those made in response to trauma, emotional or physical discomfort/distress, or disclosure of experiences of violence, and to facilitate follow-up with that participant. This form does not replace any national/local legal regulations related to reporting instances of abuse.
   b. The Incident and Referral Form will be completed by the facilitators and is not to be shared with anyone else except the Program Manager/Implementing Partner.
   c. This form will be stored securely by the study coordinator at the organization's office (or another location where they store sensitive and identifying information). Extreme precautions should be taken with the use of this document and it may not always be appropriate or feasible to complete all of the sections.

Program Manager's Responsibilities

A. Train facilitators on procedures for responding to experiences of trauma, physical or emotional discomfort/distress, and disclosures of child abuse or GBV, informed by this SOP, IP guidelines, and national/local policy.
   a. Be familiar with the specific scenarios and procedures included below
   b. Receive and manage internal Incident and Referral Forms
   c. Coordinate with facilitators regarding follow-up with a participant who may have experienced distress or trauma or disclosed an incident of child abuse

B. Ensure that all policies and procedures are in line with IP's requirements and national/local regulations. If an incident of child abuse of GBV is disclosed, the Program Manager is responsible for following through with any national/local requirements related to reporting of these incidents.

C. Provide support if a facilitator experiences trauma or emotional or physical discomfort/distress. This requires that the Program Manager is easily reached and accessible to the facilitators.
   a. Be aware of the referral services available to the participants and facilitators. Provide a referral for a facilitator if he/she experiences trauma or distress.
   b. Establish a plan ahead of time on how best to proceed if a facilitator experiences distress while facilitating a session. Potential options/questions to ask oneself include the following:
      i. Is it acceptable to continue with that group's session for the day?
         1. No – reschedule group and assess whether that facilitator can continue for the remainder of FMP
         2. Yes – Is the facilitator able to continue with the session after taking a quick break? Is there a backup facilitator available who can help finish that particular session if the original facilitator is unable to continue for that session?
      ii. Can the facilitator continue for the remaining FMP delivery?
         1. Yes – no further action needed, except to continue providing support and ensure he or she is aware of available services
         2. No – find a backup/substitute facilitator(s) to complete FMP delivery

D. Be available in the event that an emergency occurs or if additional assistance is needed to manage experiences of trauma or emotional discomfort so that the group can continue with the session if appropriate.
   a. Provide facilitators with multiple ways to contact them during implementation
   b. Arrange for reliable transportation during Session 6, in case he/she is needed to be on site
   c. Be familiar with and confident in utilizing the services/referral sheet

FMP Facilitator's Responsibilities

A. During Session 6, the facilitators should re-emphasize the importance of confidentiality, while also addressing any national/local legal policies related to reporting of CSA and GBV.

B. Provide support to participants during FMP delivery through active listening and demonstrating empathy and respect. However, facilitators should not take on the role of a counselor.

C. Be familiar with and confident implementing pre-established procedures in response to various situations and scenarios outlined below. Facilitator's are specifically responsible for linking participants to appropriate services.
   a. Co-facilitators should coordinate with one another so that they are best prepared to address these situations as a team and are prepared to handle them smoothly and effectively.

D. Provide appropriate referrals to participants who experience distress and/or trauma or who disclose instances of current or past child abuse.
   a. Requires a thorough understanding of the referral pathways and the services which are locally available to participants.

E. Responsible for documenting all incidents of distress and disclosures of child abuse using the FMP Incident and Referral Form. This form is not to be shared with anyone else except the Program Manager/Implementing Partner.

F. Establish a plan for follow-up in collaboration with the Program Manager when a referral is made, a participant experiences trauma or distress, or a participant discloses personal experience or knowledge of an experience of past/current child abuse.

G. Practice self-care such as the following:
   a. Escape: remove yourself from the difficult situation for a period of time
   b. Rest: do something you find relaxing for a period of time to let your mind quiet and calm down and ensure physical well-being
   c. Play: engage in activities that can make you laugh or lighten your spirits
   d. Hope: keep an attitude of hope –helping these families to protect and support their children now in the future

<u>Scenarios that FMP facilitators may encounter:</u>

The appropriate response plans for several potential scenarios are outlined below. Some items may be specific to an organization's policies and the county/local community context. This list provides examples of various scenarios, but this does not mean that the scenarios will occur or that the scenarios are the only scenarios facilitators and program managers may encounter.

Scenario 1: A facilitator is emotionally or physically distressed.

- <u>Step 1</u>. If the speaking facilitator experiences distress, the co-facilitator calmly stands up and relieves his or her partner by smoothly taking over the facilitation of the activity, allowing his or her partner to step out of the session and take a quick break. If the facilitator who is not speaking experiences distress, he/she should notify the co-facilitator discretely if possible and step outside to take a break.

- Step 2. If after the facilitator's break he/she continues to be distressed, give the class a few minutes for a break to allow the facilitator more time to collect him or herself. Provide support through active listening if needed. Evaluate whether it is best to continue with the session or reschedule and contact the Program Manager to discuss the situation. See the Program Manager's responsibilities for further discussion.

Scenario 2: A FMP participant asks for help/additional assistance for coping with emotions or trauma.

- Step 1. The facilitator reviews the Community/Local Resources Sheet with the participant and links him/her with the appropriate services/referral (e.g., trained counselor). FMP Facilitators are not there to be counselors and therefore referrals are key to FMP delivery. Ask the participant whether he/she would like his/her buddy to accompany him/her to services for support.

- Step 2. The facilitator records this referral on the internal Incident and Referral Form. Depending on the IP's established procedures, the facilitator will contact the Program Manager for the next steps, continually keeping confidentiality in mind. A plan should be established to follow-up with the participant, keeping in mind that ultimately the decision to seek services is up to that participant.

Scenario 3: A FMP participant is emotionally or physically distressed for whatever reason (ex. begins crying during the group, becomes aggressive, withdrawn from group, etc.).

- Step 1. The co-facilitator who is not facilitating at the time removes the distressed participant from the group (without making a big deal of it) and takes him or her outside to help calm him or her down. The facilitator uses active listening and supportive skills but does not act as a counselor.
    - Depending on the extent of the incident, it may be necessary to acknowledge to the group that this can be a difficult subject to discuss and that there are resources available at the back of their participant manuals if they would like to seek care and support after this session.
    - Assess whether the group can continue, a break is necessary, or if the session needs to be rescheduled (dependent on the extent of the disturbance and other group members' comfort). Coordinate with the Program Manager if rescheduling is needed and be available for participants to ask questions after the session.
- Step 2. The facilitator will review the Community/Local Resources Sheet and link the participant with the appropriate services/referral (e.g., trained counselor). Ask the participant whether he/she would like his/her buddy to accompany him/her to services for support. The other facilitator should continue with the session as best as possible unless it has already been determined to take a break or reschedule the remainder of the session.
- Step 3. Discuss with participant whether he/she can continue with the group that day. If the participant is in need of more immediate and thorough support, contact the Program Manager so that the facilitator can re-join the group and

help complete the session. If the participant is unable to proceed that day, make a plan to ensure that they receive whatever information they missed and to follow-up to ensure they attend the final session.

- Step 4. The facilitator will complete the internal Incident and Referral Form and submit it to the Program Manager who will ensure confidentiality.
- Step 5. The facilitator and Program Manager should make a plan for follow-up with the participant, recognizing that it is ultimately the participant's choice whether to seek services.

Scenario 4: A FMP participant shares with the group and/or facilitator information that is considered child abuse, either experienced by themselves or their child:

- Step 1. The facilitator thanks the participant for sharing and uses active listening skills but does not act as a counselor. Remind other participants that they are not obligated to share these experiences.
- Step 2. If this disclosure occurs during a group, the facilitator assesses whether their co-facilitator should talk with the participant outside or if this follow-up discussion can occur after the session is completed. During Session 6, it is essential that participants are given a space and the time to discuss this difficult topic and personal experiences if they choose to do so.
- Step 3. During follow-up (whether this is immediate or following the completion of the session), the facilitator reviews the Community/Local Resources Sheet and links the FMP participant with the appropriate services/referral (e.g., trained counselor). The facilitator will complete the internal Incident and Referral Form and submit it to the Program Manager who will ensure confidentiality.
- Step 4. The facilitator and Program Manager should make a plan for follow-up with the participant, recognizing that it is ultimately the participant's choice whether to seek services. However, when mandated by law, the Program Manager may be required to report an incident of abuse or violence regardless of that individual's intent and preference. The facilitator will coordinate with the Program Manager to determine the next steps, which will be aligned with national/local reporting policies.

Scenario 5: A participant shares with the group and/or facilitator that a child is in immediate need or danger, or is likely to experience recurrent violence

- Step 1. The facilitator thanks the participants for sharing and uses active listening skills but does not act as a counselor.
- Step 2. If this disclosure occurs during a group, the co-facilitator who is not currently presenting, will accompany the participant outside to discuss further and link the participant to the necessary services using the Community/Local Resources Sheet. The referred services are best equipped and prepared to provide the necessary and immediate support. The same referral process is applied if this disclosure occurs after a session.

- Step 3. The facilitator completes the Incident and Referral Form and contacts the Program Manager to ensure efficient and appropriate referrals and adherence to national/local reporting policies.

FMP SESSION 6: Incident and Referral Form

**this form should not be shared with anyone besides the Program Manager and Facilitator and kept in a secure and locked compartment for sensitive information*
**this form does not replace any national/local requirements/procedures for reporting abuse*

1) INFORMATION ABOUT STAFF COMPLETING THE REPORT

Name of reporter: _____ Date: _____ Location of report (district and venue): _____

2) CONTACT INFORMATION OF THE FMP PARTICIPANT OR FACILITATOR EXPERIENCING TRAUMA OR DISTRESS (complete only if participant would like to be contacted/followed up with outside of FMP sessions)

Name of parent FMP participant (if participant wants to share) or facilitator (if facilitator wants to share): _____

What is the best and most confidential way for a social worker (or related staff such as professional trained counselor) to find or contact you?

_____
_____

Phone number: _____Best time of day to call: _____

Address-- Region: _____ District: _____
Ward: _____Village: _____
Nearby Landmark (e.g. Church, Mosque, school, health center): _____

3) INFORMATION TO BE SHARED/DETAILS OF ABUSE, TRAUMA OR DISTRESS:

_____
_____
_____

4) REFERRAL DETAILS AND PLAN FOR FOLLOW-UP

_____
_____
_____
_____

5. FMP Cost Estimates

NOTE: This is an EXAMPLE budget. Costs will vary considerably by country. Unit expenditures have ranged from $25 per household in some countries to $40 per household in other countries due to the variability in targets, available staff, local salaries, translation needs, etc.

For this reason, it is important that Program Managers work with CDC HQ to develop a realistic budget appropriate to the country context. Please reach out to CDC HQ staff for assistance.

Adaptation Workshop AND Materials Development

- The adaptation workshop is held when FMP is introduced to a new country.
- The purpose of the adaptation workshop is to culturally adapt the curriculum for use in country by garnering input from community stakeholders on select components of the curriculum (audios, proverbs and posters, role-play scenarios and logo).
- The workshop is designed for 25-40 participants- over a period of two days.

Line Item	Total cost ($)	Additional comments
Adaptation Workshop		
Workshop venue rental (two days)	2,000	Office space can be used. Need 1 large room for 48 and two smaller rooms.
Workshop materials and office supplies	250	Materials/supplies entail: newsprint, masking tape, markers, pens, notebooks, markers, folder/each participant
Workshop transportation and lunches	1,440	48 people x $15/day x 2 days
2 FMP Staff from HQ to facilitate	No Cost	
TOTAL ADAPTATION WORKSHOP	**$3,690**	
Material Development		
Translation of curriculum and materials	5,000	
Recording of new audios	500	
One-time material costs per facilitator pair	4,020	6 pairs x $670/pair Flip chart = $50 Posters = $500 CD Player = $100 Audios = $20
HQ Staff creates files that contain all adaptations from workshop	No Cost	
TOTAL MATERIAL DEVELOPMENT	**$9,520**	

Training of Facilitators		
A TOF is conducted by 2 certified FMP Master Trainers. 24 people should be trained to certify 12 facilitators (predicted 50% certification rate)		
Line Item	**Total cost ($)**	**Additional comments**
Master Trainers salary	12,000	2 Master Trainers x $1000/day x 6 days
Training space rental	5,000	1 training space x 5 days 1 large room for 24 1 breakout room for 12
Transport, per diem, accommodation for training participants (if needed)	7,200	24 participants x $50/day x 6 days
Printing of facilitator manuals	2,126	24 manuals x 443 pages x .20/page
Parent manual	22.00	12 manuals x 37.5 pages x .05/page
TOF materials	250	Materials include: newsprint, masking tape, markers, pens, folder/participant
Lunches + tea breaks	2,250	30 people x $15/day x 5 days
Certificates of certification	No Cost	CDC provides a certificate for facilitators who receive full certification
2 HQ staff assistance	No Cost	FMP Staff from HQ to assist with training and certification process
TOTAL TOF	**$28,957**	

Facilitator Workshop and Practice Week		
After TOF participants have been selected for certification status, a CDC HQ staff will work with participants to practice full intervention delivery, to identify potential pairings of facilitators, and deliver SRH workshop		
Line Item	**Total cost ($)**	**Additional comments**
Transport, per diem, accommodation for training participants (if needed)	3,000	12 participants x $50/day x 5 days
Monitoring tools	30	12 participants x .05/page x 50 pages
Refreshments and transport for mock parents	400	40 parents x $10
Space to conduct practice week and reproductive health workshop	No Cost	Can use office space, not a rental for 12
Use of materials from Training week (markers, newsprint)	No cost	
TOTAL PRACTICE WEEK	**$3,430**	

FMP Delivery		
Note: Costs are calculated based on a 7 week (2-month) period of implementation called a wave.		
Line Item	**Total cost ($)**	**Additional comments**
Program manager salary	1,000	1 program manager x $500/month
Mobilizer coordinator salary	400	1 mobilizer coordinator x $400/month
Administrative assistant salary	800	1 admin assistant x $400/month
Helper salary	540	6 helpers x $15/day x 6 days/wave
Facilitator salary	14,400	12 facilitators x $600/mo x 2 months (1 wave of FMP delivery) Facilitators deliver to 6 groups/week
FMP materials, office supplies, misc.		
Phone minutes for facilitators	600	12 facilitators x $50/wave
Transport fees per wave for program manager and mobilizer	800	$100/week x 8 weeks
Materials transport fees	4,200	12 facilitators x $350/wave
Program materials for parent participants (n=1080)	16,578	6 facilitator pairs x 30 parents/group x 6 groups/wave= 1080 parents/wave parent manual= 1.85 puberty books= 4.5 certificate=1.00 snacks= 8.00 15.35 x 1080= $16,578
General office supplies	1,080	1080 participants x $1/participant Office supplies entail: markers, flip chart paper
Community Mobilization /recruitment materials	1,080	1,080 participants x $1/participant community mobilization materials entail: recruitment flyers and other recruitment related materials
FMP venue space rental	1,200	6 pairs x $200/wave
TOTAL FMP IMPLEMENTATION	**$42,678**	

FMP IMPLEMENTATION	COST

Adaptation Workshop	$3,690
Material Development	$9,520
TOF (for 24 participants)	$28,957
Practice Week	$3,430
TOTAL START-UP COSTS	$46,597
TOTAL IMPLEMENTATION COSTS	$42,678
UNIT EXPENDITURE	$40/household

SECTION 5

Recruiting, Enrolling and Retaining Participants

Step 1: Mobilizing Participants

Community mobilization is an important first step in building awareness of and interest in FMP within the greater community. Some mobilization may have already occurred through the community needs assessment and adaptation process and other formative work.

Key messages and an FMP flyer should be developed for your mobilization efforts so that all FMP staff members describe the project in the same way, giving the same key messages. **The Participant Recruitment Appendix** contains sample key messages document that can be used for this purpose. The FMP flyer should provide information on the purpose of the program, who is eligible to participate, what the program involves, and what the benefits of participation are. **The Participant Recruitment Appendix** contains a sample FMP flyer.

Orientation Session

The orientation session is held prior to the beginning of the 7-week wave of sessions. Orientation sessions provide an opportunity to introduce parents/caregivers to the program and build their enthusiasm to participate. There is no set structure for the orientation session. You can use it as a recruitment activity, for example, by inviting all parents/caregivers of 9-14/15-19 year olds at a particular school to learn about the program and then enrolling those who are interested. Or it can be used as an introductory session for already enrolled parents/caregivers (either together with all groups, or with individual groups). You can also invite their 9-14/15-19 year-old children.

Orientation sessions can be used for conducting baseline surveys with parents/caregivers and children if you are planning to do outcome monitoring of FMP.

During mobilization and recruitment, it is important that parents/caregivers understand what benefits they will receive from participating, that participation is voluntary, and what is expected of them. This approach will help maintain retention.

Male Participation

Commonly, the majority of FMP participants are female caretakers. It is not necessary to have equal numbers of male and female participants; it is more important to deliver FMP to the parent or primary caregiver who is most likely to use what they learn to communicate with their child about sexuality. However, fathers and other male caregivers can play an important role in their children's sexuality education, so you may want to consider employing strategies to specifically recruit male participants.

Such strategies may include:

- Going door-to-door to specifically ask male caregivers to participate;
- Asking male FMP participants who were satisfied with the program to be spokesmen for the program and encourage other men in the community to participate;
- Conducting recruitment efforts with male-dominated community groups or workplaces; and
- Holding male-only sessions (use this approach with caution, as the purpose of having mixed-gender groups is to ensure that both the male and female perspectives are represented during sessions; for this reason, having a female facilitator is even more critical).

Step 2: Screening Participants

Potential participants can be screened in person or over the phone, if feasible. Orientation sessions can also be used to screen and enroll participants.

To be eligible to participate in FMP, a participant must:

- Be a parent, guardian, or other primary caretaker of a 9-14/15-19 year-old (*note that for DREAMS efforts, the child must be a DREAMS girl);
- Be able to attend all 7 sessions;
- Be able to bring at least one of their 9-14/15-19 year-old children to the fifth session with them;
- Understand that they should not bring children to the other sessions;
- Speak the language in which the sessions will be conducted; and
- Be committed to completing home assignments and practice to fully benefit from the intervention.

The reasons for each of the eligibility criteria should be explained to the parents/caregivers during a discussion about their participation. If potential participants do not meet the criteria, explain why they do not meet the criteria, and thank them for their interest. When feasible and appropriate, recommend other programs in the community that may be of benefit to them.

Step 3: Enrolling Participants

When enrolling participants into FMP groups, it is important to keep the following in mind:

- The recommended FMP group size is at least 18 parents/caregivers and no more than 30. The benefit of a smaller group size is that it's easier to facilitate and your facilitators are less likely to run over time during sessions. The benefit of a larger group size is that you can reach more families in less time.
- Having an even number of participants in a session makes it easier to pair participants off for role-plays and makes the buddy system run more smoothly.
- There is no ideal gender mix of parents/caregivers, but having male and female caregivers together enriches the discussion and ensures that both mothers' and fathers' perspectives are voiced during sessions.
- Generally, only one parent from each family participates in FMP to maximize the reach of your program. However, if you find that there are cultural reasons for including both parents/caregivers in the program, this is a feasible option. Consider whether it would be better to separate the two parents/caregivers into separate groups so that neither parent is inhibited during discussions, or whether parents/caregivers would prefer to participate in the same group. You can always try out each method and see which works best.
- Consider the impact that parents/caregivers' characteristics may have on the group dynamic. Group cohesiveness and comfort level with sensitive topics (e.g., sex and sexual risk-taking behaviors of youth) are important to the success of FMP. Parents/caregivers should feel that they are with peers and should feel comfortable speaking with others and interacting with them candidly.
- Grouping parents/caregivers of the same or similar characteristics together (e.g., ethnicity, age, socioeconomic status, education level) may make participants feel more comfortable sharing within the group. On the other hand, having diversity in the group can lead to richer discussions.
- Recruitment efforts should make it clear to parents/caregivers that they will not be paid for attending FMP sessions and will only be provided with refreshments.

A plan should be in place for registering parents/caregivers into the program. Once the program is advertised, parents/caregivers in the community may begin talking to each other and getting excited about being involved in the program. Parents/caregivers may contact the organization's office to ask about becoming a participant.

Enrollment

Enrollment should be as simple as possible while still obtaining all necessary information. During enrollment, use a form such as the Contact & Demographic Information form found in the **Participant Recruitment Appendix** to collect contact information for each participant. Participants can also be asked to complete the form at the first session. The Contact and Demographic Information forms should be stored in a manner consistent with your organization's confidentiality guidelines.

Records

Tracking participants as they are enrolled will help to determine when a group session is full and provide a list of the parents/caregivers who will attend the current wave. The contact information gathered during enrollment should be entered into a database (e.g., Excel, Access) that can be used to quickly find information such as participants' mailing address and physical location.

Waiting Lists

You may end up with more potential participants than you can accommodate in one FMP wave. Keep a waiting list of parents/caregivers who are interested in attending FMP to draw on for future waves. To keep potential participants interested, send them reminders before the start of the session.

Another use of the waiting list is as a backup in case parents/caregivers do not follow through with their commitment to participate in FMP. If a parent drops out before the first session, contact parents/caregivers on the waiting list to ensure full group capacity.

Clearly communicate with parents/caregivers about how the waiting list is used. Some parents/caregivers may assume that because they are on the waiting list, they are automatically enrolled in the program, so be honest about the possibility of their participating in future waves. For example, parents/caregivers may be told, "Our December group is full. However, sometimes parents/caregivers drop out at the last minute. When that happens, we call the people at the top of the list first. You are number four. We will start a new group in March. Would you like to be contacted then?"

Although waiting lists are a helpful tool for recruiting new groups, do not depend on these lists to fill your groups. It is common for potential participants to be interested when they have their names placed on the list and to either lose interest or get involved in something else in the interim.

Step 4: Retaining Participants

It is important that participants attend all 7 FMP sessions. Poor retention will negatively affect your program goals, as the number of participants reached only includes the number of participants who have completed all 7 sessions. In addition, losing participants midway through the wave will reduce the cost efficiency of your program. Poor retention also negatively impacts the participants. The benefits participants gain from FMP are only fully realized if they attend all 7 sessions, since each session builds upon the last. The group also benefits from having a consistent and cohesive group.

Participant retention can be strengthened through:

- **Appropriate Recruitment**
  Include parents/caregivers who are truly interested in the content of FMP, are concerned about their children's well-being, believe that the intervention will help their families, and can bring their child to Session 5. This will help to ensure that

parents/caregivers complete all of the sessions. To this end, holding an orientation session or another informational meeting is helpful.

Clear Expectations

During your screening and enrollment process, make the expectations associated with participating in FMP clear to potential participants. Specifically, ensure that they know they must attend all 7 sessions and the schedule for the sessions, that they are expected to complete practice and home assignments, and that they must bring their 9-14/15-19 year-old child with them to the fifth session. **Also make it clear that they will not be paid for attending FMP.**

Facilitator Support

Facilitators play an important role in reminding parents/caregivers about the dates for the following sessions and preparing the participants for bringing their target child to the fifth session. Beginning with Session 1, facilitators should start reminding and preparing the participants for having their child attend the fifth session to ensure every participant will have his or her target child attend. It is important to remind participants that if their child is unable to attend Session 5, they will not be able to graduate from FMP.

Buddies

Participants are assigned a "buddy" during Session 1 with whom they are encouraged to talk about the content of the program in between sessions. These buddy relationships can also serve as reminders of session dates and times.

Delivering the Intervention with Fidelity

Fidelity means the extent to which the intervention (FMP) is delivered as delineated in the Facilitator's Manual, including starting and ending on time, as well as content and session activities. Participants need to feel that they are gaining useful skills that are being reinforced in a positive and productive manner, as laid out in the manual.

Good Relationships with FMP Staff

One of the most powerful tools in the retention of participants is the staff. Community liaisons and facilitators can build personal relationships and maintain contact with families enrolled in FMP. Participants can tell when FMP staff truly care about them, and this will affect their attendance. Participants also need to be able to relate to and be comfortable with the facilitators, who need to be qualified and trained to deliver FMP.

Use of Certificates of Completion

A certificate of completion is given to participants who attend all 7 sessions.

FMP Attendance, Make up sessions, and Scheduling

Requirements for graduating from FMP

Attendance is mandatory at sessions 1, 5, 6, and 7:

- If the participant misses Session 1, he or she could be placed in another group that has not yet started or should be put on the waitlist to begin the following wave. There is no other make-up option for missing Session 1.
- If the participant does not attend Session 5, he or she cannot graduate from the Families Matter! Program, as he/she will have missed the session that provides for practice with the target child. If the participant attends Session 5 but his or her child does not, the participant also cannot graduate. In either scenario the facilitators should attempt to place the participant in a make-up group with his or her child so that he or she will be able to graduate.
- If the participant misses Session 6 or 7, he or she also must complete the session with another group before they are able to graduate. These sessions are crucial to the completion of FMP, as it contains the bulk of the content on Child Sexual Abuse and how to support adolescents living with HIV.

Participants cannot continue on to the next session until they have attended or made-up a missed session. For instance, if a participant misses Session 3 due to a funeral, he or she must make-up that session before they go on to Session 4.

If participants complete all 7 sessions but are unable to be at graduation, they are still considered to have graduated from FMP and should be counted in the targets. Arrangements should be made to ensure that the participant receives her or his certificate of completion.

Missing a Session & Make-up Options

Participants usually miss a session for one of the following reasons:

Unavoidable Circumstances (e.g., emergency, illness)

Show your concern about their absence, and ask if they plan to attend the next session. If so, make a plan for them to catch up on the material they missed based on the make-up options provided below.

Hardship (e.g., no transportation, no child care)

Determine if this was a one-time event or if it will interfere with continued participation. If the issue will prevent the parents/caregivers from participating, offer whatever assistance your organization can provide.

Discomfort

Talk with the participants to understand their source of discomfort. As appropriate, determine what can be done to increase their comfort level. Help them understand that others in the group probably have similar feelings of discomfort, and share the benefits of continued participation to encourage their return. Provide a referral to a relevant and supportive service if applicable.

If participants miss a session without notification before or after the session, facilitators should contact them to let them know that they were missed and casually find out why they missed the session.

If participants plan to return, let them know what they missed. Share any homework assignments so they will be prepared for the next session and encourage them to contact their buddy to hear what was discussed during the session. Also offer them an opportunity to make up the session based on the options provided below.

If participants want to continue in the program but cannot do so during this wave, place them on the waiting list for the next wave.

If participants are no longer interested in attending FMP sessions and do not plan to return, thank them for participating and provide information on future opportunities to participate in FMP or referrals that may better meet their needs. Whenever possible, find out the reason for participants' loss of interest in participating.

What to do when a participant misses a session

Acceptable ways for making up a missed session are:

1. Making up that session by joining a different group, preferably led by the same facilitator pair. The participant should return to their original group for the rest of their sessions. When feasible, this is the best option and is required for Sessions 5-7.
2. Meeting with a facilitator to review what was covered in the session that they missed. This must be done prior to them continuing on to the next session.

   When conducting a one-on-one make-up session, facilitators should be sure to cover all new material, such as new posters, proverbs, information (e.g. reproductive health information), concepts (e.g. "Teachable Moments"; "3-step Parenting Plan for Handing Pressure"), and homework assignments. Role-plays should be practiced together. Any handouts they missed should be given to them at this time.

   Session activity components that do not need to be reviewed include: playing audios (these can be read aloud as needed to explain a concept), asking questions and recording responses on newsprint, and conducting energizers or icebreakers.

On average, a one-on-one session make-up should take between 30 minutes to an hour.

3. A make-up group session can be added if several participants have missed a session. For instance, if a large number of participants miss Session 5, or their children do not come to Session 5, the facilitators may want to hold a formal make-up group session for those participants. Such a session could be held directly before the next session starts if the facilitators can accommodate it or may be scheduled at another time during the week to accommodate participants. FMP Staff should set standards ahead of time for how many participants would constitute having to hold a make-up group session.

Scheduling Sessions

When planning for FMP implementation, consider your organization's schedule as well as community and school schedules that may impact attendance at the sessions. Before scheduling sessions:

- Find out what else is occurring in the community that may interfere with scheduling;
- Create a community calendar to use when scheduling intervention sessions;
- Remember that some days of the week are often busier than others (e.g., market days, funeral days);
- Avoid scheduling sessions during very busy times of the year such as school holidays or religious and public holidays when people may be traveling or busy; and
- Coordinate with other community groups so sessions do not conflict with other events such as religious services, parent-teacher association meetings, school open days, community meetings, children's sports events, and farming/harvesting times.
- Keep in mind that children must be available for Session 5 so the schedule for that week may need to change slightly to accommodate their participation.

It may not be possible to avoid all scheduling conflicts, but participants will value efforts to work around their other commitments.

Scheduling preferences also may affect the availability of the parents/caregivers targeted for the intervention. In areas in which most parents/caregivers work full-time, sessions will need to be scheduled after work hours or during weekends. When scheduling evening hours, consider the time it will take for parents/caregivers to get to the facility from work. To help maximize attendance, collect information on the time preferences of parents/caregivers in the community and schedule sessions with those times in mind.

If changes in time or location of a session are needed, consider how information will be

conveyed to the parents/caregivers. Parents/caregivers need to feel that an organization and its staff are invested in the program and respect their time and commitment.

Accommodating Children

Your organization will need to decide if it will offer childcare during FMP sessions and to plan appropriately. In general, parents/caregivers are discouraged from bringing their children to the sessions. Before the first session (during the recruitment period), make parents/caregivers aware if childcare will not be provided during Sessions 1-4 and 6-7, or to siblings in Session 5 (for children other than the child participating in the session with the parent or caregiver).

Although parents/caregivers may be advised not to bring their children to group sessions, experience shows that parents/caregivers with infants and toddlers often show up to the first session with children, so have a plan in mind as to how facilitators should manage the situation. You may want to have extra staff on hand to care for or supervise children, additional facility space, and some form of entertainment or activity (e.g., coloring books, board games) may be needed.

Session 5 is an exception in that the session is attended by the parent and the 9-14/15-19 year-old child. During this session, parents/caregivers practice communication skills with their children. Because the children do not participate in all parts of the session, plans to accommodate them will need to include a separate room, a staff member or volunteer to supervise them; and additional refreshments. During the time that children are not participating with parents/caregivers in the session, children will get an opportunity to participate in the specifically-developed Children's Activities for Session 5. These activities will be facilitated by the additional staff member. If there is extra time once all of the Children's Activities are completed, the supervising staff member may provide the children with quiet activities, such as games, drawing materials, or books.

Confidentiality

Your organization's policies should clearly state how the confidentiality of all participants will be ensured (i.e., keeping their participation and what they share in the sessions private). At a minimum, confidentiality policies should do the following:

- Identify staff members responsible for ensuring the confidentiality and security of any data collected by the organization.
- Include a confidentiality agreement to be signed by all staff involved in FMP. **The Participant Recruitment Appendix** includes a sample confidentiality agreement.
- Describe the responsibilities of the organization's staff. Include a "minimum level of conduct" that staff members must exercise when collecting, handling, or storing sensitive participant information.

Establishing SOPs for maintaining confidentiality will protect participants, staff, and the organization by ensuring that:

- The organization gains the trust of the community it serves;
- There is consistency among staff in terms of practice; and
- There is consistency in training on confidentiality protocols if there is staff turnover.

5 Participant Recruitment Appendix

1. FMP Key Messages
2. FMP Flyer
3. FMP Contact and Demographic Form
4. Confidentiality Form

1. Key Messages

What is the Families Matter! Program (FMP)?

- **FMP is an evidence-based program for parents and caregivers**
  - FMP is for parents/caregivers of preadolescents ages 9–14
  - FMP 2 is for parents/caregivers of adolescents ages 15–19
- **7 sessions (3 hours each) are delivered by two, trained and certified facilitators (one male, one female) over 7 weeks**
  - Groups are composed of 18–30 parents/caregivers
  - Adult learning principles and participatory methods are used (verbal and visual) to engage parents/caregivers

What are the goals of FMP?

- **Short term:**
  - Encourage development of strong parent-child relationships
  - Improve positive parenting practices and effective communication between parents and children about sensitive subjects including (but not limited to):
    - HIV prevention such as testing and counseling and voluntary medical male circumcision
    - Sexual risk avoidance and reduction
    - Handling peer pressure
    - Family planning
    - HIV disclosure
    - Child sexual abuse and gender-based violence
    - Guiding and supporting adolescents living with HIV
    - Stigma and discrimination
  - Link parents, families and communities to necessary health services
- **Long term:**
  - Protect children from sexual health risks such as gender-based violence, child sexual abuse, HIV/STIs, and early pregnancy

Why focus on parents and caregivers?

- **Adolescents rate parents/caregivers as a top source of information about sex**
- **Adolescents want to have more open conversations about sex-related topics with their parents/caregivers**
- **Parents/caregivers are in a unique position to:**
  - Talk to their children early and regularly
  - Build upon past conversations as their children grow
  - Separate myths and rumors from facts
  - Share their values about sexual issues and behaviors
- **Strengthening positive parenting skills has been shown to prevent and reduce risky sexual behavior**
- **Discussing sex-related topics is difficult for parents due to:**
  - Lack of knowledge, skills and comfort
  - Fear and embarrassment
- **Parents/caregivers want to acquire the knowledge, skills and comfort to overcome the fear and embarrassment in order to communicate with their children openly about a variety of important topics including HIV, early pregnancy prevention, sexual abuse, gender- based violence and much more.**

2. FMP Flyer (2 pages – front/back)

Are you a parent or guardian of a 9–19 year old adolescent?

Are you concerned about the sexual risks your adolescents face?

Would you like advice on how to talk to your adolescents about important topics, such as HIV prevention, sexual health, sexual abuse and others?

Background

- Children today face many challenges that can prevent them from being successful in life and achieving their life goals.
- At an early age children are exposed to messages about sex from their peers, songs, movies, television, and magazines.
- The messages children receive about sex often come from other sources because most adults are reluctant to discuss sexual topics with their children.
- The topic of sex is not easy to discuss. However, if parents don't discuss and educate their children about sex and sex related issues, they leave that responsibility to others and risk their children getting incorrect and limited information.

Families Matter! Program

The *Families Matter!* Program helps parents/caregivers raise healthy children by:

- Increasing parent and caregiver awareness of the sexual health risks that their children face at an early age
- Aiding parents/caregivers to realize that their children want to hear from them
- Promoting parenting practices that have been shown to help protect children's health, such as supervision and positive reinforcement
- Providing parents with knowledge, skills and comfort to communicate with their children about important topics such as:
  - Sexual health
  - Family planning
  - HIV prevention (HTC, VMMC, etc.)
  - Child sexual abuse and gender-based violence
  - Guiding and supporting adolescents living with HIV
  - Stigma and discrimination

What are the program details?

- 7 weekly sessions (3 hours each)
- Groups of 18–30 parents
- Two trained and certified facilitators (one male, one female) lead the group
- Participatory methods (group discussions, role plays, audios, etc.) are used
- Free of charge

Who can participate?

All parents and caregivers/guardians of children 9–19 years old

Who do I contact to join?

Parents and guardians who are eligible and interested in the program can get in touch with the *Families Matter!* Program team by contacting the team directly.

Contact Information:

3. FMP Contact and Demographic Information Form

Site: **Date:**

Participant Information

Name: Sex: ☐ M ☐ F Age:

Phone number:

Child Information

Name: Sex: ☐ M ☐ F

Date of Birth: _____ **Age:** _____

School: _____ **Class:** _____

How do you prefer to be contacted?

☐ Through child's school ☐ At home ☐ By phone ☐ Other: _____

How did you hear about the *Families Matter! Program?*

☐ Child's school ☐ Flyer ☐ Friend ☐ FMP Participant ☐ FMP Staff

Please tell us about you:

1. **What is the highest level of education that you have reached?**

   ☐ Never went to school ☐ Primary ☐ Secondary ☐ Post-secondary

2. **What is your employment status?**

   ☐ Farmer ☐ Salaried Worker ☐ Casual Worker ☐ Self-Employed

   ☐ Homemaker ☐ Looking for work ☐ Other: _____

3. **What is your relation to the child who is participating in the *Families Matter! Program* with you?**

   ☐ Mother/Father ☐ Stepmother/Stepfather ☐ Grandmother/Grandfather

   ☐ Sister/Brother ☐ Uncle/Auntie ☐ Other: _____

4. **What is your current marital status?**

   ☐ Single ☐ Married ☐ Cohabitating ☐ Separated/Divorced ☐ Widowed

4. Confidentiality Form

In order to protect the confidentiality of parents/caregivers who participate in the *Families Matter! Program* and to foster an atmosphere of respect, it is important for all persons involved in FMP to agree to the following:

- Staff should not discuss the identity of FMP participants or their children with others outside of FMP staff.
- Staff should not discuss what was said by individual participants with others outside of FMP staff.
- Staff should encourage participants to refrain from discussing or sharing the personal information of other participants with others outside the group.
- In a case where a staff member knows a participant, the staff member should refrain from discussing that participant with other staff members or sharing any additional information about the participant.

Your signature below indicates that you understand and accept these conditions.

Signature:	**Date:**

SECTION 6
Monitoring and Evaluation of FMP

Section 6 describes the methods and tools used to monitor and evaluate the implementation of FMP. Focus will be placed on fidelity to FMP content and logistical planning and delivery (as described in earlier chapters).

Overview

Importance of Monitoring and Evaluating FMP

Monitoring and evaluating FMP is important for several reasons:

Accountability
Your organization is accountable to your participants, community, donors, and your organization itself to deliver FMP as planned. Monitoring and evaluation (M & E) provides you with the data you need to ensure that the intervention is delivered as planned.

Meeting Program Objectives and Targets
M & E is important for ensuring that your organization's goals are being met, including whether you have met your target of delivering FMP to a set number of families. M & E is also important for assessing whether your program was effective in achieving FMP's goals, namely, building parents/caregivers' knowledge, skills, comfort, and confidence to apply risk reduction and risk avoidance strategies to protect their children and help them stay healthy.

Ensuring the Parents/Caregivers are Reached
M & E data will also help determine whether the intervention is reaching the correct audience.

Program Improvement
M & E data can also be used to strengthen and improve program delivery.

Monitoring & Evaluation Planning

Use the information in this chapter to develop an evaluation plan, which should be part of your standard operating procedures. An evaluation plan will help ensure that your organization collects the most relevant and useful data to monitor, guide, and improve FMP implementation. You should have an evaluation plan in place prior to implementing FMP and all staff should be trained on their specific roles and responsibilities in collecting M & E data.

When developing an evaluation plan, consider the following:

M & E Objectives

Begin by defining your M & E objectives. These objectives should be SMART: Specific, Measurable, Appropriate, Realistic, and Time-based. Some examples of SMART objectives for M & E of FMP include:

- To determine the total number of parents/caregivers who complete all 7 sessions of FMP in one year;
- To describe the demographic characteristics of FMP participants in each wave in terms of gender, age, and occupation and determine whether specific groups are under-represented;
- To assess facilitators' ability to deliver FMP after having had experience delivering the program to at least 3 groups; and
- To determine FMP participants' satisfaction rates with the program in each wave and suggest changes as needed to improve satisfaction.

Your evaluation plan and objectives should assess the full range of FMP implementation activities, including activities that occur before the actual implementation of a wave of sessions (e.g. venue selection, mobilization, recruitment).

Data Use

Define what data will be collected based on your objectives. When determining which data to collect, outline how each piece of data will be used and only collect data that you plan to use. Also be sure that data are collected in such a way that meaningful conclusions can be drawn.

Data Collection

Determine how data will be collected. When determining methods of data collection, consider the cultural appropriateness of the method, reading levels of participants if you are asking them to complete forms, and the time needed to complete a form.

Also decide who will be responsible for collecting data and make a plan for training staff on their M & E roles and responsibilities.

Data Entry and Analysis

Your evaluation plan should also define how the data will be processed or analyzed. How often will data be entered and into what system (e.g. Microsoft Excel)? By whom? How often will the data be reviewed?

Process Monitoring and Evaluation

Process monitoring and evaluation is used to track your progress in implementing FMP and to evaluate whether the program is being implemented as planned, maintaining fidelity to program content and procedures. Maintaining fidelity is important to ensure the outcomes are as expected from this evidence-based program. The process evaluation will also let you know if the participants are satisfied with the program, including its content and the facilitators delivering it. Assessing the delivery of the intervention may identify causes of poor program performance, allowing for changes to be made to continually improve delivery. Process monitoring involves contrasting actual and planned activity, including how participants were recruited, who participated, how many participants attended all seven sessions, how the sessions were delivered, and whether participants were satisfied with the program. Data for process monitoring and evaluation are collected at different points during intervention implementation.

The table below lists the forms that are used during process evaluation, monitoring, and quality assurance. It summarizes the purpose of each form, when it should be used, who administers the form, and who fills it out or completes it. Samples of each of these data collection forms are in the **Monitoring and Evaluation Appendix**. The contact and demographic information form can be found in the **Participant Recruitment Appendix**. Forms and questions can be modified to reflect the needs of your organization.

Table 4: Data Collection Forms for Process Monitoring and Evaluation of FMP

Instrument	Purpose	When to Use	Completed by	Other Comments
Spot Check Forms	Ensure accurate and proper recording of attendance and delivery of FMP sessions	Every time a PM makes a site visit to observe a group	Program Manager	Quick and not intensive Helpful for ensuring accountability
Participant Attendance Registry	Document attendance/retention and record reasons for absences and make-up information	At the beginning of each session	Facilitator	Two parts: attendance register and absence log *Make sure to record the participant number/name for absences
Participant Satisfaction Questionnaire (Optional)	Measure participants' satisfaction with the intervention	At the end of Session 7	Participants	Administered by facilitators Suggest that this tool be translated into the local language used for FMP delivery Be conscious of literacy levels when administering the survey (can be read to participants)
Contact & Demographic Information Form	Understand the demographic profile of the participants	Before the first session	Participants	*Found in the Participant Recruitment Appendix

Facilitator Observation Forms	Determine facilitator ability at facilitating FMP/FMP2 and whether he or she is adhering to the intervention curriculum	Twice per wave per pair	Program Manager	Discuss facilitator's strengths and areas in need of improvement with him or her in a private meeting
Session Observation Forms	Ensure fidelity to the FMP manual and quality delivery of the program	Twice per wave per pair	Program Manager	There is a designated form for each session

The following questions should be answered through process monitoring and evaluation. Some may be more relevant than others for your organizations.

1. How many parents/caregivers completed all 7 sessions of FMP (per wave)?

Purpose: Assess how many parents/caregivers completed FMP to determine when targets have been reached.

Data	Data Source/Methods	Analysis
▪ Number of parents/caregivers who participated (graduated) in FMP	▪ Participant attendance registers ▪ Targets set in implementation plan	▪ Tally number of parents/caregivers who participated in FMP ▪ Compare total number of parents/caregivers participating in FMP with planned targets

2. What proportion of parents/caregivers initially enrolled in FMP attended all 7 sessions in one wave of FMP? Why did parents/caregivers miss sessions?

Purpose: Assess retention rates to detect trends in absenteeism to determine whether there is a need to enhance efforts to increase retention.

Data	Data Source/Methods	Analysis
▪ Number of FMP participants in one wave ▪ Number of sessions each parent attended ▪ Reasons for absenteeism	▪ Participant attendance registers ▪ List of no-shows ▪ Record of completion of make-ups if applicable	▪ For each wave, determine number of parents/caregivers who attended all 7 sessions ▪ Tally and summarize reasons for missing sessions ▪ May want to look at #s during the wave to catch any issues early

3. What was the demographic profile of participating parents/caregivers? Is this consistent with the profile of parents/caregivers the organization is attempting to reach?

Purpose: Determine if the target population is being reached.

Data	Data Source/Methods	Analysis
▪ Demographic data of parents/caregivers	▪ Contact/Demographic information forms ▪ Implementation plan	▪ Summarize demographic profile of participants and compare to profile of the intended target population

4. Are facilitators doing a good job at delivering the intervention?

Purpose: Determine how well facilitators run sessions and if further training is needed.

Data	Data Source/Methods	Analysis
▪ Participants' assessment of facilitators' ability ▪ Program managers observation of facilitator's ability to facilitate sessions and fidelity to the manual	▪ Participant satisfaction forms ▪ Facilitator observation form ▪ Session observation forms	▪ Summarize participants' and program managers' observations of each facilitator's ability ▪ Identify areas in which additional training may be needed ▪ Constructive feedback provided to the facilitator

5. What was the parents/caregivers' level of satisfaction with FMP? If they were not satisfied, what reasons did they give?

Purpose: Determine parents/caregivers' satisfaction with FMP and identify areas that may need modification.

Data	Data Source/Methods	Analysis
▪ Level of participant satisfaction ▪ Reasons for dissatisfaction	▪ Participant satisfaction questionnaire	▪ Determine overall level of satisfaction ▪ Summarize reasons cited for dissatisfaction and use to modify approach

Quality Assurance

Another aspect of M & E is ensuring that the intervention is delivered with high quality. FMP's success at improving parent-child communication is more likely if the intervention is delivered as prescribed and standards of quality are met.

Program managers should observe FMP sessions to ensure that the program is being delivered with fidelity to the curriculum by competent facilitators. There are two forms that can be used during observations: 1) the **Facilitator Observation Form,** which is used to assess facilitator competency; and 2) the **Session Observation Forms,** which are used to document whether the curriculum is adhered to and what changes are made and both can be found in the **Monitoring and Evaluation Appendix.** There are seven Session Observation Forms (one specific to each session). Program managers should observe each facilitator pair lead a session at least twice per wave and fill out the Facilitator Observation Form and Session Observation Form for the specific session they observe. Observations will likely be more frequent in the early stages of implementation; there will be less need as all of the kinks are worked out and the facilitators gain more experience. All new facilitators should be observed, although you may want to let them gain the experience of facilitating a few groups before you assess their ability. Whenever possible, observation visits should be unannounced, so that the facilitators are delivering the intervention in as natural a setting as possible.

Outcome Monitoring

Outcome monitoring can be conducted to evaluate the effectiveness of your organization's delivery of FMP, that is, whether the program achieves its desired objectives. The primary objectives of FMP are to:

- Raise awareness about the sexual risks adolescents face, including the risk of child sexual abuse and gender-based violence;
- Encourage general parenting practices (e.g. relationship-building, positive reinforcement, and parental monitoring) that increases the likelihood that children will not engage in risky sexual behaviors; and
- Improve parents/caregivers' ability to effectively communicate with their children about sexuality and sexual risk reduction.

If FMP is operating effectively, changes in parents/caregivers' knowledge, attitudes, and skills should be seen after parents/caregivers receive the intervention.

Conducting outcome monitoring of FMP is not required and may not be necessary. FMP is an evidence-based intervention, which means that evidence already exists for its effectiveness

(**Research Background Appendix**). Although the evidence base cannot tell us definitively whether the intervention will be successful with all parents/caregivers in all settings (i.e. the findings cannot be generalized), they do present strong evidence for the effectiveness of the intervention in two very different settings (US and Kenya). Therefore, if the program is implemented as designed, with the core elements intact and in a community that has a need for the program and willingness to participate, it is highly likely that FMP will be effective in increasing parents/caregivers' knowledge, skills, comfort, and confidence to communication with their children about sexuality.

Your organization may choose to conduct outcome monitoring of FMP if your donor requires a program evaluation or if you are concerned about the program's effectiveness with your particular population. To conduct outcome monitoring, surveys are conducted with FMP participants and their target children. A pre-intervention survey provides data about the baseline condition of parenting behaviors and parent-child communication around sex issues that FMP hopes to affect. An immediate post-intervention survey provides data after participation in FMP to observe the level of change that has occurred. Including a 6-month post-intervention survey can more accurately measure the impact of FMP on parents/caregivers' knowledge, attitudes, and skills because parents/caregivers will have had time to internalize what they have learned from the program. The baseline survey is conducted before Session 1, during the orientation session or recruitment/enrollment efforts. The post-intervention survey is conducted immediately following Session 7, and the final post-intervention survey is conducted 6 months after the final session.

Sample pre- and post-intervention surveys for parents/caregivers and pre-adolescents may be obtained by contacting CDC-Atlanta.

Reporting Indicators

As described at the beginning of this chapter, an organization is accountable to many stakeholders, including the donor or funding agency, and will likely need to report on specific indicators defined by the donor.

At the time of this writing, organizations that are funded through PEPFAR to implement FMP report on OVC_SERV and PP_PREV.

OVC_SERV definition: Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV (MER 2.0).

PP_PREV definition: Number of priority populations (PP) reached with a standardized, evidence-based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake (MER 2.0).

6 Monitoring and Evaluation Appendix

1. Program Manager Spot Check Form
2. FMP Participant Attendance and Make-up Recording
3. FMP Participant Satisfaction Questionnaire (optional)
4. Facilitator Observation Forms
5. Session Observation Forms

1. Program Manager Spot Check Form

Program Manager/Coordinator Spot Checklist

Coordinator name: _____

Site Information

Circle: FMP FMP2

Facilitator 1:_____

Facilitator 2:_____

Site name: _____

Session: _____

# of participants in session: _____

FMP Materials	✓
Attendance register	
FMP Manual	
Participant handouts	
Posters at site	
Posters displayed properly	
Functional audio player	
Correct audio CD at site	
Functional flip chart	
Sufficient flip chart paper	
Markers	
Snacks	

Observation Comments:

2. FMP Participant Attendance and Make-up Recording

FMP Participant Attendance

Facilitator Pair: _____

Site _____ Wave #_____ Group #_____

Dates:

Session 1: ___/___/___ Session 2: ___/___/___ Session 3: ___/___/___ Session 4: ___/___/___

Session 5: ___/___/___ Session 6: ___/___/___ Session 7: ___/___/___

#	Participant Name	Intervention Session							
		1	2	3	4	5 Parent /child	6	7	8
1									
2									
3									
4									
5									

#	Participant Name	Intervention Session							
		1	2	3	4	5 Parent /child	6	7	8
6									
7									
8									
9									
10									
11									
12									
13									

#	Participant Name	Intervention Session							
		1	2	3	4	5 Parent /child	6	7	8
14									
15									
16									
17									
18									
18									
19									

#	Participant Name	Intervention Session							
		1	2	3	4	5 Parent /child	6	7	8
20									
21									
22									
23									
24									
25									
26									
27									

28									
29									
30									

Absences

Participant #	Session # that was Missed	Reason for Absence	Made-up session? If yes, how?

3. FMP Participant Satisfaction Questionnaire (optional)

FMP Participant Satisfaction Questionnaire

Please answer each question as honestly as you can so that we can continue to improve the program. Circle your response to each question.

Site _____ **Date** _____

1. How important do you think the information and skills covered in the *Families Matter! Program* are to families like yours?

Not important **Somewhat important** **Very important**

2. Have you shared information that you learned in the *Families Matter! Program* with other people you know?

Yes **No**

If yes, with whom did you share information? Circle all that apply.

Spouse **Sibling** **Neighbor** **Friend** **Other**

3. How useful were the information and skills you learned in the *Families Matter! Program* in helping you talk to your child about sexuality?

Not useful **Somewhat useful** **Very useful**

4. How useful were the information and skills you learned in the *Families Matter! Program* in helping you protect your child from physical, emotional, and sexual abuse?

Not useful **Somewhat useful** **Very useful**

5. How confident are you in your ability to use the information and skills you learned in the *Families Matter! Program*?

Not confident **Somewhat confident** **Very confident**

6. How many times have you used the information and skills you learned in the *Families Matter! Program*?

None **Once or twice** **Many times**

7. How likely are you to continue to use the information and skills you learned in the *Families Matter! Program*?

Not likely **Somewhat likely** **Very likely**

8. Did you seek additional health services due to the information you received in the *Families Matter! Program*?

No **Yes**

If yes, which services did you receive? _____

9. How well did the facilitators listen to your ideas and questions?

Not well **Somewhat well** **Very well**

10. How easy or difficult was it for you to feel a connection with the facilitators?

Very difficult **Somewhat difficult** **Somewhat easy** **Very easy**

11. Do you feel like you were given enough opportunities to share something about yourself in the *Families Matter!* sessions?

No **Somewhat** **Yes**

12. Were the facilitators prepared for the sessions?

Yes **No**

13. How easy was it for you to get to the facility where the *Families Matter! Program* was held?

Not easy **Somewhat easy** **Very easy**

14. What are your overall feelings about your experience in the *Families Matter! Program*? (Tick one)

___ **Very positive**

___ **Somewhat positive**

___ **Neutral**

___ **Somewhat negative**

___ **Very negative**

15. What did you like most about the *Families Matter! Program*?

_____

_____

_____

16. What changes would you recommend for future *Families Matter!* sessions?

_____

_____

_____

Thank you for completing this form and participating in Families Matter!

4. Facilitator Observation Form

Families Matter! Facilitator Observation Form

Facilitator Name: _____ Date: _____

Observer Name: _____ Session Number: _____

Location: _____ Length of Session: _____

Please circle the number that best represents the facilitator's ability on the following:

How well did the facilitator:						
	Very poor	Poor	Average	Well	Very well	N/A
Manage his/her voice	1	2	3	4	5	N/A
Make proper eye contact	1	2	3	4	5	N/A
Use appropriate body language—posture, gestures	1	2	3	4	5	N/A
Affirm participants' contributions	1	2	3	4	5	N/A
Show enthusiasm	1	2	3	4	5	N/A
Demonstrate approachability	1	2	3	4	5	N/A
Model/maintain respectful communication	1	2	3	4	5	N/A
Maintain interactive/balanced communication	1	2	3	4	5	N/A
Draw quiet people out	1	2	3	4	5	N/A
Manage time well	1	2	3	4	5	N/A
Respond to the group's questions/concerns	1	2	3	4	5	N/A
Encourage group participation	1	2	3	4	5	N/A
Redirect the group if it deviated from the topic	1	2	3	4	5	N/A
Diffuse conflict within group	1	2	3	4	5	N/A
Maintain neutral judgment	1	2	3	4	5	N/A
Co-facilitate	1	2	3	4	5	N/A
Explain the didactic portions of the session	1	2	3	4	5	N/A
Conduct role plays	1	2	3	4	5	N/A
Manage materials (e.g., audios, flipchart)	1	2	3	4	5	N/A

Observer Comments

Demonstrated Strengths:

Areas for Improvement:

5. Session Observation Forms

FMP Session Observation Form – Session 1

Session Information:

Location: _____

Date: _____ **Curriculum: FMP FMP2**

Facilitator Name: _____

Observer Name: _____

Session start time: _____ Session end time: _____

Length of session (record response in minutes): _____

Participant Information:

Total number of parents attending session: _____

Number of men: _____ Number of women: _____

Session Activities:

Did the facilitator complete the activities? **Yes** **Yes w/ changes** **No**

How well did the facilitator conduct the activities?

Very well **Somewhat well** **Not well**

Changes to activities:

_____

_____

_____

_____

_____

How engaged/interested were participants in this activity?

Very engaged **Somewhat engaged** **Not engaged**

Observations:

Please note any additional comments you have about the successes and challenges of the session overall.

Additional Comments:

FMP Session Observation Form – Session 2

Session Information:

Location: _____

Date: _____ **Curriculum: FMP FMP2**

Facilitator Name: _____

Observer Name: _____

Session start time: _____ Session end time: _____

Length of session (record response in minutes): _____

Participant Information:

Total number of parents attending session: _____

Number of men: _____ Number of women: _____

Session Activities:

Did the facilitator complete the activities? **Yes** **Yes w/ changes** **No**

How well did the facilitator conduct the activities?

Very well **Somewhat well** **Not well**

Changes to activities:

_____

_____

_____

_____

_____

How engaged/interested were participants in this activity?

Very engaged **Somewhat engaged** **Not engaged**

Observations:

Please note any additional comments you have about the successes and challenges of the session overall.

Additional Comments:

FMP Session Observation Form – Session 3

Session Information:

Location: _____

Date: _____ **Curriculum: FMP FMP2**

Facilitator Name: _____

Observer Name: _____

Session start time: _____ Session end time: _____

Length of session (record response in minutes): _____

Participant Information:

Total number of parents attending session: _____

Number of men: _____ Number of women: _____

Session Activities:

Did the facilitator complete the activities? **Yes** **Yes w/ changes** **No**

How well did the facilitator conduct the activities?

Very well **Somewhat well** **Not well**

Changes to activities:

_____

_____

_____

_____

_____

How engaged/interested were participants in this activity?

Very engaged **Somewhat engaged** **Not engaged**

Observations:

Please note any additional comments you have about the successes and challenges of the session overall.

Additional Comments:

Session Observation Form – Session 4

Session Information:

Location: _____

Date: _____ **Curriculum: FMP FMP2**

Facilitator Name: _____

Observer Name: _____

Session start time: _____ Session end time: _____

Length of session (record response in minutes): _____

Participant Information:

Total number of parents attending session: _____

Number of men: _____ Number of women: _____

Session Activities:

Did the facilitator complete the activities? **Yes** **Yes w/ changes** **No**

How well did the facilitator conduct the activities?

Very well **Somewhat well** **Not well**

Changes to activities:

_____

_____

_____

_____

_____

How engaged/interested were participants in this activity?

Very engaged **Somewhat engaged** **Not engaged**

Observations:

Please note any additional comments you have about the successes and challenges of the session overall.

Additional Comments:

FMP Session Observation Form – Session 5

Session Information:

Location: _____

Date: _____ **Curriculum: FMP FMP2**

Facilitator Name: _____

Observer Name: _____

Session start time: _____ Session end time: _____

Length of session (record response in minutes): _____

Participant Information:

Total number of parents attending session: _____

Number of men: _____ Number of women: _____

Session Activities:

Did the facilitator complete the activities? **Yes** **Yes w/ changes** **No**

How well did the facilitator conduct the activities?

Very well **Somewhat well** **Not well**

Changes to activities:

_____

_____

_____

_____

_____

How engaged/interested were participants in this activity?

Very engaged **Somewhat engaged** **Not engaged**

Observations:

Please note any additional comments you have about the successes and challenges of the session overall.

Additional Comments:

FMP Session Observation Form – Session 6

Session Information:

Location: _____

Date: _____ **Curriculum: FMP FMP2**

Facilitator Name: _____

Observer Name: _____

Session start time: _____ Session end time: _____

Length of session (record response in minutes): _____

Participant Information:

Total number of parents attending session: _____

Number of men: _____ Number of women: _____

Session Activities:

Did the facilitator complete the activities? **Yes** **Yes w/ changes** **No**

How well did the facilitator conduct the activities?

Very well **Somewhat well** **Not well**

Changes to activities:

_____

_____

_____

_____

_____

How engaged/interested were participants in this activity?

Very engaged **Somewhat engaged** **Not engaged**

Observations:

Please note any additional comments you have about the successes and challenges of the session overall.

Additional Comments:

FMP Session Observation Form – Session 7

Session Information:

Location: _____

Date: _____ **Curriculum: FMP FMP2**

Facilitator Name: _____

Observer Name: _____

Session start time: _____ Session end time: _____

Length of session (record response in minutes): _____

Participant Information:

Total number of parents attending session: _____

Number of men: _____ Number of women: _____

Session Activities:

Did the facilitator complete the activities? **Yes** **Yes w/ changes** **No**

How well did the facilitator conduct the activities?

Very well **Somewhat well** **Not well**

Changes to activities:

_____

_____

_____

_____

_____

How engaged/interested were participants in this activity?

Very engaged Somewhat engaged Not engaged

Observations:

Please note any additional comments you have about the successes and challenges of the session overall.

Additional Comments: