FAMILIAS FUERTES IN LATIN AMERICA & THE CARIBBEAN

Keys to Effective Implementation, Part 2: Summary of Key Informant Interviews

This report summarizes the results of mapping and evaluating the implementation of Familias Fuertes in Central and South America and the Caribbean collected via questionnaires and key informant interviews.

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Contents

I. Executive Summary

Overview

This report summarizes findings from a study conducted to address the gaps in knowledge about the implementation of the "Strengthening Families" Program (Familias Fuertes) in Latin America. Familias Fuertes is a 7-session, family-centered, positive youth development model that targets Latino adolescents between the ages of 10-14 years to avert problem behaviors such as substance abuse, teen pregnancy, and violence. Originally developed by the University of Iowa as "Strengthening Families, the curriculum was modified for use among Latino racial groups and rebranded as 'Familias Fuertes'. While impact evaluations of the Strengthening Families program have demonstrated success in reducing high-risk behaviors among adolescents in several states in the US, as well as in Europe, there is limited evidence for its success in Latin America. To date, for instance, we know little about the extent to which the program has been implemented in each country, and whether the program was implemented as planned, or whether other modifications of the program have been developed and instituted.

To address these gaps in knowledge, this study was designed into two phases. Phase 1 included a mapping of Familias Fuertes (FF) throughout Latin America, which consisted of collecting data from questionnaires that were emailed to country-level directors and implementers. The questionnaires asked about the number of years FF has been in operation, where implementation occurred within the country, the types of outcomes that were targeted, and whether any evaluation had been conducted on Familias Fuertes. For phase 2, 30 key informant interviews were conducted to gather additional in-depth information about: 1) the characteristics of FF implementation in Latin America, including training and infrastructure development, fidelity, adaptations, target populations, and outcomes; and 2) recommendations for improving FF, which emerged from lessons learned and best practices, and recommendations for how a longitudinal impact evaluation could be designed to determine the success of Familias Fuertes (FF) in preventing harmful behaviors among adolescents.

Key Findings from Phase 2

Implementing Countries and Organizations. FF has been implemented in 16 Latin American countries by PAHO and/or the United Nations Office on Drugs and Crime (UNODC): Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, and Peru.

Target Populations and Locations. Approaches to selecting target populations varied by country. Selection of where and with whom to implement FF typically included four criteria:

- **Geography** – e.g., urban, peri-urban, rural
- **Setting** – e.g., school, community organization, clinic, etc.
- **Risk factors**: socioeconomic disadvantage and/or exposure to problem behaviors – e.g., drug use, violence, teen pregnancy, gangs, etc.
- **Adolescents and families meeting selection criteria** – e.g., 10-14 years old, not yet engaged in problem behaviors, literate and employed parents, etc.

Many countries, including the Dominican Republic, Ecuador, El Salvador, Guatemala, and Nicaragua exclusively implemented FF in urban or peri-urban locations, but at the same time, there were four countries that also targeted rural and indigenous communities (Brazil, Colombia, Panama, and Paraguay). Some countries used rigorous data to pinpoint optimal implementation sites, while others used a more organic process for site selection based on where they could garner support. Additionally, 14 countries reported implementing in schools, 6 in community organizations and churches, and 3 in clinics and in/with juvenile detention facilities. Some countries deviated from typical population and site selection, but this was exceptional. Apart from Chile, countries primarily selected target populations that had some level of risk, either exposure to problem behaviors or socioeconomic disadvantage. However, in several countries, including Brazil, Chile, and the Dominican Republic, school administrators were involved in participant selection, and, in some cases, selected youth already exhibiting problem behaviors – such as conduct disorders, truancy, poor attitudes, low motivation, or involvement in bullying. In 10 of the 14 countries interviewed, mothers and other female caregivers were much more likely to participate in FF compared to fathers and other male caregivers, which was primarily attributed to cultural norms, the high prevalence of single mothers, and male employment/ 'breadwinning', leading to males being less available to attend FF sessions due to work.

Fidelity and Adaptations. All countries recognized the importance of fidelity and strived to minimize changes to FF content and process. However, every country reported making some modifications to content or process to fit local contexts and participant needs. Adaptations included changes to youth and parent selection criteria, number and duration of sessions, linguistic and cultural tailoring, modifying activities and adding content, deviating from using premade kits, and delivering content and evaluations online. Notable adaptations included:

- **Changes to youth and parent selection criteria** to allow participation of siblings, a broader age range than prescribed (beyond ages 10 to 14), youth with some problem behaviors, as well as non-custodial, unemployed and illiterate parents/guardians.
- **Number and duration of sessions** being changed to 1) include an introductory session, 2) add follow-up sessions, or 3) only teach a subset of the 7 lessons.

- **Linguistic and cultural tailoring** including language translation to Portuguese and indigenous languages, modifying words and phrases to those most commonly used in a specific country or community, customizing to rural and indigenous communities, and tailoring to parent age, socioeconomic status and/or occupation.
- **Activity modifications and added content** included changing activities to fit the local context, creating acting activities to replace videos if technological difficulties were encountered, adding content about sexual and reproductive health and children's rights, choosing not to use premade kits, and delivering content and evaluations online.

Evaluations and Results. Nine countries completed recommended pre- and post-evaluations, while the other five countries completed either partial evaluations or informal evaluations of the program. Several simplified evaluation tools or conducted evaluations beyond FF recommendations. All countries reported improvements in health and behavior: improved mutual understanding, closeness, and communication between parents and youth; improved parenting; reduced intrafamilial violence and youth problem behaviors; increased ability of youth to resist peer pressure; improved school attendance and performance; and facilitators using FF tools in their own lives.

Challenges, Lessons Learned and Recommendations. Countries confronted many challenges, such as limited resources, lack of government support, political challenges, and low parent and male participation. Interviewees shared lessons learned to enhance participation, ensure adequate resources, optimize program content, and maximize and sustain program impact. Given the study's positive findings, despite myriad modifications made, a realist evaluation is recommended to understand where and for whom FF is having its greatest impact, and why. Using the framework of a realist evaluation, the primary aims of the evaluation would be to: 1) understand the mechanisms by which FF can produce the greatest change in outcomes, and 2) to understand the contextual conditions necessary to trigger those changes. The idea is to determine 'which individuals, subgroups, and locations benefit most readily from the program, and which social and cultural changes are necessary to sustain the changes.

II. Introduction

In 2005, the Pan American Health Organization (PAHO) selected the "Strengthening Families" Program as the best model for preventing health-compromising behaviors among adolescents in Latin America by aiming to improve family relationships, enhance parenting skills, and build youths' skills to cope with stress and resist peer pressure. At that time, there was a decade of experience with the program both in the United States and in Europe showing improvements in parent-adolescent communications as well as in substance use. After modifying its curriculum and creating videos with actors representative of Latino racial groups, the adapted version of "Strengthening Families," Familias Fuertes, has been implemented throughout PAHO-member countries. The primary prevention program, originally developed by the University of Iowa, is a 7-session, family-centered, positive youth development model that targets Latino adolescents between the ages of 10-14 years to avert problem behaviors such as substance abuse, teen pregnancy, and violence. While impact evaluations of the Strengthening Families program have demonstrated success in reducing high-risk behaviors among adolescents in several states in the US[1], as well as in Europe,[2] there is limited evidence for its success in Latin America. To date, for instance, we know little about the extent to which the program has been implemented in each country, and whether the program was implemented as planned, or whether other modifications of the program have been developed and instituted. Finally, little is known about the extent to which Familias Fuertes has been successful in preventing harmful behaviors among adolescents, and if so, the reasons behind its success.

To address these gaps in knowledge, this study was designed into two phases. Phase 1 included a mapping of Familias Fuertes (FF) throughout Latin America, which consisted of collecting data from questionnaires that were emailed to country-level directors and implementers. The questionnaires asked about the number of years FF has been in operation, where implementation occurred within the country, the types of outcomes that were targeted, and whether any evaluation had been conducted on Familias Fuertes. For phase 2, 30 key informant interviews were conducted to gather additional in-depth information about: 1) the characteristics of FF implementation in Latin America, including training and infrastructure development, fidelity, adaptations, target populations, and outcomes; and 2) recommendations for improving FF, which emerged from lessons learned and best practices, and recommendations for how a longitudinal impact evaluation could be designed to determine the success of Familias Fuertes in preventing harmful behaviors among adolescents.

[1] Kumpfer, Karol L., Virginia Molgaard, and Richard Spoth. "The Strengthening Families Program for the prevention of delinquency and drug use." (1996).

[2] Kumpfer, Karol L., Jing Xie, and Robert O'Driscoll. "Effectiveness of a culturally adapted strengthening families program 12–16 years for high-risk Irish families." Child & Youth Care Forum. Vol. 41. No. 2. Springer US, 2012.

This report primarily summarizes the data gathered from the key informant interviews, but also includes data from phase 1 that was gathered as part of the mapping phase.

III. Methods

A. Overview

For phase 2, a total of 30 key informant interviews were conducted, which allowed us to capture in-depth qualitative information about the implementation of FF within and across countries. Originally, our aim was to conduct 25 key informant interviews, which is a sufficient sample size for reaching saturation according to most qualitative research guidelines[3,4]. However, in some countries, multiple individuals from the same country were interviewed as their roles in the implementation of FF were different. All correspondence was conducted in Spanish or Portuguese.

B. Interview Recruitment

To recruit key informants, all survey completers from phase 1, as well their suggestions for interviewees, were all contacted for an interview. These included PAHO country-level directors, as well as trainers and facilitators involved in FF. The research team used snowball sampling to recruit additional country-level directors and implementers to be interviewed.

C. Data Collection

From July 15 to November 15, 2016, two multilingual researchers at Johns Hopkins Bloomberg School of Public Health (JHSPH) conducted the key informant interviews via phone or video chat in Spanish, Portuguese, or English (based on interviewee preference). Interviews lasted between 45 and 60 minutes and followed a semi-structured format. Specifically, the interview was designed to gain in-depth information about key implementation topics, including: how interviewees became involved with FF, implementer selection, site selection, adolescent and family characteristics, fidelity, adaptation, whether evaluations were conducted and if so, the key results, and perceptions about program success and lessons learned. Existing documentation of FF implementation was also requested. Detailed notes were captured during the interview and expanded following each interview.

D. Data Analysis

Data were extracted and organized by country and across countries. Data from phase 1, which consisted of responses from survey responses, were tallied and presented as frequencies to summarize responses. Data from the key informant interviews were analyzed deductively to

[3] Crouch, Mira & McKenzie, Heather (2006). The logic of small samples in interview based qualitative research. Social Science Information, 45(4), 483-499.

[4] Guest, Greg; Bunce, Arwen & Johnson, Laura (2006). "How many interviews are enough? An experiment with data saturation and variability". Field Methods, 18(1), 59-82.

synthesize key findings and compare the features of implementation across country sites. Findings were grouped into twelve sections: sample description, organizations involved, funding, implementers, settings for implementation, participant characteristics, fidelity, evaluations, program results, external challenges and limitations, and lessons learned.

IV. Findings

A. Description of Sample

A total of 30 key informant interviews were conducted across 14 countries, with sites having between one and four interviewees. As shown in Table 1, 16 countries received FF training, with 14 known to have implemented FF, and 9 conducted formal pre/post-evaluations while 5 partially completed evaluations. Further evaluation details are in Section IV – H below.

Table 1: Key Informant Interview Sample

Country	Total Interview Respondents	Training	Implementation	Evaluation	Notes
1. Argentina	0	√	Uncertain	Uncertain	
2. Bolivia	1	√	√	√	Published paper
3. Brazil	1	√	√	√	
4. Chile	2	√	√	(√)	Post-evaluation only; evaluation with a control group
5. Colombia	2	√	√	√	External evaluation
6. Costa Rica	0	√	Uncertain	Uncertain	
7. Dominican Republic	4	√	√	(√)	Post-evaluation only; external evaluation
8. Ecuador	3	√	√	√	Published Paper
9. El Salvador	4	√	√	(√)	Post-evaluation only
10. Guatemala	2	√	√	(√)	Post-evaluation only; external evaluation
11. Honduras	2	√	√	√	
12. Mexico	1	√	√	√	
13. Nicaragua	1	√	√	√	National review meetings
14. Panama	1	√	√	√	External evaluation
15. Paraguay	2	√	√	(√)	Some sites did not conduct evaluations
16. Peru	4	√	√	√	Impact evaluation; Evaluation with a control group
Total	**30**	**16**	**14**	**9** (5 partial evaluation)	

Figure 1. Map of Countries that have Implemented FF

B. Organizations Involved

There are two primary ways in which FF has been implemented across Latin America: top-down or bottom-up. While the Pan American Health Organization (PAHO) and/or the United Nations Office on Drugs and Crime (UNODC) introduced Familias Fuertes in all countries, – providing a combination of training, technical assistance, and/or financial resources – the way in which other types of organizations became involved depended on whether the approach to implementation was top-down or bottom-up.

Table 2: Initial Implementation Approach

Top-Down Approach	Bottom-Up Approach
Brazil*	Bolivia
Colombia	Chile
Dominican Republic	Honduras
Ecuador	Nicaragua
El Salvador	Peru
Guatemala	
Mexico	
Panama	
Paraguay	

* No longer implementing FF.

In countries where FF was instituted with a top-down approach, PAHO, UNODC, other international organizations (e.g., UNICEF, World Vision, Plan International, foreign government sponsors, etc.), and national ministries, such as those of health, education, social assistance, and drug prevention, were typically involved in the implementation of FF. In these cases, higher-level organizations remained the driving force for FF being implemented and sustained (e.g., mandates, funding, political initiatives, etc.) from the beginning. Higher-level organizations then involved lower-level organizations, which included regional and local political officials, schools, community organizations, clinics, non-profit organizations, universities, and some private organizations.

In countries where FF was instituted with a bottom-up approach, PAHO and/or UNODC only provided the training to representatives of local organizations – primarily professionals from public health organizations, schools, community organizations, and local government officials. Once trained, representatives from these local-level organizations became the primary implementers of FF, and in many cases, continue to do even without sustained inter/national political and financial support. In these cases, they may have still received some periodic follow-up training and/or technical assistance. In the notable case of Peru, local level support became so strong and sustained that Familias Fuertes was ultimately adopted as part of the national public health strategy and became widely implemented.

C. Funding

Funding Type. The most common funding sources for FF across countries include PAHO, UNODC, and other international organizations (e.g., the World Bank, other UN offices, Plan International, etc.), followed by national government agencies and local institutions. Shown in table 3 below, countries had multiple types of funding sources: 12 countries (86%) were funded by international organizations, 9 (64%) by government agencies, and 2 (14%) by local organizations, such as hospitals or universities.

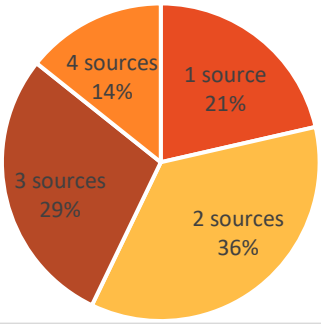
Typically, PAHO and/or UNODC initially fund FF training and/or implementation, and it is later taken on by national government agencies. However, in many cases there is not central political will or financial support for FF, yet it continues to be implemented and sustained at the local level, often by specific regions or municipalities.

Table 3: Types of Funding Sources for FF by Country

	International				National						Local	
	PAHO	UNODC	UNICEF	Other	Ministry of Health	Ministry of Education	Ministry of Justice	Anti-Drug Agency	Local Government	Other	Hospital	University
Bolivia	•								•			
Brazil					•					•		
Chile	•							•				•
Colombia	•			•	•		•					
Dominican Republic	•	•		•				•				
Ecuador		•						•				
El Salvador		•		•	•			•				
Guatemala	•		•									
Honduras											•	
Mexico	•											
Nicaragua	•		•	•								
Panama		•								•		
Paraguay				•								
Peru	•				•	•		•		•		
Total	8	4	2	4	4	1	1	5	1	3	1	1
Percentage	57%	29%	14%	29%	29%	7%	7%	36%	7%	21%	7%	7%

Number of Funding Sources. In the 14 countries who completed interviews, each had between one and four international funding sources, and the number of funding sources were not equally distributed. As seen in Figure 2, three countries (21%) had one international funding source: Honduras, Mexico, and Paraguay. Five countries (36%) had two international funding sources: Bolivia, Brazil, Ecuador, Guatemala, and Panama. Four countries (39%) had three funding sources: Chile, Colombia, Nicaragua, and Peru. Finally, two countries (14%) had four international funding sources: the Dominican Republic and El Salvador.

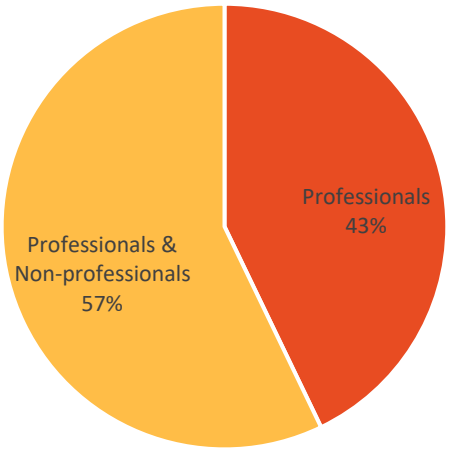
Figure 2. Percentage of FF Implementing Countries by Number of International Funding Sources (%)



D. Implementers

Program implementation typically begins with training facilitators on the background, methodology and objectives of FF. Facilitators are taught how to carry out the 7-session curriculum, which is comprised of sessions with parents and adolescents, separately and jointly. The training is typically conducted by PAHO or UNODC staff, or experienced trainers from countries with robust FF programs, such as Chile, the Dominican Republic, and Peru. Facilitators typically include professionals, including doctors, nurses, psychologists, social workers, educators, and public health adolescence experts. Some countries also involved non-

Figure 3. Implementer Type by Country: Professionals vs. Both Professionals & Non-Professionals



professionals, such as local/municipal government officials responsible for administering programs in related fields (e.g., public health, drug prevention, child and family programs, etc.), non-profit organization representatives, community leaders involved with local youth-serving programs and organizations, members of the clergy, and leaders of parent or neighborhood associations ("juntas vecinales" or "juntas escolares").

"At the beginning, they only allowed social workers, psychologists, and people who officially work with children or in prevention. But we discovered that some people without these profession backgrounds were still very strong at connecting with the community and young people, and are natural leaders with the ability to teach the material and successfully implement the program. I believe that the best way would be a combination of professionals and people who work at the community level." ~Guatemala

"…There are many people in the community who know how to work with families who aren't in these professions. I think that the program is so good, detailed, that the only thing that they are missing is picking the right people who know how to work with families and have a true passion for this work. The psychologists and social workers often have titles, but don't have the experience to reach or connect well with families." ~Panama

Recently trained facilitators typically began implementing independently or, in some countries, new facilitators practiced their skills with at least two groups within the first year of being trained and are given additional technical assistance and support by FF trainers or higher-level program overseers. For example, a Colombian representative explained, "*The country also had a pedagogical coordinator… They had to know the session and clarify doubts of the facilitators before they did the sessions. Because despite the training workshops, there were many doubts / questions in relation to the youth… Some understood the games, others no. Others had to create new games without losing the objective of the game*." Countries that provided initial technical support included Colombia, the Dominican Republic, El Salvador, and Peru.

E. Settings for Implementation

Those responsible for implementing FF in their countries were also responsible for selecting the locations and sites for where the program would be carried out. Geographical locations (e.g., urban, peri-urban, rural, indigenous communities) and sites (e.g., schools, clinics, etc.) chosen for FF implementation varied across countries. Figure 4 and Tables 4 and 5 on the following page highlight the diversity of implementation by geography and site type across countries.

Geography. Many countries, including the Dominican Republic, Ecuador, El Salvador, Guatemala, Nicaragua, and Peru exclusively implemented FF in urban or peri-urban locations. For example, Ecuador used a national Vulnerability Index to select urban sites. Brazil, Colombia, Panama, and Paraguay specifically targeted rural/remote and indigenous communities, in addition to urban populations. An evaluation was conducted in Colombia to identify the most

vulnerable groups, defined as areas with people in the lowest socioeconomic strata. This led to selection of urban and rural sites, including remote areas with Afro-Colombian populations. However, upon review of the interview findings, a Colombian representative noted that efforts to implement with indigenous communities was minimal. El Salvador has also done some minimal implementation in rural and indigenous areas, but has concentrated its efforts in urban and peri-urban centers. Some countries, including the Dominican Republic, Mexico, and Peru, plan to implement in rural/remote areas in the future.

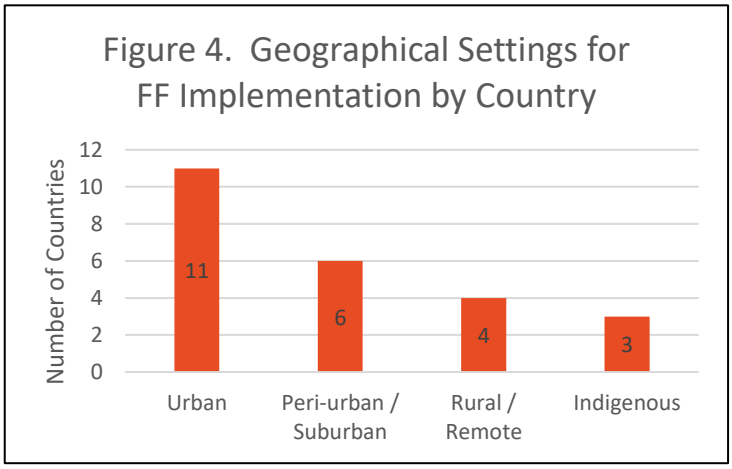


Table 4: Geographical Settings for FF Implementation by Country

Setting	Number of Countries	Countries
Urban	11 (12*)	Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay*, Peru
Peri-urban / Suburban	6 (7*)	Bolivia, Dominican Republic, El Salvador, Guatemala, Nicaragua, Paraguay* Panama
Rural / Remote	4 (5*)	Brazil, Colombia, Panama, Paraguay
Indigenous	3 (6*)	Colombia*, Dominican Republic*, El Salvador*, Nicaragua*, Panama, Paraguay

* Minimal implementation in this setting

Settings. Some countries took unique approaches to select target populations by geography. In Peru, three different versions of FF were tailored for implementation in coastal, jungle, and mountain areas to account for the distinct contexts that vary by geography. In Ecuador, implementation has been focused on lowlands/urban areas, although the need to tailor the program to highlands/rural areas has been noted and may occur in future implementations. In

> "We chose peri-urban areas. The reason for choosing these areas was the high indices of teen pregnancy and alcohol abuse. We also saw that the family structure was weaker in these areas, and there were a lot of dysfunctional families. Many families had members – especially mothers – who had to leave the country to improve the economic situations of their families. They would go work in Argentina, Brazil. There were great problems in older adolescents, so we targeted the younger adolescents to make sure they didn't go down the same paths. We worked with families that were fairly functional but had a lot of children, for example 6 or 7." ~Bolivia

one unique case in Bolivia, other criteria were used to select implementation settings: 150 families, 30 at each of 5 schools, from a recently earthquake-affected area were chosen.

Certain countries have abstained from implementing in certain settings due to resource limitations and concerns that adaptations may be so significant that fidelity and the integrity of the program's core elements may be compromised. A Peruvian implementer explained, "*We do want to do this in rural areas, but don't have the resources. Profound changes would have to happen. We tried to evaluate this and decided that the program would change so significantly in Peruvian rural areas that it would no longer be Familias Fuertes. We have very diverse rural areas – high plains, jungle, forest – …so we'd have to do many rural versions*."

Sites. FF implementation has also varied by type of setting, as seen in Table 5. FF is implemented in schools in all 14 countries that completed interviews. Six countries implemented in community organizations: Dominican Republic, El Salvador, Guatemala, Honduras, Paraguay, Peru. Six countries implemented in churches: Chile, Colombia, Dominican Republic, Nicaragua, Paraguay, Peru. Three countries, Chile, Honduras, and Peru, implemented in clinics and health organizations. Finally, three countries – the Dominican Republic, El Salvador, and Guatemala – implemented FF in juvenile detention centers or in conjunction with the legal system, such as having first time juvenile offenders legal mandated to participate.

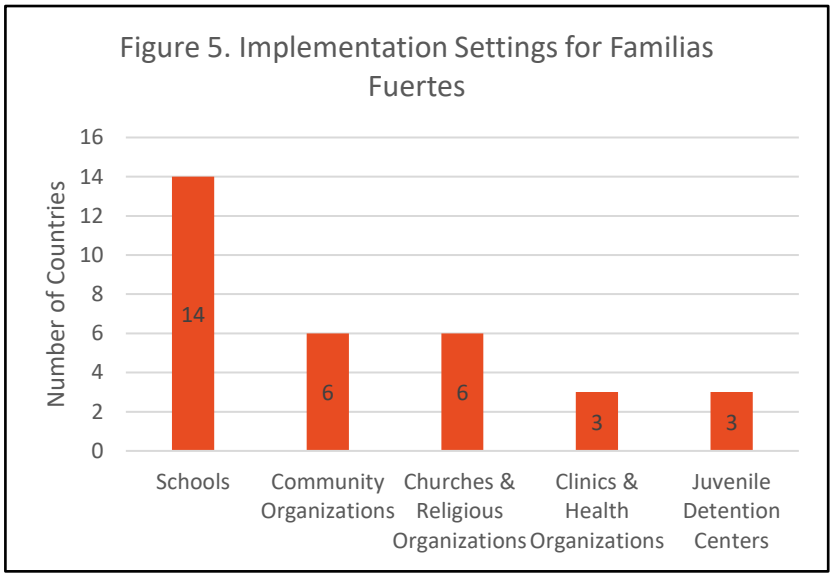


Table 5: Site Types for FF Implementation by Country

Setting	Number	Countries
Schools	14	Bolivia, Brazil, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru
Community organizations	6	Dominican Republic, El Salvador, Guatemala, Honduras, Paraguay, Peru
Religious organizations	6	Chile, Colombia, Dominican Republic, Nicaragua, Paraguay, Peru
Clinics and health organizations	3	Chile, Honduras, Peru
Penal organizations	3	Dominican Republic, El Salvador, Guatemala

F. Participant Characteristics

Risk factors. Table 6 below summarizes the criteria which were used to select target populations for implementation. Apart from Chile, countries primarily selected target populations that had some level of risk, either exposure to problem behaviors or socioeconomic disadvantage. Most of the FF countries targeted youth who did not yet exhibit problem behaviors (e.g., drug use, violence, risky sexual behaviors, gang involvement, etc.), as specified by the FF recruitment guidelines. Some countries focused on targeting a specific risk factor, such as prevention of drug consumption in Peru. A Peruvian representative explained, "*We did a study which indicated this [drug consumption prevention] was the greatest need, so 90% of the program covers these areas*." However, in several countries, including Brazil, Chile, and the Dominican Republic, school administrators are involved in participant selection, and, in some cases, choose youth exhibiting problem behaviors – such as conduct disorders, truancy, poor attitudes, low motivation, or involvement in bullying – counter to FF guidelines.

Table 6: Target Populations and Risk Profiles for FF Implementation

Country	Target at-risk?	Definition of At-Risk & Other Characteristics for Selection
1. Bolivia	Yes	Peri-urban areas with high indices of substance abuse and teen pregnancy, weaker family structures
2. Brazil	Yes	Municipalities of low-socioeconomic status, but that had the interest and capacity to carry out quality interventions for children and adolescents
3. Chile	No	
4. Colombia	Yes	Low-income urban areas (the 2 lowest of 5 economic strata) and where there are higher indices of substance use and drug addiction
5. Dominican Republic	Yes	Urban areas with high adolescent exposure to drugs, violence, and some behavior problems (but not using drugs); also worked with vulnerable populations including orphans, foster care children, children of seasonal workers, and youth who had already started to use drugs or alcohol
6. Ecuador	Yes	Urban areas with high indices of substance use and violence
7. El Salvador	Yes	Living in zones identified by the government as priorities for violence prevention
8. Guatemala	Yes	Having one or more family/behavioral risk factors as identified by teacher
9. Honduras	Yes	Areas with high indices of risk behaviors
10. Mexico	Yes	Municipality/community chosen because there are high-risk, low-income families and a Healthy Living Strategy is already being implemented so there are already established connections to families in the community
11. Nicaragua	Yes	Urban/semi-urban neighborhoods with high indices of problem behaviors (drug use, teen pregnancy)
12. Panama	Yes	Some families recruited due to family instability, low-income; others recruited not high-risk
13. Paraguay	Yes	High-risk families chosen
14. Peru	Yes	Communities with high indices of drug use chosen

Additionally, at least five countries have intentionally implemented FF with youth already involved in risk behaviors: the Dominican Republic, El Salvador, Guatemala, Nicaragua, and Peru. In the case of Peru, one representative reported that exceptions to include youth already exhibiting some problem behaviors were requested and sometimes granted. However, another representative asserted that Peru does not intervene with adolescents already involved in risk behaviors, in order to comply with national program selection criteria requirements. For example, El Salvador partnered with the juvenile justice system to involve first-time juvenile offenders in FF as part of a comprehensive rehabilitation plan to stem problem behaviors, with positive results. The Dominican Republic has implemented the program with youth who have begun using drugs or alcohol, and FF has been used to complement therapy they and their families were already receiving. Chile also noted, "*It was mostly parents who were having problem behaviors with their adolescents [who participated*]."

Representatives from several countries support implementing FF with youth already involved in problem behaviors, although they abstained from including them to adhere with FF guidelines. For example, though not currently implementing with youth exhibiting problem behaviors, a representative from Ecuador stated, "*Evidence shows that this program is also effective with people who use drugs*." This is noteworthy given that it is a country with strong evidence-based and data-driven practices, such as the selection of sites based on a national Vulnerability Index of crime and drug activity. A representative from Panama also noted, "*We reached out to children at a preventive stage, not those involved in gangs, pregnant mothers, drug addicts, etc. …[I do think the program would have value for these populations], but you would have to modify some of the games / activities to tailor in a way that they could learn*."

Additionally, representatives from the Dominican Republic and Panama reported implementing FF with adolescent groups facing other family- and community-level risk factors. For example, the Dominican Republic implemented FF with girls whose mothers were recently released from jail, as well as among orphans, children in foster care, and children of seasonal migrant workers. Panama also implemented the program with homeless populations, and noted that upper class groups are one of the only groups that have not been targeted. Yet, despite attempts to target families at high-risk, a representative from Chile commented that, "…*The people who attend are the people who have the least social risk, because the people with the most risk don't have the space or take the time to do it.*"

Age. Most of the FF countries targeted families with adolescents ages 10 to 14. One representative from Peru explained that in some cases younger children (age 9) and older children (ages 15 to 17) were allowed to participate; however, another representative from

Peru said that these were isolated cases and deviations from allowing youth outside of the intended target age range (ages 10 to 14) have been corrected and no longer occur. Additionally, three countries have knowingly allowed youth ages 15 to 17 to participate: El Salvador, Guatemala, and Nicaragua. As a representative from Nicaragua explained, "…*Due to the requests of families, we also allowed those with ages 15-16 to participate*." Furthermore, in Paraguay, participation was restricted to adolescents ages 10 to 12 (i.e., ages 13 and 14 were excluded) to target those less likely to have begun engaging in problem behaviors.

Table 7: Ages of FF Adolescent Participants

Country	10-14 Years Old	15-17 Years Old
Bolivia	√	
Brazil	√	
Chile	√	
Colombia	√	
Dominican Republic	√	
Ecuador	√	
El Salvador	√	√
Guatemala	√	√
Honduras	√	
Mexico	√	
Nicaragua	√	√
Panama	√	
Paraguay	√ (10-12)	
Peru	√	

Youth Participation by Sex. In some countries, female youth participated more than males, which many implementers found concerning given that violence and drug use are often more prevalent in males. A representative from the Dominican Republic said, "I *think we have lots of women, but if we had more male facilitators, I think that more males would participate. There are very distinct gender roles.*" A representative from Panama said, "*I believe the program would have greater impact if there were a way to involve more males*." Similarly, a Salvadoran representative explained, "*We almost always have more young women than young men. I believe the program doesn't have anything bad or that attracts girls more than boys. I think this is more a question of culture in El Salvador.*" He went on to suggest a possible solution: "*Not only in this program but in others, the parents involve girls more than boys – unless it's related to sports. Then they involve more boys than girls. …One idea is to use soccer or basketball. After participating in each session, they could follow it with a tournament game to increase male youth participation*."

Table 8: Youth Participation in FF by Sex

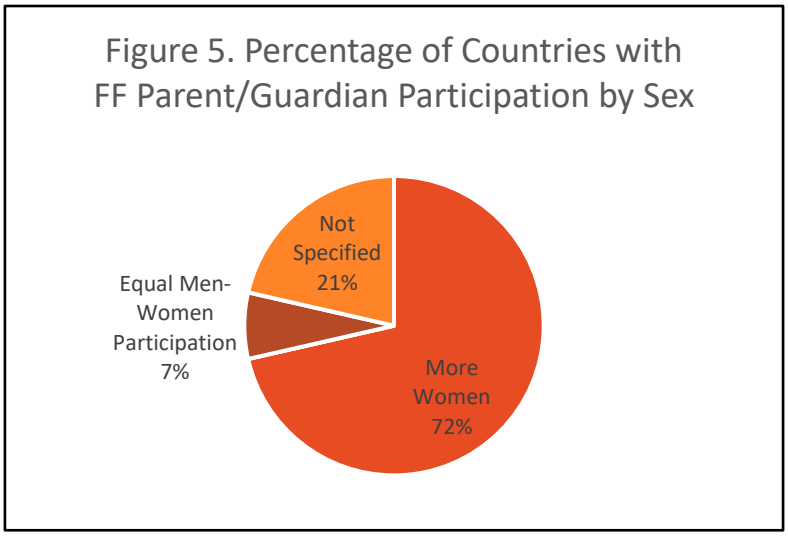
Parent Participation by Sex	Number	Countries
More Girls	6	Ecuador, Colombia, El Salvador, Guatemala, Panama, Peru
More Boys	0	
Equal Boy-Girl Participation	1	Mexico
Not Specified	7	Bolivia, Brazil, Chile, Dominican Republic, Honduras, Nicaragua, Paraguay

Of note, the original interview questions did not include an explicit question on whether youth participation varied by gender. However, after interviewers noticed that several countries incidentally mentioned greater participation among girls, they began routinely asking about gendered participation. Thus, those that did not specify may not have been asked. However, these findings which emerged over the course of the 30 IDIs adds valuable information.

Custodial vs. non-custodial parents/primary caregivers. Half of the 14 countries interviewed allowed non-parental custodians to participate (e.g., grandparents, aunts, older siblings), including Argentina, Bolivia, Colombia, the Dominican Republic, El Salvador, Nicaragua, and Panama. Some countries, such as Argentina, Bolivia, and Ecuador, explained that parents often leave the country to improve their economic situations by seeking work in other countries, requiring non-parental custodian participation in FF in lieu of a parent. The Dominican Republic also has worked with foster moms caring for adolescent foster children.

> "It is important to not just say 'papa/mama', but also 'tio/tia/cuidador' [uncle, aunt, caregiver] because there are many children who are the children of migrants and they are alone or live with family members. I think the program should speak more to the whole family. This is particularly relevant in Ecuador."
> ~Ecuador

Parent Participation by Sex. In 10 of the 14 countries interviewed, mothers and other female caregivers were much more likely to participate in FF compared to fathers and other male caregivers, as shown in Table 8 below. Three countries – Chile, Colombia, and Paraguay – did not comment on differences in participation by parent sex. Mexico was the only country that reported equal male and female parent participation. Of note, the theme of participation by sex was not included in the original interview questions. Interviewers recognized this theme after



having completed several interviews, and this line of questioning was added for subsequent interviews because the fact that participation was skewed toward females and that gender norms might be driving patterns in participation became a recurrent theme. Consequently, countries that did not specify a difference in participation by sex may, in fact, also be experiencing a similar preponderance of female participants but may not have been asked.

The preponderant participation of mothers and female caregivers has been attributed to cultural norms, the high prevalence of single mothers, and male employment/'breadwinning', leading to males being less available to attend FF sessions. A representative from Panama explained, "*In the majority of the communities, we saw mothers with children. Very few couples participated. Most were single mothers, reflecting the population. In two-parent households, both parents came*." A representative from Bolivia, Colombia, and Peru estimated that 70-80% of parent participants were women and 20-30% were men. A Guatemalan representative reported, "*Although fathers didn't come, the mothers would speak with them fathers.*"

Table 9: Parent Participation in FF by Sex

Parent Participation by Sex	Number	Countries
More Women	11	Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Peru
More Men	0	
Equal Men-Women Participation	1	Mexico
Not Specified	2	Chile, Paraguay

Many countries struggle with ways to engage fathers. A Dominican representative stated, "My doubt is about gender. I see we don't have impact on men. The fathers disappear from the process. Dads and moms come to the first session, but they drop off and none are there by the end. My question is if we are forcing mothers once again to take responsibility for children. We also wonder about physical violence of men toward women. The machista culture is one of the large challenges we have going forward." A representative from Ecuador echoed this sentiment and voiced concerns about missing an opportunity to break the cycles of violence linked to gendered norms and patterns of behavior: "Females are more committed to participate than males. We were worried about that because family problems like violence and discrimination are linked to males, so if males do not participate in the program and keep participating in violence, that is a problem. That is one of our challenges, figuring out how to involve males." Mexico was a notable exception, where there were equal numbers of mothers and fathers participated. An implementer from Mexico explained, "We had equal numbers of fathers and mothers. There wasn't a tendency to see that this was more of a 'problem affecting mothers'. After doing the baseline test, we recruited the parents ended up being a balanced group. There were mostly families with 2 parents. We were strict saying they had to participate; 'if you want to' wasn't an option. We framed it as a privilege… Many people wanted to participate and weren't accepted in because there

was higher demand than spaces. We spoke about the benefits and people were very interested – and therefore dedicated. In all the groups, they were balanced with men and women."

> "Female parents were more willing to participate with us than male parents. Mothers were between 22-32 years old. We were surprised about how many young people [parents] were involved in the program. We saw that they got pregnant when they were 14 or 16. It was like saying a kid who is a parent now needs to be trained. Most had finished high school. I can't remember the number that were undergrads, but they were not too many people. Most had jobs related with doing studies, cleaning, working in a restaurant preparing food, working for a local government agency. A considerable number of mothers weren't working, but doing housework. Women doing housework were most willing to participate with us and were very committed to it.
>
> The male parents who participated in the program, the ones who were strongly committed to the program, were the ones who had an undergrad degree. At the beginning, we had men who were working in trades, and didn't stay too long. By the third session they weren't there. Male parent age was between 24-35 years old." ~Ecuador

Other parental sociodemographic factors. Some countries also noted that men of higher socioeconomic status and higher education levels and women who did housework/stayed at home were more likely to participate compared with those in blue collar/laborer jobs. A representative from Ecuador explained the intersecting dynamics he saw between sex, age, and socioeconomic status/education level.

G. Fidelity

All countries recognized the importance of fidelity and strived not to change program content. Many countries strictly adhered to the youth and parent eligibility criteria, and implemented the seven FF sessions and pre- and post-evaluations as prescribed. Bolivia reported maintaining fidelity most strictly. All other countries (13 of 14 countries interviewed) reported making modifications in eight key areas highlighted in Table 10. These adaptations were most often made with as little change to the substantive content of FF as possible, and in some cases, were piloted to ensure that the modifications helped.

Table 10: Adaptations to FF Implementation by Type and Country

Type of Adaptation	Number of Countries	Countries
1) Youth selection criteria	6	Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Peru
2) Parent selection criteria	7	Colombia*, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Panama
3) Number and duration of sessions	7	Brazil, Chile, Dominican Republic, El Salvador, Guatemala, Panama, Paraguay
4) Linguistic and cultural tailoring	11	Bolivia, Brazil, Chile, the Dominican Republic, Ecuador, El Salvador, Guatemala, Nicaragua, Panama, Paraguay, Peru
5) Modifying activities	4	Chile, Colombia*, Guatemala, Paraguay, Peru
6) Teaching additional content	2	Dominican Republic, Paraguay
7) Deviating from using premade kits	1	Dominican Republic
8) Creating and delivering content and/or evaluations online	2	Chile, Brazil

* Occurrence and/or extent of adaptation unclear: varied information was reported from multiple representatives from the same country; some reported adaptation, while others reported strict fidelity.

Modifications to youth selection criteria.

Age range

While the prescribed age range is 10 to 14 years old, youth as old as 17 years old have participated in FF previously participated in El Salvador, Guatemala, and Nicaragua. Paraguay also limited enrollment to 10 to 12-year-olds, restricting participant age beyond what is prescribed. Some countries, notably Peru, discussed that they separated the 10 to 12-year-olds from the 13 and 14-year-olds due to stages of development and life experience. One representative from Peru explained that in some cases younger children (age 9) and older children (ages 15 to 17) were allowed to participate; however, another representative from Peru said that these were exceptional cases.

Problem Behaviors

Several countries also adapted to FF to allow youth with one or more problem behaviors to participate, including the Dominican Republic, El Salvador, Guatemala, Nicaragua, and Peru in exceptional cases. They first piloted this approach and continued it when they found it to be effective in creating desired behavior changes. For example, the Dominican Republic, El Salvador, and Guatemala have partnered with juvenile detention centers and/or the justice system to offer FF to adolescents with first-time or minor offenses.

In a few countries, counter to guidelines given by implementers to select youth at risk for (but not yet engaged in) problem behaviors, school administrators selected children with problem behaviors, and implementers had limited power to make them adhere to FF eligibility criteria. In Honduras, some children with psychiatric conditions participated. Interestingly, even in countries that did not modify their selection criteria, representatives still felt that changing the criteria was warranted. A representative from Ecuador said, "*I think with certain considerations, we might be able to implement in other families – but those without other large problems. For example, maybe we could open it a little bit because the family profile is very closed. For example, maybe we could work with families that have a substance use issue, but that don't also have the violence*."

Siblings

The Dominican Republic and Honduras also adapted FF by allowing siblings within the 10 to 14-year-old age range to participate concurrently, counter to FF guidelines. An interviewee from the Dominican Republic explained that allowing concurrent sibling participation increases parent participation: "…*Sometimes we might have 2-5 young people from one family in the program age range. We allowed them all to participate, multiple children per family.*"

Modifications to parent selection criteria. Most participating countries have suggested further modifying parent selection criteria to include non-custodial parents/guardians, unemployed parents/guardians, and/or illiterate parents/guardians.

Non-custodial Parents/Guardians

Counter to FF eligibility criteria, non-parent and non-custodian parents/guardians participated in half of the countries interviewed – Argentina, Bolivia, the Dominican Republic, El Salvador, Nicaragua, and Panama. Colombian representatives reported different perspectives: an interviewee confirmed participation of non-custodial parents/guardians, while a Colombian representative who reviewed of the interview findings stated that they were not allowed to participate. Many countries found that these modifications did not detract from the program, and resulted in helping more families in need and youths at risk. For example, a representative from Nicaragua explained, "*We didn't really change the standard. But we did change the 'tutores' [non-parent/custodian adult caregivers]. We often had families who lived with single mothers, aunts/uncles, and grandparents. However, normally it is the mother who was there. We had to include these people to recognize the reality of here/Nicaragua*."

Unemployed Parents/Guardians

Ecuador adapted eligibility requirements by allowing unemployed parents to participate. A representative from El Salvador explained, "*We've also had challenges because the family might fit the profile, except the dad doesn't work, and so we had to exclude him. We've discussed allowing families to participate if they don't have more than one problem in their family circle. But we're not doing this right now*."

Illiterate or Low Literacy Parents/Guardians

In Colombia, the Dominican Republic, El Salvador, Guatemala, and Mexico, illiterate and low-literate parents participated. A facilitator from Colombia explained, "*We also had challenges with the educational level of parents – they had to be able to read and write. Many were excluded because they couldn't read or write. But in one case, we allowed the older granddaughter who was 16 years old to come with a grandmother who couldn't read/write so she could participate*." However, upon review of the interview findings, a different Colombian representative reported that there were no modifications to the parent selection criteria. Likewise, a facilitator from Guatemala reported, "*We had some parents that didn't know how to read/write, so we supported them to go through the materials*." One representative from Honduras passionately said, "*I am completely against excluding parents who can't read and write. Completely against it! They can participate, but it makes it more challenging for them to complete the exercises in the manual. We include the parents who can't read and write." Concluding, she said with pride, "We have illiterate graduates*!" (Note: Text indicates speaker's original emphasis.)

In the Dominican Republic and Mexico, illiterate or low literacy parents ended up participating, despite attempts to adhere to the requirement for basic literacy. A representative in Mexico explained that it was sometimes difficult to identify parent illiteracy until parents were already enrolled: "*There were some illiterate parents. Some may have been ashamed to say that they didn't know how to read/write on the questionnaire. It meant taking more time in the classroom to help them through the materia*l." A facilitator from the Dominican Republic commented, "*Many are embarrassed to admit they don't read and say things like, 'Oh, I forgot my glasses*.'"

Implementers in several countries who adhered to literacy requirements questioned this requirement. For example, a representative from Honduras said, "*We had a lot of questions about why to only include those who read and write – especially the parents – because many don't know how to read/write. But we kept to the structure/rules. But we are a very poor country. We had to exclude many families because they couldn't read or write*."

Recruiting More Fathers

A facilitator from Guatemala voiced a common sentiment in many countries implementing FF: "*Low participation of male youth and fathers is a challenge; this is a cultural issue*." A representative from the Dominican Republic suggested a way to increase male participation: "*The facilitators are great on the ground. I think we have lots of women, but if we had more male facilitators, I think that more men would participate. There are very distinct gender roles*."

Number and duration of sessions. At least two countries, Chile and El Salvador, did not institute 7 full sessions, but instead implemented 3 or 4 in response to the desires of implementing partners. Additionally, one of three municipal implementation sites in Brazil deviated in multiple ways, including only doing sessions with youth but not parents, such that youth did not receive the full seven sessions, but parents did receive seven sessions.

Other countries ended up offering longer or a greater number of sessions than prescribed. Colombia and El Salvador found that sessions ran beyond 2 hours. Columbia, El Salvador, Panama, and Paraguay offered content beyond the core seven FF sessions. A representative from Paraguay reported doing nine sessions to share additional content beyond the scope of FF: "…*There are seven sessions, but we added two for sexual and reproductive health and the children's rights*." A representative from El Salvador also reported offering ten sessions total.

In Panama, an additional week was added prior to the seven sessions to serve as an introductory meeting, and two or three weekly follow-up meetings were held with each group of participants after the seven sessions were complete. Columbia, the Dominican Republic, El Salvador, Guatemala, and Peru have also offered follow-up sessions or support. A Peruvian representative explained that they conducted four reinforcement lessons: "*The first version has 4 reinforcement lessons to follow the 7 sessions. We would like to have access to the continuing/reinforcement lessons*." A Guatemalan representative commented, "*We tried a follow-up in Antigua, but it was too difficult to coordinate. We have talked with other communities that are implementing FF, and we are working to see how can strengthen our follow-up. This is in process*." Chile and Ecuador supported and recommended adding follow-up sessions, although it is not currently a part of their FF programs.

Linguistic and cultural tailoring. While all countries recognize the importance of delivering the program with fidelity, Bolivia, Brazil, the Dominican Republic, Ecuador, El Salvador, Guatemala, Nicaragua, Panama, Paraguay, and Peru made some linguistic and cultural adaptations to the content – while aiming not to change its substance or meaning – to better fit local contexts. Adaptation was often conducted before implementation, leading to implementation delays. One representative even adapted the materials to better communicate the content of FF to different parent age groups.

Language Translation

Brazil created a Working Group to adapt the materials from Spanish to Portuguese. They translated all written materials, but did not have the resources to make Portuguese versions of the audio and video content, and therefore implemented the program without these components. Paraguay and others also found ways to offer content in indigenous languages, often through hiring and training translators to implement FF.

Linguistic and Cultural Tailoring

Linguistic and cultural tailoring was the most common adaptation made. A total of 11 out of 14 countries (Bolivia, Brazil, Chile, the Dominican Republic, Ecuador, El Salvador, Guatemala, Nicaragua, Panama, Paraguay, and Peru) changed the wording to words or phrases commonly used in their country, often to make the content more culturally appropriate or contextually relevant. In the case of Brazil, they had to develop a full set of materials in Portuguese. Certain countries, such as Guatemala, noted that the phrasing in the original FF materials reflected Castilian Spanish or "Americanized Spanish" that would not typically be used in their countries, which made them feel compelled to tailor it to be more accepted within their populations. A representative from Ecuador commented, "*We did make certain adaptations to the vocabulary and to the local culture, without removing the meaning of the program."* Chile made videos that were better tailored to their country because they felt the original videos "were more Central American". Similarly, Colombia noted, "….*People/characters [in the videos are] Latin American but don't reflect our families…[so] the facilitator might maintain the same themes, but use vocabulary that is more appropriate to our country*."

Tailoring to Rural Populations

Many countries tailored content for rural populations. For example, to adapt content to a rural area, an activity that referred to "going to the movies or a pizzeria" might have been changed to "going to the market or the beach". In Panama, a representative explained, "*The only modifications I think could be made are some games to better teach and engage families. But, what has already been established are adequate. For example, there is a game that speaks about situations to teach children rules. This game is great, but if we are working in a rural area, we wouldn't speak about go to the movies or mall, but maybe going to the lake or market. These are minor modifications that the facilitator can make to make the program better tailored to their population*." Similarly, a representative from Paraguay commented, "*In the rural areas, some of the materials talk about cars and technology, so we have to adapt them to what is appropriate in the community.*"

Tailoring to Indigenous Populations

Many countries noted the need for adapted versions of FF tailored to indigenous communities. One illustrative step in this direction was Peru's development of three different versions approved by PAHO, which were adapted to coastal, jungle, and mountain populations. Other countries have learned of these versions and have expressed interest in creating their own using the Peruvian adaptations as a template. For example, Ecuador is interested in creating two versions, one for the lowlands and one for the highlands, where indigenous traditions and ways of life are the norm. In Guatemala, technical experts who spoke Spanish and indigenous languages were contracted to learn the content and then deliver it in the local tongue. In Paraguay, a representative commented, "*We should translate the materials into the Guaraní language, but we haven't yet because we don't have enough resources. I think it would be very important to translate it into our second – and principal indigenous – language*."

Tailoring to Parent Age, Socioeconomic Status, and/or Occupation

A Dominican Republic representative suggested, "*I think before implementing it is important to see what age the parents are because someone much older with a different way of thinking may come and cause debates within the group. The program could also adapt to the socioeconomic situation of the families, and the parents' occupations, to inform the vocabulary and examples we are going to use. It is important because if we are going to work with older people (65 years old) they have different ways to think and operate at home. I have seen that younger parents are more likely to observe different ways of thinking and operating, both for them and their children*."

Modifying the activities. At least five countries had at least one representative who reported modifying activities for a variety of reasons, including Chile, Colombia, Guatemala, Paraguay, and Peru. Many countries made minor modifications to activities as needed in an ad hoc fashion. A representative from Chile stated, "*There are some activities that we changed a bit, like the ones about following rules."* A facilitator from Guatemala explained, *"The use of videos with 'Castellano' [formal Spanish] language didn't work well with the colloquial tongues spoken, so we created acting guides. We did cases and acted out situations shown in the videos, tailoring it to relevant local situations*." The occurrence and/or extent of activity modifications was unclear for some countries. For example, upon review of the interview findings, a Colombian representative noted that activities were not modified.

Other countries developed a more formal process for making changes to the program's activities. For example, a Peruvian representative explained, "*Initially in 2008, we did the Central American FF program. It took one and a half years. It took us a while to do the adaptation to the Peruvian context. We did changes in the videos to better work with the local*

population. We also changed some activities to make them related to the time, context, and population." Another Peruvian representative further explained that there are now three versions of original FF curriculum being implemented in Latin America: Central American, Peruvian, and Intermediate versions. The second version was intentionally modified to better fit the Peruvian context, and the intermediate version apparently blends the Central American and Peruvian versions.

Teaching additional content about adolescent development, in addition to all FF sessions. The Dominican Republic and Paraguay added content to the FF curriculum. In the Dominican Republic, a facilitator taught additional content about adolescent development in tandem with the FF sessions upon a school's request. She explained, "*I presented the methodology to the high school where I worked. The school invited parents and youth, and we ended up implementing Familias Fuertes, all the sessions, but we also added other information. For example, many parents wanted to know why my child is growing so much, what are normal behaviors, why are they having a 'crisis of character' during this age. So, we taught about this as well. But we were invited to do so by the high schoo*l." In Paraguay, two sessions were added to include content on sexual and reproductive health and on children's rights.

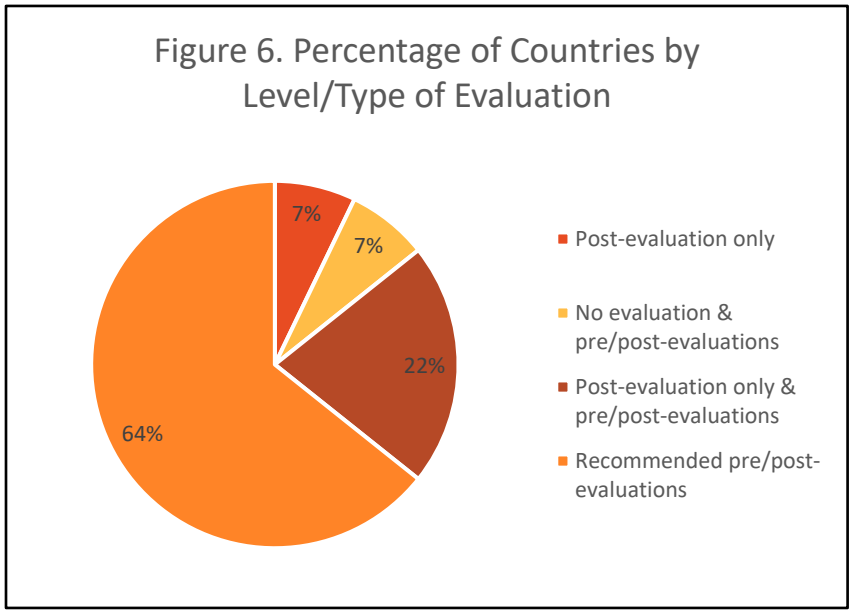
Chile and Colombia suggested that the content on sexuality and sexual relationships should be expanded and improved, but have not make these changes as they have not been formally instituted. A representative from Ecuador also reported, "…*There are people from other departments who are interested in Familias Fuertes, but they want to change some of the topics covered in the sessions. For example, the Department of Health wants to get involved and would like to incorporate sexual health education, but our main focus is on reducing drug consumption. However, I do think there is space for making some changes like this because in the program somehow you are not just talking about drugs, but about skills families need to be more resilient. And this could include addressing issues like sexual health*."

Deviating from using premade kits with photocopies and resources. While some countries, like El Salvador, requested that PAHO prepare kits with all the FF resources and materials needed to implement FF, Chile, the Dominican Republic, and Honduras reported that they received 'Blue Kits' or 'Maletines Azules'. However, the Dominican Republic stopped using them due to challenges with the materials they contained: "*Three years ago, we changed the 'maletines azules'…it wasn't as practical as we thought in the beginning. Washington sent us a bag with the manual with exercises and materials (photocopies). But there were many problems. For example, the numbering is crazy… [The pages say] SF1, SJ2, which stood for "session de familias" [session for families] and "session de jóvenes" [session for youth]. That is hard for people without a high level of education to understand*."

Creating and delivering content and/or evaluations online. In Chile, the FF curriculum was adapted to an online format by a team of professionals. Furthermore, Brazil, made an online version of the evaluation, and evaluations were conducted online and in-person.

H. Evaluations

The FF program prescribes that pre- and post-evaluations be conducted with both parents and youth during the first and final/seventh sessions. Nine out of fourteen (64%) countries interviewed reported conducting evaluations following these guidelines. The ways in which evaluations were conducted varied for the other five countries. Chile (7%) only conducted the post-evaluation, but not the pre-evaluation. A representative from Paraguay (7%) reported conducting neither pre- nor post-evaluations, while another reported conducting both pre- and post-evaluations. In the Dominican Republic, El Salvador, and Guatemala (22%), some representatives conducted only the post-evaluation and some conducted pre and post.



Reasons for not conducting the pre-evaluation included not having instructions/materials to do so, the families' inability to understand it, and no reason given. A representative from El Salvador reported conducting only the post-test at the end of the final session, and asking at that time what participants' behaviors and beliefs had been at the beginning and end: "…*We asked in an evaluation given at the end of the session how it was at the beginning and at the end. In our manual, we didn't have a description of how to do a pre-test.*" Of note, a representative from Honduras reported, "*We do the pre/post, but before 2014 we didn't have this paperwork. We hadn't been given all of the materials*."

Table 11: Percentage of Countries Completing FF by Country

Level/Type of Evaluation	Number & Percentage	Countries
Percentage of Countries Completing FF Evaluation Recommendations by Country		
Post-evaluation only	1 (7%)	Chile
No evaluation & recommended evaluations	1 (7%)	Paraguay
Post-evaluation only & recommended evaluation	3 (22%)	Dominican Republic, El Salvador, Guatemala
Recommended evaluation	9 (64%)	Bolivia, Brazil, Colombia, Ecuador, Honduras, Mexico, Nicaragua, Panama, Peru
Percentage of Countries Completing Evaluation Beyond FF Recommendations		
Intervention/control evaluation	3 (22%)	Chile, El Salvador, Peru
External evaluator assessment	5 (36%)	Colombia, Dominican Republic, El Salvador, Guatemala, Panama
Facilitator monitoring/evaluation	6 (43%)	Brazil, Colombia,* Ecuador, Honduras, Mexico, Peru
Alternative evaluation methods	2 (14%)	Nicaragua, Peru

* Occurrence and/or extent of evaluation unclear: varied information was reported from multiple representatives from the same country; some reported conducting the evaluation, and others did not.

Several countries have developed creative solutions to overcome evaluation challenges. For example, Peru has created a Training Guide, redoubled its training efforts in evaluation, worked to standardize the training tools used, and is working to create a simpler version of the evaluation instruments. Additionally, the Dominican Republic devised a creative alternative method for low literacy parents to indicate their answers to the evaluations by standing in areas of the room corresponding to certain answer choices.

> "The pre/post evaluations are very difficult because there are many families who can't read/write, so the facilitators have had to come up with alternatives. We do this by having the facilitator read each question to 3 moms at a time. The moms get bored, stop focusing, begin speaking to one another, ask what one another put [for an answer]. The questionnaires are very long for people of this literacy level.
>
> When returning 3 months later, we have had the families move their bodies to indicate sometimes, often, never in response to the evaluation questions… It makes it more dynamic and facilitates dialog. It helps them focus on the questions. A child may say, 'Mom, come over here, you don't really do _____ that much.'" ~Dominican Republic

Additional evaluation beyond FF recommendations included intervention/control evaluations, external evaluator assessments, evaluation of facilitators, and alternative evaluation methods.

- **Intervention/control evaluation.** Chile reported conducting an evaluation with 6 intervention and 6 control schools of different SES levels in Santiago in 2009, and El Salvador also reported conducting an evaluation with intervention and control groups in 2009 as well. A representative from Peru also reported they will conduct a similar evaluation with intervention and control groups this year.
- **External evaluator assessment.** In addition, FF has been (or plans to be) assessed by an external evaluator in Colombia, the Dominican Republic (paid for by the US embassy in the Dominican Republic), El Salvador (paid for by UNODC), Guatemala (paid for by UNICEF), and Panama (paid for by the UN). External evaluation has typically included statistical analysis of pre/post-evaluations and/or an assessment of implementation. The results of these evaluations have largely revealed marked improvements in parent-youth communication and reduction of youth risk behaviors.
- **Facilitator evaluation.** Brazil, Ecuador, Honduras, Mexico, and Peru also reported evaluating FF facilitators. A Colombian representative noted that facilitator evaluations were conducted after reviewing initial interview data; however, interviewees did not report that this type of evaluation was conducted.
- **Alternative evaluation methods.** Nicaragua also reported conducting an alternative evaluation method beyond FF recommendations. They hold national evaluative meetings every three-to-four months to report on levels of trainer and community participation, discuss successes and challenges, and discuss and collaborate around the resource needs of different groups. Peru has also gone far beyond the scope of typical evaluation, completing an impact evaluation and conducting a study to improve FF evaluative processes. They initiated the process evaluation after having found that the evaluation tools are very complex (e.g., have many questions), that multiple versions of evaluation tools are being used, and that "sometimes the positive changes aren't well reflected in the evaluations because of the design of the instrument."

Nearly all implementing countries reported that evaluations have revealed improvements in key areas where results were desired. For example, a representative from Panama reported, "*The evaluations we did of FF helped us to gain extra funding to continue and sustain the program because the program has had great results. We did a pre- and post-evaluation to monitor progress in the family. We also had a student do an external evaluation through the UN, interviewing the families that participated. This also came out with positive results: the children finished their studies, avoided getting involved in violence, drugs, gangs, etc. We have seen that in the program in Central America and the Caribbean, we have also seen positive results in other countries*."

Finally, of note, many countries believe that PAHO has a comprehensive repository of program documents, such as pre/post evaluations, municipality- or national-level evaluations, etc. This is not the case, although a few representatives believed that such a repository should be created.

I. Program Results

Every interviewee provided examples of observed positive impacts of FF, and none noted neutral or negative impacts. Many implementers and trainers noted that the facilitators themselves also benefited from use of FF tools in their own lives, in addition to benefiting the program participants. Positive impacts resulting from FF are outlined in Table 12 below.

Table 12: Observed FF Results by Type and Country

Observed FF Results	Number of Countries	Countries
1) Improved mutual understanding and increased closeness/connectedness between parents and youth	12	Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru
2) Improved parent-youth communication	13	Bolivia, Brazil, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, Panama, Paraguay, Peru
3) Improved parental involvement, parenting, rule-setting, and loving discipline	10	Bolivia, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, Panama
4) Reduced use of physical maltreatment and punishment, and intrafamilial violence	3	Colombia, Dominican Republic, Ecuador
5) Reduced youth health risks and problem behaviors, and increased ability to resist peer pressure	8	Bolivia, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Mexico, Peru
6) Improved school attendance and performance	3	Brazil, Dominican Republic, Panama
7) Facilitators using the tools in their work or lives/relationships with their own children	4	Ecuador, Honduras, Mexico, Paraguay

1) Improved mutual understanding and closeness/connectedness between parents and youth

Mutual Understanding

Bolivia, the Dominican Republic, El Salvador, Honduras, and Peru reported that FF improved mutual understanding between youth and parents. Panama and Paraguay attributed improved mutual understanding to parents' increased respect for the development of independence in their adolescents, and for the rights of children and teens. A representative from the Dominican Republic explained, "*Familias Fuertes helps parents understand what it was like to be that age, and for youth to understand that limits are made out of love – not to bother, irritate, control, or clash with the young*

people. In every session, the grey cloud [or lack of mutual understanding] clears up little by little."

A representative from Peru noted, "*In many sessions…we see an opening/openness between youth and parents that wasn't there before." In El Salvador, a representative explained, "There was a girl who …had a difficult relationship with her mother, and couldn't even talk to her. But through the program she learned why the mother was doing what she was doing, and came to understand that she wasn't just trying to punish her. This was very beautiful, for all of us in the program to see*."

Increased Closeness/Connectedness

Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Mexico, Nicaragua, and Panama reported enhanced parent-youth bonds, closeness, and connectedness. A representative from Panama noted the strengthening of emotional ties/bonds and increasing the sense of family unity or integration. Nicaragua noted increased respect and affection between parents and youth. A Bolivian representative explained, "*There was a woman who was abandoned by her parents, and didn't have a close relationship with her children, but through the program she learned to love and become close with her children." In the Dominican Republic, a representative commented on changes observed between mothers recently released from jail and their adolescents: "For the recently liberated mothers there was a great impact, and the reconnection of children with their mothers was very emotional / profoun*d."

2) Improved parental-youth communication

Nearly every country interviewed noted improved communication between parents and youth as a result of the program: Bolivia, Brazil, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Panama, Paraguay, and Peru. A Mexican representative observed improved modes of communication and strengthened communication networks because of FF. A Guatemalan representative noted specific changes in communication, including improved trust between parents and youth, intergenerational communication, and communication between girls and mothers. The

"There was an indigenous girl who came in very embarrassed and closed toward her family, but by the end she was a totally different person. She was very happy, open, and much closer with her family. There was also another young man who didn't even say hello to his step father at the beginning, but by the end reported that he was saying hello to his step father, showing him respect, he would even pick up his 'chancletas' [slippers/sandals] for him. It was very beautiful to see these changes." ~Colombia

representative also noted that FF made parents the go-to source for youth to communicate with when they face difficulties: "*This prevents young girls going out and finding communication and trust outside of her house… And therefore, reduces teen pregnancy." A facilitator from the Dominican Republic said that parents and youth "learn to negotiate with family meetings [and] communicate better within the family." An Ecuadorian facilitator commented, "At the end, the parents are very thankful to have gained this perspective they didn't have at the beginning of the program. For the young people, they have also enjoyed using this time to communicate with their parent*s."

Communication about specific topics also increased. Panama reported, "*Parents learned that it was okay to speak about these subjects – drugs, sex/AIDS." A representative from Additionally, Guatemala commented, "For us it is very important from the area of prevention that we improve communication between parents and children, and discipline, because this is a protective factor that can help reduce drug consumption. Thus, through the pre/post-test we could show evidence of this change in communication. We saw that the families were putting into practice the lessons and family dynamics improved*."

3) **Improved parental involvement, parenting, rule-setting, and loving discipline**
Bolivia, Chile, Colombia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, and Panama observed improved parental involvement, parenting, rule-setting, and loving discipline. An Ecuadorian representative noted increased "demonstration of affection [and] participation of parents in their children's lives" illustrated by the difference in the pre- and post-evaluations. An Ecuadorian representative explained, "Now we see 1) assertive communication, 2) affect, and 3) limits. So the families are the greatest benefiters. …It is very motivating and inspiring."

4) **Reduced use of physical maltreatment and punishment, and intrafamilial violence**
Representatives from Colombia, the Dominican Republic, and Ecuador noted reductions in the use of physical violence to discipline youth and diminished intrafamilial violence. A representative from the Dominican Republic commented, "*Subjectively, I think physical maltreatment and violence has lowered significantly due to FF. Physical maltreatment is very common [in this country]*."

"The families began to review the norms and rules/discipline within their homes. The families realized that before being in FF they didn't put/make rules or the children were breaking rules. And they realized how important it is to maintain discipline and rules, and to enforce them consistently. The majority of the children also realized that it was important to have rules in their homes, and that every family was different." ~Panama

5) **Reduced youth health risks and problem behaviors, and increased ability to resist peer pressure**

   A total of nine countries (Bolivia, Chile, Colombia, the Dominican Republic, Ecuador, El Salvador, Mexico, Nicaragua, and Peru) noted reductions in risky and problem behaviors. Some countries, such as Bolivia, focused on reducing risk behaviors generally. Chile and Colombia specifically focused on preventing substance use and risky sexual behaviors. Mexico noted reduced unplanned pregnancy, violence, and drug use. Ecuador and Peru predominantly focused on reducing drug consumption, and saw positive results in evaluations they conducted. El Salvador and Panama noted reductions in risk behaviors, especially drug use, violence, and gang involvement. A Guatemalan representative explained that while FF focused on reducing substance use, they "*shifted the focus to prevention of pregnancy and improved intergenerational communication*."

   A Panamanian representative explained that the program "…*improves the self-esteem of the children and helps children to avoid sex, drugs, and violence.*" The Dominican Republic noted, "*The program teaches the youth how to say 'no', and young women how to be assertive*." A representative from Paraguay shared a similar observation: "*I think it helps parents teach their kids how to say 'no.' Parents can listen to and understand their kids, and their kids, too. So they have the confidence and the skills."*

6) **Improved school attendance and performance**

   Brazil, the Dominican Republic, and Panama explained that they saw improved performance in school, interest in and motivation for studies, school attendance, and completion of studies in youth who participated in FF.

7) **Facilitators using FF tools in their work or lives/relationships with their own children and in their communities**

   Ecuador, Honduras, Mexico, and Paraguay reported the facilitators using FF lessons and tools in their own lives, which has led to improvements in their relationships with their own children. In Ecuador, a facilitator responsible for monitoring other facilitators explained: "…*The tools have helped [the facilitators] in their personal lives in their communication with their own children in their own families*." In Mexico, several trainers have begun using tools and lessons from FF in their own youth- and family-serving organizations, beyond implementing the seven FF sessions.

Interviewees from Colombia, Ecuador, and Nicaragua each noted that the positive results generated by FF have driven demand for the program in their countries. A Colombian

representative commented, "*Many people complain that they don't have the program. We have great results.*"

"The parents and facilitators have asked for the program to continue. For example, there are educational orgs in various areas where we're implementing that find out about FF and want to implement it. This program has great potential for growth in Ecuador. And we emphasize that because it's evidence-based, anyone who wants to implement has to do it with fidelity to receive the results." ~Ecuador

J. External Challenges & Limitations

The 14 implementing countries faced challenges from external sources, which can be grouped into seven categories: 1) limited resources, 2) lack of government support, 3) political challenges, including turnover of people overseeing or implementing FF, 4) timing, 5) unreliable infrastructure, 6) low parent participation, and 7) feeding participants.

1) **Limited resources.** Lack of funding and material resources was the most frequently mentioned and most emphasized barrier.
    - **Only a limited number of facilitators could be trained.** A representative from the Dominican Republic explained, "*The funds for FF trainers [are a barrier]. It costs 600,000 pesos to train 30-40 trainers, and we can't do it with the frequency we'd like. This is one of the limits*."
    - **Many professionals implement FF as volunteers**. The Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Paraguay, and Peru reported that their facilitators are unpaid and lead sessions and prepare materials for activities outside of their typical work hours. While the interview guide did not originally include questions about facilitator remuneration, interviewers began to ask about this aspect of the program given how frequently it arose during interviews. Thus, it is possible (and likely) that other countries' facilitators were also unpaid.

      Peru is an exception to the rule given that most of their facilitators are teachers, and implementing FF is part of their routine duties: "*Today the facilitators are the teachers because FF is not principally implemented in schools. Through this format they are paid to do this as part of their daily work*."

"We chose people who are committed to change things for their communities – people who work for the local or national government. Before offering the opportunity to train in FF, we told them that would have to implement outside of their workday (e.g., parents want to meet at 6pm or on weekends). We told them that this gives them opportunities for professional development, therefore they don't get pay." ~Ecuador

"It was outside our work hours, so I work in the morning until 4pm, and then I worked [doing FF] after work. It often wasn't recognized. We don't get paid, but it is part of our work plan / professional development plan. But we did this to improve the community. The most beautiful form of payment is to see the youth improve their communication and links/connections with their families." ~Peru

- **Many implementers paid for materials out-of-pocket or participating sites were responsible for cover the costs of materials**, such as photocopies, supplies for activities, or refreshments. A representative from Chile reported that DVDs and materials are paid for by participating schools, which could limit participation of schools with fewer resources. A Guatemalan facilitator explained, "*In the beginning UN donated materials (markers, writing tools, etc.), but beyond that, no, it's voluntary*."
- **Some of the activities were simplified to require fewer resources.** For example, a representative from Peru explained, "*Given the amount of the resources required, we were always simplifying. For example, sometimes an activity would require a table cloth and they had to put fish on it, we simplified it…we took out the table cloth. Instead of doing collages with pictures from magazines, we just did drawings to reduce costs."*
- **Some countries solicit donations for materials from non-profit and for-profit organizations.** In Ecuador, donations were solicited and secured from private companies, such as office supplies and photocopies for trainings. The UNODC initially donated supplies in the Dominican Republic and Guatemala, but this support was not sustained over time, requiring these countries to find ways to finance materials provision themselves.

2) **Lack of government support.** Many countries have struggled to gain and maintain government support for FF, therefore many have often first sought local-level community and governmental support, and then sought to expand the program. Peru, which now has the most extensive national FF program in Latin America, explained that building local community and governmental support first was the key to success. Additionally, Bolivia, Chile, Honduras, and Nicaragua also initially implemented where they had local-level governmental support, and then sought regional or national

governmental support. In Nicaragua, it took time to gain political support: "*Political will is very important. We have had to convince people that working with families will have positive effects… For a couple years, there wasn't national support and FF was optional. Politicians and leaders need to have political will and support, and make it mandated/institutionalized at the national level. Families, communities, health – this is our national strategy for health*." In a few cases, such as Ecuador and Peru, national-level support sustains the program – but this is the exception, rather than the rule.

> "As a country, not only in FF, in all strategies the guarantee/the permanency of the people trained in the places is a big challenge. There is a lot of change/turnover of people in the institutions. It is driven by politics. This also makes funding very impermanent. It is costly to train people, and people often begin with the train but don't continue implementing FF after this investment. We find out, 'Oh, that person no longer with adolescents. They no longer work in the government.' This happens at the local level and at the governmental level. This makes coordination and implementation difficult." ~Dominican Republic

Other countries have had vacillating governmental support that often changes with a change in political leadership. An interviewee from Bolivia said, "*I think Familias Fuertes is one of the programs that could save our country, but nobody pays attention to it. … It could have been more successful in Bolivia if we had had government support, but it hasn't been that way. However, as a project at the community level it has been successful because we have families who keep working on aspects of FF in their own families*." Paraguay shared a similar observation, commenting, "*…There needs to be buy-in from the authorities so that…hopefully this program can be implemented in every community.*"

3) **Political challenges, including turnover of people overseeing and implementing FF.** External political challenges arose for several countries that had impacted the implementation of FF. For example, in Mexico, a teacher's strike affected whether, when, and where FF could be implemented, since schools are a primary setting for implementation and teachers are often involved in selecting youth and/or facilitation.

> "If the owner of the house says this is how things will be, it will be that way. But if the maid comes in and doesn't have direction, she will do whatever she wants with the carpet, with the curtains. I think we need to keep implementing, but there isn't agreement from the leadership. PAHO should sign an agreement with the Ministry of Health and the Ministry of Education. They should call all of the existing trainers to train the rest, the new people. We can't go against the leadership of the country. Right now, they don't see FF as a priority. I defended it as recently as last week, but the Secretary doesn't support it. But I am completely ready to be called to train others and support the program if chosen to do so." ~ Honduras

Turnover of the people overseeing and implementing FF, often links to political changes and shifting political agendas, has also presented a challenge to implementation in some countries.

4) **Timing.** Interviewees from several countries explained that they experienced challenges with time constraints that led to either the need to shorten some sessions or add additional introductory/conclusory sessions before/after core FF sessions. The seasonal timing of when the sessions were offered needed to be accounted for in certain countries, such as Mexico, where it had to be offered around coffee cultivation seasons.
    - In El Salvador, implementing within school settings sometimes had to cut sessions short to adapt to school schedules, or because they were not given timely access to rooms/facilities (e.g., the person responsible for unlocking doors was late).
    - In Bolivia and the Dominican Republic, discussions with parents and youth sometimes became emotional, most implementers allowed sessions to run over the 2-hour window, often donating additional time to continue facilitation until the group reached a good stopping point.
    - Implementers in Columbia, the Dominican Republic, El Salvador, Guatemala, Panama, and Peru offered introductory and/or follow-up sessions beyond the 7 core FF sessions, and many have found time (in addition to scarce resources) to be a limiting factor. For example, a representative from El Salvador explained, "There is very little follow-up support for families in the community after they have finished the program. Beginning this year, we have been looking at how we can visit each family at least once."

5) **Unreliable infrastructure.** At least one representative from Columbia, the Dominican Republic, El Salvador, Honduras, Guatemala, Nicaragua, and Peru, reported that the technology to show videos (TV and DVD player) and/or reliable electricity was not available at times. One Peruvian representative commented that this was not a frequent problem, since they only implement FF in urban settings. Upon review of the interview findings, a Colombian representative noted that their country has not had challenges with unreliable equipment. Creative solutions to unreliable infrastructure included:
    - Implementers using CDs for the audio components, instead of DVDs with visual and audio components (Ecuador, El Salvador)
    - Implementers acting out scenes in the videos themselves
    - Implementers engaging parent and youth participants to act out scenes in the videos

6) **Low parent participation.** Several countries experienced low parent participation for myriad reasons, including low parent involvement in children's lives; work schedules conflicting with session times; parents with multiple young children (in addition to their adolescent participant); and transportation barriers. A representative from the Dominican Republic explained, "*There is always the challenge that who are they going to leave the younger kids with*." Another Dominican representative cited financial (e.g., the need to work on evening and weekends) and transportation challenges as barriers to participation.

   Creative solutions to increase parent participation included the following:
   - Using parent leaders within the community to champion the program
   - Trying to schedule sessions at convenient evening/weekend times
   - Allowing parents to miss a certain number of sessions (e.g., Bolivia required at least 80% participation)
   - Allowing siblings in the 10 to 14-year-old age range to participate concurrently
   - Offering transportation assistance: Colombia arranged a van to transport participants and Panama sometimes helped to subsidize transport costs
   - Offering food and raffle prizes

7) **Feeding participants.** Many implementers, including Ecuador, Honduras, Mexico, and Nicaragua, felt it necessary to provide participants with refreshments, (a) in respect to cultural norms, (b) given the time of day that most sessions were held (later afternoons/evenings around dinnertime), and (c) to incentivize participation. Upon review of the interview findings, a Colombian representative noted that their country also provided refreshments. Refreshments were provided in multiple ways:
   - Implementers paid for refreshments themselves
   - Implementers and program participants solicited donations from local organizations
   - Implementers and/or participants created a sign-up so each participant family brought refreshment items for one of the sessions
   - Implementers and/or participants organized pot lucks

K. Lessons Learned: Best Practices & Keys to Success

Major lessons learned related to three topical areas: 1) enhancing participation, 2) ensuring adequate resources, 3) optimizing program content, and 4) maximizing and sustaining program impact. Key learnings and suggestions are synthesized below, and represent points expressed by multiple interviewees.

Enhance Participation

Strategies to enhance participation include:

- **Consider implementing in other, more high needs areas.**
- **Hold informational sessions for parents** prior to the 7 sessions.
- **Consider modifying inclusion criteria to allow participation of:**
    - **Youth in the age range to 9- to 17-years-old**
    - **Siblings in the 10- to 14-year-old age range, concurrently**
    - **Some youth with minimal problem behaviors to participate** (e.g., one known problem behavior in the past or present)
    - **Parents who are illiterate and/or unemployed**
    - **Non-parent/non-custodians to participate** (when appropriate)
- **Split youth ages 10-12 and 13-14**, given developmental differences.
- **Develop approaches to increase participation of men and boys to ensure they receive the same messages and becoming involved in behavior change, in addition to females.** A representative from El Salvador suggested using sports to increase male participation.
- **Consider offering a one-week version of the program.**
- **Leverage parent and neighborhood leaders** to establish community linkages and increase parent participation.

> "Another thing we did was in the adolescent group, in every one of the communities we chose 2 adolescents who received the training about the methodology. This way, they became the auxiliaries/ "champions". This way they could teach in their own communities what they had learned the training. If I could, I would work with this group of mentors to see what we could do, give them additional training and support, and help them train/teach in their communities. And we didn't choose these adolescents, the groups of Young people chose." ~Guatemala

- **Generate and support by having youth/families champion and take ownership of the program.** A representative from Nicaragua explained that word-of-mouth between parents has been an effective means of expanding the program, stating, "*When the families see that this is working, they let others know about it and this increases demand for the intervention from the families*." In Guatemala, a representative explained, "*I think that the community leaders would be more effective at teaching/being mentors/champions, rather than parents… because [for parents] there is so much stress/focus on day to day life and survival*."

  In Nicaragua, one facilitator explained that the program is more likely to gain traction and garner sustained support when youth take ownership of the program: "*The youth have also prepared videos about FF and how effective it has been. Have also made t-*

shirts. It has become institutionalized/ standardized, which is a strength for us. The youth began to take ownership of the program." Mechanisms to increase youth ownership of the program has also begun to develop in Honduras. A Honduran facilitator explained, **"***We have made a Teen Club in the hospital, including young people who completed FF. And in this way, we maintain contact with them and they have remained involved with us*." In Guatemala, youth champions of the program were chosen by their peers to take the FF training and promote the program in their communities.

Ensure Adequate Resources

- **Increase financial resources.** Most countries need more financial resources for FF than they have, especially to pay facilitators. A Peruvian facilitator explained, "*It is interesting to me that Colombia had a group where people were paid or contracted specifically for Familias Fuertes. We would like to follow this. I think this is the only way for the program to succeed because the complexity of the program is a lot of work, especially if not remunerated. To ensure fidelity I think people need to be paid for their work*." Nearly every other country also stressed the importance of making sure the country has committed time and resources.
- **Garner government support to ensure program sustainability**, which includes both committing financial resources and making FF a political and policy priority.
- **Prepare grab-and-go kits of resources in advance** with everything facilitators need for each session.
- **Provide transportation to participants,** as Colombia and Panama have done.
- **Provide refreshments for participants at each session.** Ecuador, Honduras, and Nicaragua emphasized that this has been important to their programs' success.
- **Develop program supports for low-literacy families.** Colombia, the Dominican Republic, El Salvador, Guatemala, Mexico, and Nicaragua allowed and/or advocated for the inclusion of low literacy families. However, such situations may often require additional resources to provide adequate supports for low-literacy families. As a representative from the Dominican Republic explained, "*The pre/post evaluations are very difficult because there are many families who can't read/write, so the facilitators have had to come up with alternatives. We do this by having the facilitator read each question to 3 moms at a time. The moms get bored, stop focusing, begin speaking to one another, ask what one another put*."

Optimize Program Content

Suggestions for content optimization are outlined below, but would need to be adopted based on the specific contextual factors, needs, and aims of each country and/or community.

- **Include additional content**, including sexual health, injuries (from traffic accidents, sports, violence), obesity/overweight, and/or social media.
- **Make a small manual for parents** to enhance completion of homework assignments
- **Continue to use videos; they encourage participation.** A facilitator from the Dominican Republic commented, "*The communities love the videos. They say, 'Wow, they brought us to the movies*!'" A representative from Mexico agreed, "*I had a lot of doubts that the videos would have an impact. But we ended up being very enamored of this program. I think that we are very attentive to telenovelas [or soap operas], and I think this would be a great strategy because this is already part of our culture*."
- **Reconsider remaking some of the videos to be culturally-tailored to certain countries/contexts.** As a representative from Chile explained, "*We always evaluate the satisfaction, and it is always very high, except for the videos. They want videos adapted to our country. A group from the University of Chile adapted the videos. But it is expensive. It was not very good video or sound quality. We had technical difficulties. We did it with doctors and students, not with actors. It was harder. We had money to hire one actor only. We did it with our own participants. We didn't have the resources to make good adapted videos, like Peru did for example. Some of the sessions turned out well and we use them, but most the sessions we use the PAHO versions. Peru uses their own videos. But in general, the curriculum is very good*."
- **Add follow-up sessions with families.** Several countries have already done so. A representative from Peru explained, "*There is some follow-up so the parents/families don't end up 'orphaned*'." Colombia, Ecuador, and other countries echoed this message.

Maximize & Sustain Program Impact

- **Countries implementing FF can/should be a resource to one another** by continuing to train one another, sharing adapted materials, and exchanging information to enhance their effectiveness. For example, a representative from Peru explained, "*We talk a lot with Paraguay, Colombia, Ecuador, and other countries. We have contacts and are trying to establish a network*."
- **Ensure trainers possess both technical and practical expertise.** Several interviewees commented that the trainers had great technical expertise, but often lacked practical experience. A Peruvian trainer with facilitation experience explained, "*The training becomes cold because they don't have experience. I would require that all trainers become facilitators. The trainers are often experts in the theory but lack experiences*."
- **Select quality facilitators.** Facilitators need to 1) have ties to the community where they implement, 2) be well trained (and do refresher trainings), and 3) receive ongoing support by experienced Trainers of Trainers (TOTs).

- **Quality facilitators who can connect with youth and parents are critical.** A representative from the Dominican Republic commented, "*There is a difference between theory and training, and applying FF in the field. It's easy for people to get trained, but many aren't successful in the field. When supervising trainers, we work with them on keys to facilitating effectively. We work with the facilitators, discuss tone of voice, how to encourage participation, etc*."
- **Facilitators may not necessarily be professionals with advanced degrees.**
- **However, facilitators who have professional degrees may be more equipped to deal with challenges that arise.** This should be considered when selecting facilitators, and counterbalanced with the importance of selecting facilitators that connect well with participants and communities. A Peruvian trainer commented, "*If a problem comes up, professionals have the professional capacity to give referrals for serious problems. Community-level people don't always know how to deal with the problems and give proper referrals. …In those moments of difficulty/problems, the community-level workers have less capacity to deal with these challenges. They need to have a list nearby of people who can help further / referral list*." Given this reality, a combination of community-level and professional degree-holding facilitators may be advisable, or referral lists could be devised to support community workers with less technical expertise.

> "In the beginning, they picked psychologists and social workers. I think they could have recruited people who know how to work with people…that have charisma with groups, who are empathetic, not necessarily who are psychologists and social workers. For example, there are many people in the community who know how to work with families, who aren't in these professions. I think that the program is so good / detailed, that the only thing that they are missing is picking the right people who know how to work with families and have a true passion for this work. The psychologists and social workers often have titles, but don't have the experience to reach / connect well with families." ~Panama

- **Build in appropriate time for logistical coordination.**
- **Consider contextual factors when scheduling FF.** Understanding and scheduling in accordance with local contextual factors can be vital to program success. For example, a Mexican trainer explained, "*After we trained people as facilitators, we had to wait that the community finished their coffee… We needed to wait because the community is cultivating coffee [for months]*."
- **Shorten and reduce the complexity of the adolescent and parent questionnaires and evaluations.**
- **Conduct evaluations to demonstrate program impact and obtain funding.**

V. Conclusions

This study provides strong initial evidence that implementation of the Strengthening Families (Familias Fuertes) Program has had substantial success as a primary prevention program for enhancing parenting skills and reducing adolescent problem behavior in the 16 Latin American countries that have implemented it from 2005 to 2017. While program implementation has varied substantially, as seen in the diverse range of geographical locations, settings, and target populations selected, interviewees in our study perceived that the results of the program have met and exceeded the outcomes the program purports to achieve. Most countries reported improvements in the bonds and communication between parents and youth, parenting skills, and youths' abilities to cope and resist peer pressure. In addition, several countries observed decreased intrafamilial violence and youth problem behaviors, increased attendance and performance, and facilitators using FF tools in their own lives. At the same time, it is important to point out that to determine a true impact of a program, an evaluation needs to include a control group to mirror the 'counterfactual' – or the extent to which the results would have been achieved without the program in place. Currently, however, only three countries included a control group as part of the evaluation design.

Given the positive impacts captured in evaluations and observed, and the findings from this study, additional research is recommended to better understand how the program can achieve its results. In particular, it is important to identify where and for whom the program has had the greatest impact. Cost effectiveness analysis of this intervention may also be helpful to compare FF to other primary prevention programs designed to reduce adolescent problem behaviors, such as substance use, violence, and teen pregnancy. Finally, several countries have used Familias Fuertes for secondary prevention with youth already engaging in problem behaviors. Additional research might also be conducted to determine the efficacy and effectiveness of the program when implemented with modifications, including as a secondary prevention strategy. Further research would help decision-makers from the local to international levels make decisions about resource allocations to achieve population-level improvements in adolescent health, development, and behaviors.

Limitations

There are a few limitations of our study that need to be described. First, the sample of the key informant interviews is not representative and does not present a complete picture of FF implementation in each country. Given that each interviewee was also being asked about events that occurred in the past, recall bias might have been a factor. It is also possible that interviewees' responses are influenced by social desirability bias (e.g., since several questions are asked about fidelity to the program). Additionally, we were unable to locate a representative from two of sixteen Latin American countries implementing FF, so the

perspectives of these two countries are notably absent. Although we were unable to contact experts in Argentina and Costa Rica, an effort was made to capture the experiences of all countries that trained in or implemented FF. For example, some representatives interviewed were involved with training and implementation in multiple countries, including Costa Rica. Thus, while our findings are comprehensive, they be an incomplete representation of the full scope of Familias Fuertes in Latin America.

Despite the limitations of this study, we believe the findings are very strong given the design and execution of this study. First, the study had a sufficient sample size to reach saturation according to most qualitative research guidelines (Crouch and McKensie, 2006[5]; Guest et al., 2006[6]). Additionally, very rich information was gathered: the perspectives garnered represent 1) numerous expert FF trainers, facilitators, and program managers, 2) expertise spanning thirteen years of implementation (2005 to 2017), and 3) fifteen of sixteen Latin American countries that have implemented the program. In addition, triangulating responses between multiple interviewees from the same country, as well as reviewing evaluation materials and country reports written soon after implementation, have also increased confidence in the fact that recall bias is minimal.

Recommended Next Steps

Findings from phases 1 (questionnaires and mapping) and 2 (key informant interviews) of this study reveal that Familias Fuertes has been broadly implemented and many adaptations have been made. A third phase of this study, adopting one of three tiered options outlined below, should be conducted to better understand *where* and *for whom* FF is having its greatest impact, *and why*. This is important because it will help PAHO, Latin American governments, and other FF stakeholders understand how outcomes differ by context and participant characteristics, and may inform how to prioritize resource allocation to the people and places where the greatest impacts are expected.

Tiered options for additional types of evaluation are outlined below: 1) a realist evaluation, 2) a quasi-experimental impact evaluation, and 3) other evaluation methods. Options are necessary, since countries differ by the extent of implementation, political and community-level support, and the resources available to measure and evaluate program outcomes. Of note, some countries may plan to conduct evaluations at multiple tiers. Alternately, some countries may not currently be ready for an impact evaluation either because they have discontinued

[5] Crouch, Mira & McKenzie, Heather (2006). The logic of small samples in interview based qualitative research. Social Science Information, 45(4), 483-499.
[6] Guest, Greg; Bunce, Arwen & Johnson, Laura (2006). "How many interviews are enough? An experiment with data saturation and variability". Field Methods, 18(1), 59-82.

implementation (e.g., Brazil) or have only recently begun implementing FF, and therefore may be more suitable for other types of monitoring and evaluation designs.

Tier 1: Realist Evaluation

Suitable for: Countries that have conducted an impact evaluation with intervention and control groups

Examples: Chile, El Salvador, Peru, and others

Description of a Realist Evaluation: To do a realist evaluation, it is important to first be able to document that outcome changes had occurred, and then to determine whether changes were greatest in certain sub-groups, such as males/females, urban/rural, or even among certain risks that may have been present prior to implementation (i.e., adolescents who were already involved in problem behaviors). This type of evaluation may work best for countries that already have data on outcome changes, and for where a secondary data analysis could be conducted to examine outcome changes in different adolescent sub-groups (i.e., urban vs. rural, or males vs. females) and by different outcomes (i.e., whether some outcomes are more likely to change versus others).

A realist evaluation would address the question of where FF is having the greatest impact by comparing implementation by geographical location (e.g., urban, peri-urban, rural) or setting (e.g., schools, churches, community centers, etc.) or even population characteristics in one to three countries. Alternately, a single country, like Peru could be chosen, given that they have PAHO-approved versions of FF tailored to their coastal, jungle, and plains communities. Using the framework of a realist evaluation, the primary aims of the evaluation would be to: 1) understand the mechanisms by which FF can produce outcome changes, and 2) to understand the contextual conditions necessary to trigger those changes. The idea is to determine 'which individuals, subgroups, and locations benefit most readily from the program, and which social and cultural changes are necessary to sustain the changes[7]. Examples of some potential research questions for the realist evaluation could include:

1) What type of youth profile does FF work best for?
    a. Is it important that some level of risk exist among the target population prior to implementation?
    b. How important is gender?
2) What type of setting is best for FF?

[7] Pawson R, Tilley N: Realistic evaluation London: Sage Publications 1997.

a. Does it matter whether it is a school or a community center?
b. Urban vs. rural?

3) What contextual factors need to be in place to achieve the greatest success?

The outcome of a realist evaluation is a tested and context-specific explanation for why the program worked for some, but not others. We recommend a mixed methods approach to gain a comprehensive understanding of where and for whom FF has its greatest impacts, and why. Quantitative data analysis, such as collecting and synthesizing data from surveys or previous evaluations, will help develop a baseline understanding of locations and participant characteristics associated with the greatest outcomes and impacts. However, qualitative data analysis – such as observations, focus groups, and interviews – help formulate a nuanced understanding of why, or the mechanisms by which, FF is more/less impactful in certain places or for certain people (parents and youth). A realist evaluation can be conducted with already collected evaluation data, supplemented with additional qualitative data, which can then greatly reduce the costs.

Tier 2: A Quasi-Experimental Impact Evaluation

Suitable for: Countries that have pre- and post-evaluation data from the program, but have not conducted impact an evaluation with intervention and control groups

Examples: Columbia, Dominican Republic, Ecuador, Guatemala, Mexico, Panama, and others

Description of a Quasi-Experimental Impact Evaluation: A quasi-experimental impact evaluation has both the intervention and a control group, but the groups are not randomized. The best type of quasi-experimental design is a pre-test/post-test design, which would compare changes in outcomes between the intervention and control groups. Since the quasi-experimental study design does not involve randomization, there is a stronger likelihood that selection bias might threaten the validity of the study's results. To reduce this threat, it is important to select a control group that is as similar as possible to the intervention group. Propensity score matching is one technique to do this, and can be done after the intervention and control groups have already been selected with the data collected from a baseline survey (see details below). In addition to determining the differences in outcome changes between the intervention and control groups, a quasi-experimental study design can also be combined with a realist evaluation to determine whether anticipated outcome changes are occurring in some sub-groups, and not others, as well as measure whether some outcomes are changing, while others are not.

Creating a control group via matching: Perfect matching would require each individual in the treatment group to be matched with an individual in the control group who is identical on all relevant observable characteristics such as age, education, religion, attitude to risk and relevant

health behaviors. Clearly, this is pretty challenging. Finding a good match for each participant in an intervention usually involves estimating as closely as possible the variables that explain the individual's decision to enroll in the intervention (which in the case of FF, might be the parents' characteristics). If the list of these observable characteristics is very large, then it becomes challenging to match directly. In such cases, it is more suitable to use propensity score matching (PSM) instead. In PSM, an individual is not matched on every single observable characteristic, but on their propensity score –that is, the likelihood that the individual will participate in the intervention given their *observable* characteristics. PSM thus matches intervention adolescents/parents with similar control parents/adolescents and subsequently calculates the average difference in the indicators of interest. PSM requires data from both the intervention and a potential control group. Both samples must be larger than the sample size suggested by power calculations (i.e., calculations that indicate the sample size required to detect the impact of an intervention) since individuals who do not have matching characteristics are discarded. Generally, oversampling must be greater for the potential control group than for the treatment group.

Tier 3: Additional Monitoring and Evaluation Techniques

Suitable for: Countries with no or incomplete pre- and post-evaluation data, minimal political and/or community-level support, and/or limited resources

Examples: Bolivia, Honduras, Nicaragua, Paraguay, and others

Potential Monitoring and Evaluation Techniques:

1). *Simple pre-test/post-test:* A simple pre-test/post-test design could be implemented just with the intervention group to determine if any outcome changes occurred during the program period. If possible, these changes in outcomes could be analyzed with other countries' evaluations of FF to determine the extent to which these changes are comparable. Additional data on both parent and adolescent characteristics could be further analyzed to determine if any outcomes changed more in certain sub-groups (i.e., males vs. females).

2). *Most significant change study:* To understand changes from a more qualitative research perspective, the 'most significant change' methodology can been used to collect stories from different stakeholders involved in FF about what they consider to be the 'most significant change' that occurred as a result of participating in the program[8]. It is a more participatory approach, since it involves multiple stakeholders in identifying

[8] Davies R, Dart J. (2005). The Most Significant Change Technique: A Guide to Its Use.

the types of change stories to collect and analyze. The stories are collected by asking a simple question such as: 'During the last month, in your opinion, what was the most significant change that took place for participants in the program?' It is initially up to respondents to allocate their stories to a domain category. In addition to this, respondents are encouraged to report why they consider a particular change to be the most significant one. The stories are then analyzed and filtered up through the levels of authority typically found within an organization or program. A second question is then poised to another group of participants after the answers to the first question are examined: 'From among all of these significant changes, what do you think was the most significant change of them all?' This process of analyzing then provides a simple means of making sense of a large amount of data and helps to focus the analyses on specific types of changes, both anticipated and unanticipated, that occurred among the program participants.

3). *Other evaluation methods:* Depending on resources and the capacity of the staff, there are other methods that can be done for documenting outcome changes:

a.) *Focus groups*: A focus group consists of 6-8 individuals and can be used to collect stories, experiences, and opinions from the participants and other stakeholders. Focus groups among parents, adolescents, and facilitators may provide information on what worked well; and how the program may have contributed to outcome changes.

b) *Key informant interviews:* Interviews with the facilitators, trainers, parents, and even adolescents can also be done to collect individual perceptions about how the program worked and how it achieved its objectives.

c) *Survey of participants:* Even if a program has ended, if contact information is still available, a survey could be administered of previous participants to determine the extent to which they feel the changes they experienced as a result of participating in the program are sustained over time.

For many of these options, the resources and time needed is relatively limited and therefore can be conducted in most countries. In some cases, many of these methods could be combined to help triangulate the findings and therefore provide a better and more comprehensive picture of how change occurred as a result of participating in the FF program.