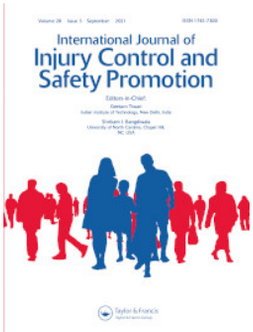

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RESEARCH ARTICLE

Fidelity of implementation of the building bridges mentoring intervention to prevent violence among youth in low income settings

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ABSTRACT

Violence among youth is a major health and safety burden globally. There is a dearth in the development and evaluation of targeted interventions that addresses the multi-faceted nature of youth violence to ensure effectiveness and replicability. This study aims to systematically evaluate the fidelity of implementation of the Building Bridges Mentoring intervention that focuses on the prevention of youth violence in two low-income communities in South Africa. This study employed a mixed methods concurrent triangulation design. Qualitative data were analysed using deductive thematic analysis, and quantitative data using descriptive statistics and *T*-tests. The results indicate that for all the intervention components, implementation fidelity (i.e. adherence, exposure, quality of programme delivery, and participant responsiveness) was generally moderate to high, suggesting a 'good' implementation of the programme in the real world. Evaluating the fidelity of implementation is vital to obtain a comprehensive insight into whether an intervention was implemented according to its design, and to verify and validate the findings and outcomes, and accord credibility and integrity of the study.

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Fidelity of implementation; youth violence; community-based mentoring intervention; evaluation

Introduction

Violence among youth is a major health and safety burden globally. Youth violence by young people aged 10–29 (or 15–29 years as per United Nations Office on Drugs and Crime (UNODC), 2019) is characterized by the perpetration, experience or witnessing of violence among young people who may be strangers or acquaintances, and may include bullying, physical and sexual assault, fighting, and homicide (World Health Organization (WHO), 2020). Trends in violence among youth aged 15–29 years globally, and in South Africa, indicate that youth face an increased risk of homicide, with global rates (16.6/100,000) proportionally at a much lower level than South Africa (56.7/100 000) (Matzopoulos et al., 2015; United Nations Office on Drugs and Crime (UNODC), 2019). These estimates underscore the need for the development and systematic evaluation of targeted youth violence prevention initiatives. Whilst there are local initiatives that addresses youth violence, there remains a paucity of its evaluation in South Africa. (Farr et al., 2003; Parker et al., 2004).

The World Health Organization (WHO) (2020) report on preventing child and youth violence recommend the support and strengthening of high-quality implementation research, particularly in low- and middle-income countries. This includes evaluating the implementation fidelity of planned intervention activities to provide strong evidence for the effectiveness of such initiatives (David-Ferdon & Simon, 2014; World Health Organization (WHO), 2020). When establishing the effectiveness of a programme, implementation fidelity is a significant indicator of how well a programme is implemented when judged against the original programme design (Mihalic et al., 2008; O'Donnell, 2008; Pinnock et al., 2017). Assessing the implementation fidelity of interventions is critical for identifying factors that hamper or facilitate replication, particularly in a low-income context, where the optimal use of limited resources is maximized to benefit many people, and improve public health (Pérez et al., 2020). Implementation information is necessary to ascertain its limitations, identify particular focal areas for improvement and refinement, understand and interpret the results and outcomes, directly inform the conclusion, and enhance the validity and integrity of the intervention findings (Grossman, 2009; Gertler et al., 2011; Gould et al., 2016; Hasson, 2010; Adeoti et al., 2020; Rossi et al., 2004).

Implementation processes are measured with conceptually and empirically distinct outcomes that differs from actual intervention outcomes (Pérez et al., 2016). Carroll et al. (2007) outlines measurable aspects of implementation fidelity: adherence, dosage, quality of programme delivery, participant responsiveness, and programme differentiation. A comprehensive account of fidelity requires assessing the extent to which the delivered intervention matches the designed intervention (adherence), frequency and period of exposure to the intervention (dosage), quality of information provided, method of delivery and staff experience, knowledge, and credentials with respect to programme (quality

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of programme delivery), level of participant engagement in the intervention activities (participant responsiveness), and essential components that distinguishes the programme (programme differentiation) (Adeoti et al., 2020; Carroll et al., 2007; Dillon & Schauben, 2014; Hasson, 2010; Pérez et al., 2016). Each of these dimensions have been identified as a different approach to measure fidelity, however, Carroll et al. (2007) note that all these elements should be measured to obtain a thorough demonstration of fidelity.

The aim of this study is to systematically evaluate the fidelity of implementation of the Building Bridges Mentoring intervention that focuses on the prevention of violence among youth in two low-income communities in the Western Cape, South Africa.

Materials and methods

Study design

This study utilised a participatory mixed methods concurrent triangulation design as the focus is on one phenomenon - the fidelity of the Building Bridges Mentoring intervention - and measured the fidelity of implementation using both qualitative and quantitative methods concomitantly (Bergmark et al., 2018; Creswell & Plano-Clark, 2017; Pérez et al., 2020). We used a multi-method participatory evaluation design to ensure we captured the complexity of implementing a community-based intervention.

Intervention

The Building Bridges Mentoring Intervention (BBMI) endeavours to promote gender equitable relationships by applying transformational processes to prevent youth violence, create agency, responsible leadership, and active citizenship. The programme's underlying principles and design were iteratively developed through a broad review of existing strategies, which included direct engagement with community members, community asset mapping and action planning processes, to ensure relevance and responsiveness to local needs and challenges and enhance community ownership and sustainability.

Underlying conceptual framing of intervention

The development of the BBMI was framed by a community-based participatory action research (CBPAR) and a critical ecological perspective. By foregrounding CBPAR, community members played a central role in the research, intervention development, and evaluation of the BBMI. This approach ensured local relevance of the intervention, built capacity, fostered co-learning and co-production of knowledge, foregrounded action outcomes, sustainability, and change (Taliep et al., 2020).

Since a multi-dimensional approach to behaviour change is needed to tackle the complexity of violence, the BBMI was framed by several behaviour change approaches: A Critical Ecological Systems (Stokols, 1996; Taliep et al., 2021), Knowledge Attitude and Behaviour (Baranowski et al., 2003; Hildebrand, 2010), Values in Relation to Change (Kirschenbaum, 1992, 2000), and Experiential Learning Theories (Kolb & Kolb, 2010; Kolb et al., 2010). Experiential learning methodology is used throughout the different sessions of the intervention activities. The intervention uses multi-level, interactive, multi-modal strategies, e.g. role-playing, problem-solving, brainstorming, mindfulness, sharing or reflecting (e.g. critical engagement with issues such as violence, power, gender, masculinities, and talking about experiences, sharing reactions and observations), processing and analysing experiences, and applying what they have learnt to a similar or different experience, and skills development (see Kolb & Kolb, 2010).

Intervention aims and objectives

The Building Bridges Mentoring Intervention (BBMI) aims to strengthen the individual, through mentoring and capacity building. The specific objectives of the BBMI are: (1) To promote non-violence, peace and safety by mobilising local tangible and intangible assets; (2) To promote generative masculinities[1]; (3) To promote capacity building and skills for social transformation; (4) To promote compassionate and supportive family and community relationships, and (5) To mobilise agency and promote active citizenship.

Intervention content and structure

The Building Bridges Mentoring intervention was implemented over a period of 18 months (February–December 2018 and February–July 2019).

The key components of the BBMI comprised of six modules incorporating 22 sessions, outlined in Figure 1. With the exception of module one which comprises the recruitment, selection and orientation, the intervention requires a total of 55 hours and a full weekend for the wilderness retreat for mentors and the same for mentees (see Taliep et al., 2017).

Module one provides an overview of the intervention, and comprises of 5 sessions covering background information, and procedural requirements for participation in the programme. *Module two* comprises two sessions; the first focuses on the importance of values, and the central role of universal values in preventing violence through 14 interactive activities, and the second session focuses on leadership, including different forms of leadership, and leadership skills. *Module three* comprises three sessions, that covers basic knowledge of violence, explores the experiences of men and women as victims and perpetrators of violence, understanding the gendered nature of violence, and explores various ways of promoting safety, peace and non-violence. *Module 4* stimulates thinking around important events that have shaped participants' perceptions, attitudes, and behaviours by exploring, and personalising the experience of gender stereotypes, and expectations; creating awareness around personal perceptions of masculinities and femininities, and their influence on individuals, community and society; explores the role father and mother figures played in the lives of participants and build the skills to foster

Figure 1. Training modules of the building bridges mentoring manual.*Key:* Programme facilitators implemented Module 1 to 4 and 6; Module 5 was co-facilitated with mentors.

effective relationships. The final session, 'Finding Healing in the Wilderness', is completed over a weekend retreat, and aims to facilitate a connection to nature, and to find a sense of connectedness, meaning, and purpose through various learning modalities, including rituals, mindfulness and awareness creation. *Module 5* focuses on mentoring in action and covers the mentee training sessions co-facilitated by mentors who completed Modules 1 to 4. Session 1 encompasses the qualities and skills required to enable mentors to provide youth (mentees) with a supportive relationship. The next three sessions cover various topics including setting goals, exploring values, risk-taking, violence, and how to resolve conflict peacefully. It also explores gender and covers basic communication skills. The final module in the manual imparts a step-by-step process for mentees, mentors and community members to identify, plan, develop and implement campaigns that are responsive to the social context, and provides contact details of relevant stakeholders they may consult and collaborate.

Context

Community A is a small community situated in Rusthof, Strand, in the Western Cape. The total Strand population comprise 55,558 residents. The population of community A is approximately 2461, comprising males (50.9%), females (49.1%), and young adults (19.5%). The community was categorised as 'Coloured[2]' during apartheid. The community is predominantly Afrikaans speaking, with high unemployment (34.2%), low educational levels (63.7%), composed of mixed housing such as of informal dwellings and formal municipal housing, under resourced and minimum infrastructure. The community also includes two 'informal settlements and has minimum facilities and structures, so, residents use neighbouring resources such as schools and clinics.

Community B is situated close to community A between Somerset-West and Strand in the Western Cape. About 60 520 people live in this community, which has expanded very rapidly over the last 10 years with 16,987 persons per km^2. The majority of residents are classified as 'Black[2]', live in formal dwellings (63.2%) with a large number residing in informal settlements (36.8%) (Statistics South Africa, 2011). The community predominantly speak Isi-Xhosa (74.4%), although some have Isi-Sotho (5.6%) and Afrikaans (5.3%) as their home languages. Almost 49% of residents have access to piped water in their dwellings whilst residents in the informal areas have access to municipal toilets and communal taps. The community has 2 clinics, which provides basic health care services, a community hall and various local structures.

Participants

To facilitate implementation, monitoring and evaluation, a well-defined role was established for each of the actors (i.e. programme facilitators, evaluators, mentors, and mentees) involved in the intervention. Programme facilitators included

two facilitators per community, 1 male and 1 female in South End and 2 females in Nomzamo ($n = 4$) for the mentor component (see Figure 1). Mentors are then involved in the training sessions of the mentees for them to become familiar with each other and build rapport.

The facilitators, who were all members of the local community, were experienced in the programme because they initially participated as participants during the piloting phase of the intervention, and thereafter received training in facilitation skills, so that they became familiar with the programme and the manual. Programme evaluators included one female evaluator in each community. Both evaluators are community members who received training on all the data collection strategies. One of the evaluator's and two facilitators were centrally involved in the development of the programme and was also a mentor during the piloting phase of the study. Mentors were adult community members who volunteered to be part of the programme and mentees were local youth from community A and community B. Prospective mentors and mentees went through a selection process (see Table 1).

On the basis of the above criteria (see Table 1), prospective participants completed an application, attended an information session, and were interviewed by programme facilitators. At first selection, the team assessed whether applicants met the stated criteria to be eligible for the study. The intake cohort for the mentees were 50 per community ($n = 100$), spread across both intervention and control conditions. Mentees were randomly selected from the eligible applicant pool and were assigned to either the intervention or control group. Mentors were purposively selected.

Data collection procedures and measures

Data focusing on programme delivery processes were collected in both communities for each of the intervention sessions during the entire implementation period, and immediately thereafter. Implementation fidelity measures were obtained from the following data collection methods/sources: (1) Session observation sheets, (2) Session evaluation sheets, (3) Documents (logs and meeting minutes), (4) Focus group discussions (5) Survey questionnaire, and (6) Facilitator reports.

Session observation sheets, completed by community evaluators at each workshop comprised of 45 discrete questions, and a section for comments. The questions focused on the intervention context of the sessions, use of equipment and facilitation aids and materials, quality of intervention implementation/facilitation, and other observations (see Table 6 for details).

Session evaluation sheets completed by workshop participants at the end of each session comprised of Section A which includes 4 Likert-type close-ended questions on presentation, information and knowledge acquired, ranging from strongly agree, disagree, to strongly disagree and unsure, and section B, with 6 open-ended questions on how well the session was implemented, the highlight of the session and suggestions for improvement.

Documents such as sign-on sheets, and meeting minutes relevant to the implementation of the intervention.

Focus group discussions (FGDs) comprising 13 open-ended questions on the fidelity of implementation were facilitated by two academic researchers with mentors, mentees, intervention facilitators, and evaluator.

Survey questionnaire comprising a 21 item, five-point Likert-type questionnaire (ranging from strongly disagree to strongly agree) and focused on the adherence to the intervention criteria during implementation of the intervention.

Facilitator reports were compiled by the lead facilitators focusing on sessions they covered, challenges/barriers that emerged, and how these were addressed.

The following table outlines the specific indicators of fidelity linked to the measurement areas and evaluation questions, for assessing each fidelity component of the implementation process of the intervention (see Hasson, 2010). This includes evaluation questions assessing how well the delivered intervention matches the designed intervention, the exposure or dosage to the programme, the quality of programme delivery, the level of participant engagement in the intervention activities, the existence of or lack of the critical programme elements, and barriers and enablers to implementation. All the data collection instruments were specifically developed for this study in collaboration with the community partners and was checked for face validity by the research team and by community members. Table 2 below provides an outline of the fidelity of implementation evaluation questions and data sources used. Programme differentiation, which requires a component analysis was not pursued in this study. However, participants were required to complete at least 60% of the intervention

Table 1. Mentor and mentee eligibility criteria.

Mentor selection criteria	Mentee selection criteria
(a) Adults 20 years of age or older; and (b) Reside in the local communities; (c) Never been arrested, charged, or convicted of any crime; (d) Not currently in treatment for substance abuse; (e) Not currently under treatment for an acute mental disorder or have been hospitalised for a mental disorder in the past six months; (f) Agree to attend mentor trainings (60% minimum); mandatory to attend Wilderness retreat and commit to spending a minimum of four hours a month with the mentee.	(a) Youth 13–19 years old; (b) Reside in the local community; (c) Agree to attend mentee training (60% minimum); mandatory to attend Wilderness retreat and commit to spending a minimum of four hours a month with the mentor.

Table 2. Fidelity of implementation evaluation questions and data sources.

Area of measure	Evaluation questions	Data source
Adherence	To what extent was the programme sessions implemented as planned?	• Observation Checklists • FGDs with interventionists and participants • Survey questionnaire • Programme documents and records (including meeting minutes and logs) • Programme facilitators reports
Dosage (Content/Frequency/Duration/Coverage)	Were the intervention sessions implemented as frequently for the planned timeframe?	
Reach (Coverage)	What percentage of the target group participated in the intervention?	
Quality of Programme Delivery	How good was the quality of delivery of the intervention sessions?	
Participant Responsiveness,	How engaged and satisfied were the participants with the intervention activities? How did participants perceive the relevance and outcomes of the intervention?	
Barriers and Enablers to implementation	What procedures were used to recruit potential participants to the interventions? What contextual barriers/enablers affected the recruitment and implementation process?	

training and had to attend and participate in the Wilderness component of the intervention.

Data analysis

All the quantitative data were captured, and the qualitative data was transcribed by the community evaluation team with the assistance of the academic research team. The quantitative data is presented as descriptive statistics, namely frequencies, averages and comparisons that was utilized to analyze participant demographics, and perceptions on the implementation fidelity of the intervention. The Likert scale scores on participant's perceptions of principles for agree and strongly agree were combined, and those for strongly disagree and disagree were combined to simplify interpretation, and the reporting of results. The quantitative measuring instruments, i.e. session observation sheets, session evaluation sheets and survey questionnaire were captured in a data file using the Microsoft Office Excel Programme to prepare the data for analysis. The raw data were then cleaned and coded and sent to an external evaluator to validate whether the data were captured correctly. Once the external evaluator verified the data, the data was converted into a SPSS file to prepare for analysis.

For the qualitative component of the study, i.e. documents (logs and meeting minutes), focus group discussions and facilitator reports, a deductive thematic analysis approach was employed to identify and describe the potential mediating factors of implementation fidelity of the intervention. The six-step framework provided by Braun and Clarke (2006) for thematic analysis (familiarization, generation of initial codes, searching, naming, reviewing, and summarizing) was utilised in this study. The coding of the data was structured around an a-priori list of concepts based on the conceptual framework of Carroll et al. (2007) on implementation fidelity and existing literature. An initial code list of a priori codes pertaining to core elements of the implementation strategy was developed by the lead author to analyze the qualitative data. The first two authors independently coded the same qualitative documents, discussing discrepancies in the application of codes, and refining themes where required. Thereafter, matrix analysis was utilized to identify common themes related to each of the core elements. In particular, the first author extracted data from the logs and minutes, reports, and FGDs and entered quotes from each source document into fields in an Excel spreadsheet corresponding to the core elements. Thereafter, experiences described across the various documents were summarized into themes. The second author reviewed the data in the spreadsheet to confirm the themes. Issues around disagreements regarding coding, application of codes, and themes were resolved through discussion and consensus.

Ethics

The study was approved by the College of Human Sciences Research Ethics Committee of the University of the South Africa. Written informed consent and or assent was received from all participating programme facilitators, evaluators, mentors and mentees and parents.

Results

Participants demographics

Table 3 disaggregates the demographics of participants for the two communities by sample type, age, and gender.

Combined, 45 mentors and 45 mentees participated in the BBMI. While the majority of mentors were females in Community A (73.91%; 17/23), Community B (100%, 22/22) had only female mentors. The ages of mentors ranged from 35 to 60 years, with the majority (65.22%, 15/23 and 72.72%,16/22) older than 45 years in both communities. The age range of mentees were from 13 to 18 years with most mentees falling within the age group of 16 to 17 years (78.26%, 18/23) in community A and 14–15 years (77.27%, 17/22) in community B, with an almost equal number of males (46.67%, 21/45) and females (53.33%, 24/45) collectively across the two communities except that Community A had more females (69.57%, 16/23) than community B (36.36%, 8/22).

Table 3. Participant demographics.

	Gender community A				Total [*n* (%)]	Gender community B				Total [*n* (%)]	Sample
Age	Male	%	Female	%		Male	%	Female	%		
14–15			3	13.04	3 (13.04%)	11	50	6	27.27	17 (77.27%)	Mentees
16–17	7	30.43	11	47.83	18 (78.26%)	3	13.64	2	9.09	5 (22.73%)	Mentees
18–20			2	8.70	2 (8.70%)						Mentees
Total	**7**	**30.43**	**16**	**69.57**	**23 (100%)**	**14**	**63.64**	**8**	**36.36**	**22 (100%)**	**Mentees**
35–45	6	26.09	2	8.69	8 (34.78%)			6	27.27	6 (27.27%)	Mentors
46–50			1	4.35	1(4.35%)	4.35		8	36.36	8 (36.36%)	Mentors
51–55			6	26.09	6 (26.09%)	26.09		4	18.18	4 (18.18%0	Mentors
55–60			8	34.78	8 (34.78%)	34.78		4	18.18	4 (18.18%)	Mentors
Total	**6**	**26.09**	**17**	**73.91**	**23 (100%)**	**0**	**0**	**22**	**100**	**22 (100%)**	Mentors

Reach and exposure

Since there appear to be some overlap between these two fidelity criteria (reach and exposure), we report on them under one heading. Programme reach indicates the proportion of participants from the target group that was exposed to the intervention sessions (Wilson et al., 2009) and exposure indicates the frequency and duration of exposure to the programme (Pérez et al., 2016). Building Bridges NPO staff ensured that the programme was delivered to the intended target population. Whilst facilitators and evaluators agreed that they have reached their intended population with the programme for the mentees, they managed to reach significantly more female mentors than male mentors. The team '*also had difficulty to get more male mentors on the programme although [they] presented the programme to a men's organization*' and even reached out '*to the local schools [but] they were told that teachers are already overwhelmed with a lot of responsibilities*' (FGD BB Staff).

With regards to frequency and period of exposure, intervention sessions for mentors were supposed to be implemented over a period of six months on a Saturday morning per community and the Wilderness component over a weekend in the countryside. However, due to time constraints and external factors, delays occurred, and sessions were often delivered over two Saturdays. Sessions lasted about 2–3 hours and some sessions were shortened in community B. Participants were, however, required to attend at least 60% of the training and had to attend the Wilderness component to be eligible to graduate for completing the programme. We used the data obtained from the attendance registers to assess overall programme reach. For most sessions, mentee attendance was over 80–90% in both communities. However, one session in community A was attended by just under two thirds of the mentees (65%) and one session in community B was poorly attended (39%). Based on the baseline survey responses from all the mentees who were randomised to the intervention ($n=25$) in both communities, and post-intervention survey, there was a drop-out rate of 8% ($n=23$) for Community A and 12% ($n=22$) for Community B for mentees. Similarly, baseline to post-intervention there was a drop-out rate of 8% ($n=23$) for Community A and 12% ($n=22$) for Community B for mentors.

Adherence

Programme adherence denotes the degree to which the various intervention components are delivered as stipulated by the model, and include programme content, procedures, and activities (James Bell Associates, 2009; Rojas-Andrade & Bahamondes, 2019). The BBMI fidelity is presented in Tables 4–6. The overall fidelity score for the programme was 96% (Community A) and 85% (Community B) for the mentor sessions and 91.9% (community A) and 91.3% (community B) for the mentee sessions.

The survey results presented in Table 5 indicates that mentors in both communities and mentees in Community B (100%), believed that the programme was fully implemented as planned. Whereas mentees in the Community A to large extent (94.7%) agreed, whilst facilitators and evaluators considered the intervention to have been implemented moderately as planned (71.5%) (see Table 4). Similarly, mentors and mentees in Community A (94.1%; 100%) and B (94.7%; 100%) believed the aims and objectives of the programme were largely to fully met and, the sessions were largely to fully in line with the aims and objectives (A = 100%; 100% and B = 89.4%; 94.1%) and they, for the most part, received the training they were supposed to, i.e. the content were delivered as stipulated.

Table 4 also indicates that programme staff, on the other hand, believed that the aims and objectives were not fully met (85.7%) but that the sessions were in line with the aims and objectives of the programme. Whereas mentors and mentees in Community A received all the training they were supposed to, mentors and mentees in community B did not (88.2%; 8.7%).

We provided a score out of five for the extent to which each session was completed in proportion to the number of prescribed programme sessions using the observation checklists, session evaluation forms and facilitator reports. A score of 5 indicate 100% implementation of the sessions (Figure 2 and 3). We combined the 5 sessions of module 1 (recruitment, selection an orientation) for mentors, resulting in 15 sessions (= a score of 65). As depicted in Figure 2, community A completed all the mentoring sessions (100%), but community B had a total fidelity score of 72.3% (47/65) since they partially completed four sessions and did not complete 3 sessions.

Figure 3 provides the overall adherence score for mentees. A fidelity score of 40/40 (100%) was achieved for community A, i.e. community A completed all eight mentee sessions, and a score of 34/40 (85%) in community B, i.e. community B completed 6 sessions and partially completed two sessions.

From session observations (Table 6) below, it can be seen that the intervention context was largely conducive (layout,

Table 4. Percentage of intervention criteria covered – Staff.

	Staff		
Variables	*Agree*	*Disagree*	*Undecided/Missing*
1. Implemented as planned	71.5	28.6	
2. Aims and objectives met	85.7		14.3 (u)
3. Sessions speak to the aims	100		
4. Intended target group reached	85.7		14.3 (m)
5. Barriers to recruitment addressed	85.7		14.3 (m)
6. Mentors received training as planned	100		
7. Mentees received training as planned	85.7	14.3	
8. External factors impacted on implementation	85.7	14.3	
9. Sessions were facilitated well	71.4	14.3	14.3 (m)
10. Facilitators encouraged participants to share their views	85.7		14.3 (m)
11. Facilitators ensured participants share thoughts/opinions	100		
12. Facilitators valued knowledge shared by participants	100		
13. Participants concerns were addressed by the facilitators	100		
14. Participants were satisfied with sessions	71.4		14.3 (u) 14.3 (m)
15. Intervention was implemented on schedule	42.8	28.6	14.3 (u) 14.3 (m)
16. Enough time for all the activities	42.8	28.6	14.3 (u) 14.3 (m)
17. Course material given at good pace	57.1	28.6	14.3 (m)
18. Participants understood the activities	85.7		14.3 (m)
19. Enough resources for all sessions	42.8	28.6	14.3 (u) 14.3 (m)
20. Presentations, visuals and handouts were suitable/helpful	85.7		14.3 (m)
21. Sessions well organized	71.4	14.3	14.3 (m)

Table 5. Percentage of intervention criteria covered – Mentors and mentees.

	Mentors						Mentees					
	Community A			Community B			Community A			Community B		
Variables	*Agree*	*Disagree*	*Undecided/ Missing*	*Agree*	*Disagree*	*Undecided/ Missing*	*Agree*	*Disagree*	*Undecided/ Missing*	*Agree*	*Disagree*	*Undecided/ Missing*
1. Implemented as planned	100			100			94.7		5.3 (u)	100		
2. Aims and objectives met	94.1		5.9 (m)	100			94.7		5.3	100		
3. Sessions speak to the aims	100			100			89.4		5.3 (u) 5.3 (m)	94.1		5.9 (u)
4. Intended target group reached	88.2	5.9	5.9 (u)	100			100			94.1		5.9 (u)
5. Barriers to recruitment addressed	88.2	5.9	5.9 (u)	86.7		13.3 (u)	94.7		5.3 (u)	94.1		5.9 (u)
6. Mentors received training as planned	100			86.7		13.3 (u)	100			88.2		11.8 (u)
7. Mentees received training as planned	100			86.7	6.7	6.7 (u)	100			100		
8. External factors impacted on implementation	82.6	11.8	5.9 (u)	33.3	26.7	40 (u)	94.7		5.3 (u)	35.4	35.2	29.4 (u)
9. Sessions were facilitated well	100			93.3		6.7 (u)	94.7		5.3 (u)	94.1		5.9 (u)
10. Facilitators encouraged participants to share their views	100			100			100			100		
11. Facilitators ensured participants share thoughts/ opinions	100			100			100			100		
12. Facilitators valued knowledge shared by participants	100			100			100			100		
13. Participants concerns were addressed by the facilitators	100			86.6		6.7 (u) 6.7 (m)	100			100		
14. Participants were satisfied with sessions	94.1	5.9		93.3	6.7		100			82.3		11.8 (u) 5.9 (m)
15. Intervention was implemented on schedule	100			86.7		13.3 (u)	100			88.2	11.8	
16. Enough time for all the activities	94.1	5.9		100			100			76.4	11.8	11.8 (u)
17. Course material given at good pace	100			93.3		6.7 (m)	100			94.1		5.9 (u)
18. Participants understood the activities	100			93.3		6.7 (u)	100			94.1		5.9 (u)
19. Enough resources for all sessions	94.1	5.9		93.3		6.7 (u)	100			100		
20. Presentations, visuals and handouts were suitable/ helpful	100			86.7		13.3 (u)	100			94.1	5.9	
21. Sessions well organized	100			93.3		6.7 (u)	100			94.1		5.9 (u)

Table 6. Evaluator observations.

		Mentee		Mentors	
		Community A %	Community B %	Community A %	Community B %
1.	Intervention Context (layout, noise levels, space, room set up)	100	95	98,9	98.2
2.	Equipment, facilitation aids & materials (flip charts/white board, name tags, markers, writing material, visual aids, etc.)	73.8	75.9	92.6	73.5
3.	Facilitator skills (level of skill, preparation, and interactive participation)	97.4	99.1	99.7	96.2
4.	Participant responsiveness (interest shown, engagement, and participation)	100	98.3	98,9	100
5.	Barriers dealt with (disruptions, manage group dynamics)	100	100	100	100
6.	Time (sessions commenced and completed on time)	80,7	90	87	42.8
	Overall Fidelity Score	91.9	93	96	85.1

noise levels, space, room set up) for activities in both communities (A = 100%; 98.9% and B = 95%; 98.2%) and the use of equipment and facilitation aids and materials were moderately adequate during mentor training to largely adequate during mentee training in community A (73.8%; 92.6%) and moderately adequate in community B (75.9%; 73.5%).

Participants responsiveness

Participant responsiveness can include their level of interest in and commitment to the programme, perceptions concerning the relevance and usefulness of the programme, their level of enthusiasm or excitement to engage and actual engagement in the intervention sessions, discussions or activities (James Bell Associates, 2009; Rojas-Andrade & Bahamondes, 2019).

Facilitators used multi-modal interactive methods to implement the different sessions as outlined in the session evaluation responses of participants. Mentees noted that what they liked most was: '*The group work, when groups were asked to present their feedback on the topics [they brainstormed] to the rest of the participants*'; '*When we had to paste pictures [making placards of goals] and write what we would like to become in the future*'; and '*Watching the plays [given as group tasks] which showed us how to resolve conflict*' (Session Evaluation).

Participant responsiveness is usually measured using a post-intervention questionnaire (Rojas-Andrade & Bahamondes, 2019). Table 5 indicates that most mentors were satisfied with activities and sessions in community A (94.1%) and community B (93.3%), and mentees in both communities indicated their satisfaction with programme sessions and activities (100% in community A and 82.3% in community B). However, programme staff (see Table 4) were much less satisfied with the delivery of sessions (71.4%). All participants agreed (100%) that facilitators ensured that everyone shared their views and opinions, and facilitators valued the knowledge mentors and mentees shared during sessions even though some programme staff (14.3%) were undecided on whether facilitators encouraged participants enough to share their views and some disagreed on whether the sessions were facilitated well (14.3%). These findings were corroborated by both observations conducted during sessions (Table 6).

Table 6 indicates that participants were actively engaged in sessions in both community A (100%; 98.9%) and community B (98.3%; 100%). Evaluators indicated: '*Everyone's input/views of any aspect were respected, without judgment*'; '[*The facilitators*] *used non-verbal communication when role-playing was performed [to manage the flow of ideas*]' (Session Observation). The level of engagement of the mentors is highlighted in the following quote:

> The sessions about spiritual capacity and religious assets really got them interacted with much interests. Also, the follow up session about the difference between sympathy, empathy, and compassion was very intense and emotional as mentors had to act out the role [of], for example, someone living with cancer, aids or who is blind. (FGD BB Staff)

Notwithstanding the limited resources facilitators had at their disposal, most mentees felt that '*all the things* [*i.e. activities*] *were exciting*'; '*the training sessions were excellent*' and one noted '*it was fun for me*' (Session Evaluations), which indicates that they enjoyed the programme. Participants' readiness and willingness to actively engage in discussion during sensitive sessions such as violence was enhanced through the creation of a safe space as indicated by the following excerpt:

> It was easier for mentors to discuss difficult issues concerning everyday life challenges, and because of this, they were taught to make better decisions. Because of the safe space in the workshops [sessions] they could open about what bothered them and by doing so, they were able to release and gain advice on how to manage certain issues. (FGD BB Staff)

Creating a safe space was regarded as necessary for both mentors and mentees to feel comfortable to speak about sensitive issues. One facilitator alluded: '*So, the first time they come there, they don't feel safe yet, its progression. So, when you see they are feeling more at ease… [to talk about] an issue… more comfortable with you guys in front*' (FGD BB Staff).

With regards to participants views concerning the relevance and usefulness of the programme, mentees indicated that the programme should be '*done with others also*'; '*people could change their lives through this programme*' (Session Evaluation); and '*as the workshops continued on Saturdays, it helped me positively, then I realized the benefit*' (FGD Mentees). Similarly, mentors noted that '*This is what our community needs*'; '*the training is changing our lives*' and '*these sessions help us to have clarity on everything that is happening in our lives*' (Session Evaluations).

Quality of programme delivery

Quality of delivery can include aspects such as facilitator competence, knowledge of the programme, skills, experience and preparedness, their use of appropriate examples, enthusiasm, interaction style, values such as respect, confidence, capacity to answer questions, and communicate clearly (James Bell Associates, 2009; Rojas-Andrade & Bahamondes, 2019).

Regarding the quality of programme delivery (see Table 5), mentors fully agreed (100%) and mentees to a large extent agreed (94.7% –100%) that the sessions were facilitated well, they were encouraged to share their views, their opinions and wisdom were valued by facilitators. One of the programme staff (14.3%; 1/7) disagreed that all sessions were facilitated well (see Table 4). In addition, whilst most programme staff felt that the sessions were well organized (71.4%) less than half (42.8%) believed that they did not have enough resources at their disposal for sessions to be adequately completed. Participants, however, predominantly felt that resources were largely adequate in both communities (mentors 94.1%; 93.3% and all mentees 100%); sessions were well organized (mentors 100%; 93.3% and mentees 100%; 94.1%) and presentations, visuals and handouts were suitable (mentors 100%; 86.7% and mentees 100%; 94.1%).

Similar findings were reported in the session observations (Table 6). Facilitators in both communities were to a large extent regarded as skilled, well prepared for sessions, and they encouraged participation (A = 97.4%; 99.7% and B = 99.1%; 96.2%). One mentee in community A stated: '*[Name, i.e. the facilitator] was outstanding in everything*' *and* '*it was all well put out*' (Session Evaluation). Whereas in community B, mentees had opposing views. Some indicated that they think facilitators '*prepare well for everything*' (Session Evaluation), whereas another stated that '*one facilitator did not prepare for her session*' and another suggested that they have '*to come prepared [they were] unorganized*' for the same session (Session Evaluation). Mentees also noted that they received '*lots of support at the Saturday workshops*' (Mentee FGD SE) and that they benefitted from the workshops. One participant stated: '*As the workshops continued on Saturdays, it helped me positively, then I realized the benefit*' (Mentee FGD SE).

Regarding mentees' perception of the interaction style and disposition of programme facilitators and mentors' who assisted with facilitation, many expressed 'trust' as a key factor that enhanced programme delivery. Participants observed: '*They were honest and trustworthy*', '*I trust them*', '*they were compassionate*', and '*they were good to us, and we could learn from them*' (FGD Mentees). They highlighted that the facilitators had very approachable dispositions. The female facilitator was regarded by mentees as '*very caring*', '*a lovable person*' and '*like a mother figure*' who '*always likes to motivate*' and by the mentors as a '*spiritual mother*' (FGD Mentees). Whereas the male facilitator in community A was regarded as '*full of fun*', '*always speaks the truth*', '*caring*', '*always concerned*', and '*always try to help*', but '*likes to talk long*' and he is '*strict*', and mentors experienced him as '*a good person, who is honest … straight forward and knowledgeable*' and a person who '*is always there for the community*' (FGD Mentors). However, one mentee expressed that '*one mentor talks unnecessary things instead of staying on the topic*' and '*one male mentor was a bit rough, and I didn't like it*'.

In their suggestions for improvement, mentees suggested that facilitators should '*have more visuals in presentations*'; '*have more physical activity*' and '*more role plays on differences in society [i.e. session that focuses on stereotypes]*' and '*explore more on forms of improving the lifestyle of men and women so they become more respectable*' (Session Evaluations).

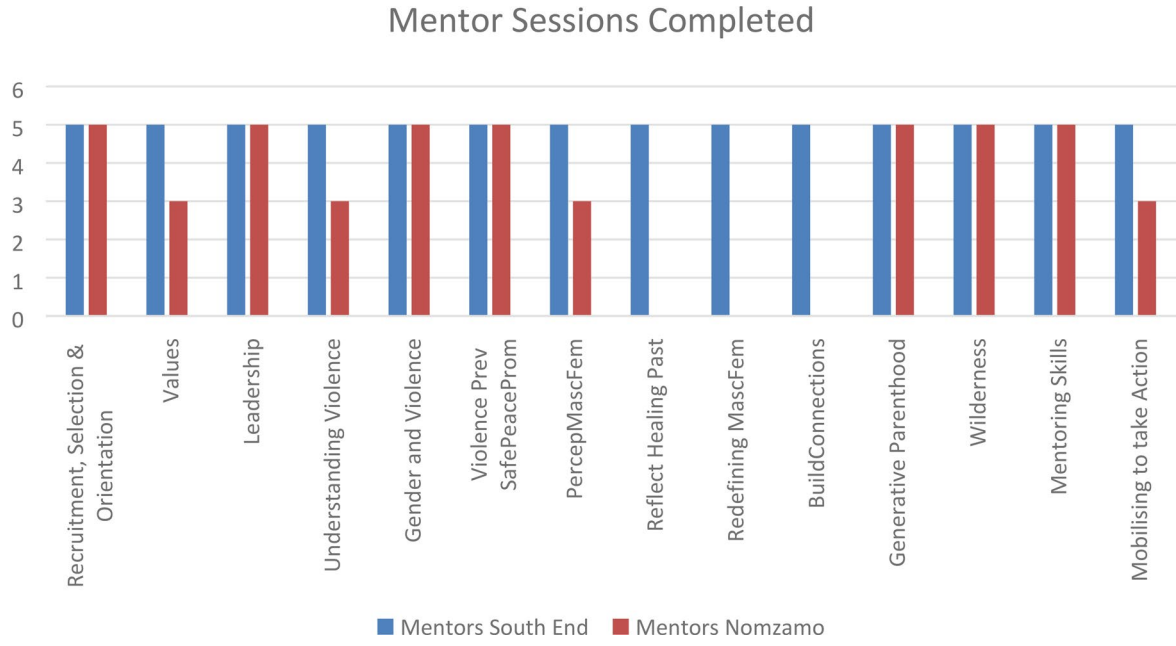

Figure 2. Facilitator training sessions completed with mentors.*Key:* A score of 5 indicates 100% completion of a session.

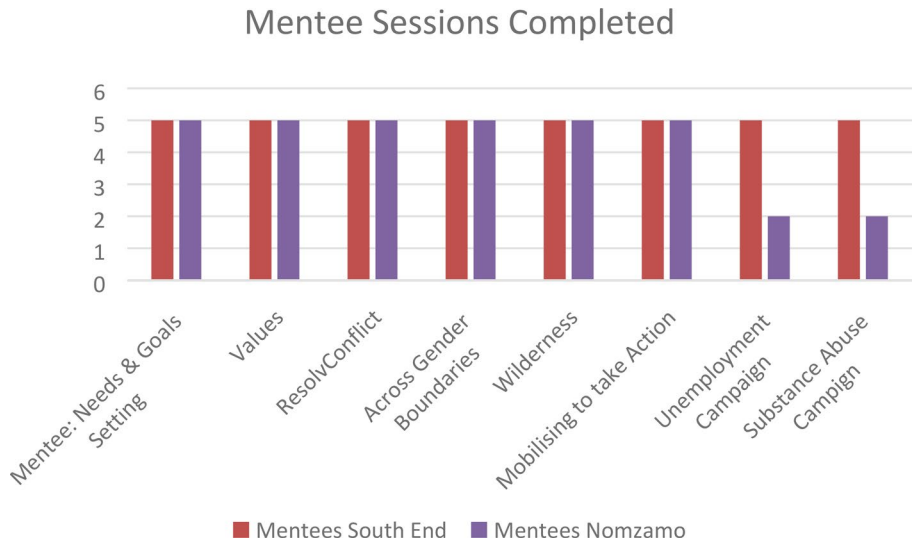

Figure 3. Facilitator training sessions completed with mentees.*Key:* A score of 5 indicates 100% completion of a session.

Barriers, enablers and solutions

Recruitment

Enablers for recruitment identified by the lead facilitators included, good attendance at community meetings, support from local counsellor, and enthusiasm from community members in Nomzamo, and in South End, it included involvement of the community leader, enthusiasm displayed by potential participants, the use of multiple recruitment strategies and good time-management by team members. The lead facilitator in community A reported the use of various recruitment strategies, including: '*posters displayed at strategic points in the community, flyers distributed door-to-door, WhatsApp messenger advert, 4 community presentations, word-of-mouth and open-air recruitment via loudhailer on street*'. These, he observed '*were good strategies*' and the '*community leader was very involved in recruitment*' (Facilitator Report). The same recruitment strategies were used in community B, except that '*the local counsellor handed out the flyers*', they did not use a loudhailer, but '*involved a local women's group in recruitment*' (Facilitator Report). Each community conducted 40 ($n = 80$ in total) interviews with prospective mentors.

However, even though they '*had numerous meetings with organisations to enroll some of their clients into the mentor programme*' (FGD BB Staff) and '*presentations were well attended by community members, there was a lack of enthusiasm as many people were interested in employment and an income*' (Facilitator Report). One participant explained:

> We got one of the community people on board [in community B] to help us with recruitment but also the people wanted money, they wanted to get paid, and they were stuck on that and when people came and they heard (sic) they [were] not going to get paid, then they left (sic). But only when that one lady came [on board] from Social Development, something just changed amongst the people that was there. So, at that stage, we could… actually start the programme. (FGD BB Staff)

As indicated previously, the team also struggled to get more males to participate in the programme. Other challenges experienced during recruitment in community A were: '*gang violence (drug related) [which] started at the same time [of the] recruitment and interview processes; most people in [community] are looking for employment; mostly women showed interest, [and even though] community members identified the need for the programme, they do not want to get involved*' (Facilitator Report). One facilitator indicated that community B challenges included '*misunderstanding with dates by counsellor for presentation on programme, and too few staff to conduct the [recruitment] interviews*' (FGD BB Staff).

Implementation

Barriers during programme implementation included drop-out due to competing priorities, employment, time, and venue. One facilitator noted: '*The fact that the sessions were held on Saturday mornings was a challenge for mentors … as most of them … needed to balance between their commitment to the programme and their priorities at home*' (Facilitator Report). During the initial training sessions, some mentors '*came late as some complained that 9 o'clock in the morning was too early to start the sessions*' (FGD BB Staff). The one facilitator noted that they '*had a decline in attendance … due to some of the mentors starting to work on Saturdays*' in community A (Facilitator Report) and another indicated that because community B has a large informal settlement, that is sort of in flux, and '*some of the women left and went to the rural areas*' (FGD Staff).

One of the facilitators stated: '*The biggest problem is time, and I did have some observations of running the programme over a weekend and taking the people away, … but the cost is so much man, to book the place…*' (FGD BB Staff). From the session observations (Table 6), time was identified as a major barrier (42.8%) in completing mentor sessions in community B compared to community A where only 13% of mentors believed it was. The survey results also (Table 4) indicate that less than half of project staff (42.8%) believed that the intervention was implemented on schedule, that there was enough time to cover all the activities, and that the course content was given at a good pace. Mentees

in community A suggested '*the time should be punctual so that we manage to end on time*' and '*to start on time even if only two/three people are there*' so as '*to teach them responsibility*' (Session Evaluations). One of the facilitators also emphasized that time was a big issue: '*The sessions was very well facilitated, but we always struggled with them and time*' (FGD). Similarly, mentors in community B also noted: '*To be on time and to have a plan B for the venue, and not cancel sessions even if we are few*'; '*I think sessions must continue even if there are few mentors that attend [the] session, it is a waste of time for us, as we have plans for the day*' (Session Evaluations).

Similarly, mentor absenteeism in community B was ascribed to '*dangers in the community such as gang violence, substance abuse and poverty, riots and strikes, weather conditions (shacks being flooded), and conflicting commitments*' (Board Meeting minutes). One facilitator said: '*In [Community B] it was the protests, there were protests all the time, and fires and they would then let us know not to come through because it is dangerous. Or, if we now come there, then there are people whose houses burnt down that are housed in the hall. Then, we have to either cancel or have the session outside*' (FGD BB Staff). One of the mentors in community B suggested that '*to have a good space and to move* [*i.e. look*] *around for a space*' (Session evaluation). Another noted that in Community A '*it was the community hall [where the workshops were held] that was double booked, and we then had to return afterwards for the session. That is why [Name] went to the library to ask them if we could have the workshops there*' (FGD). Thereafter, sessions were held at the library without any challenges of space. However, session observations (Table 6) indicated that barriers and disruptions were always attended to in both communities (100%).

At the start of the programme mentors and mentees agreed that workshops should take place on a Saturday. However, men dropped out from the programme in community A because of '*family responsibilities (domestic), sports, gangsterism, substance abuse, unemployment, but expecting to be paid by the programme*' (Board meeting minutes). Even though mentees were not able to attend during the week due to school and homework, some mentees felt that a Saturday morning for a workshop was not such a good idea. The following quotes demonstrate this view: '*Sometimes I am tired on a Saturday*'; '*I like sleeping late*'; '*I like the workshops but the part that I must get up early, I don't like*' and '*I don't like it to be every Saturday because I want to sleep late*' (FGD Mentees). The facilitators consequently decided to have workshops on three Saturdays a month and start later (i.e. at 10am as opposed to 9am).

Discussion

In general, all intervention components were implemented with a moderate to high level of fidelity. Adherence and exposure are two aspects of implementation fidelity that determine whether a program is implemented exactly as intended by its developers. Overall, staff adherence and mentor and mentee exposure were moderate to high. Even though sessions were in line with the aims and objectives of the programme, and all mentees and the majority of mentors agreed that the aims and objectives of the programme were largely to fully met and that the content were delivered as intended, most of the staff believed that the aims and objectives were not fully met.

In implementing a complex programme like BBMI in the real world, some adaptations were needed, thus, while community A completed all mentor and mentee sessions, community B did not. Due to time constraints and logistical issues community B could often not host their workshops on time and eventually lagged behind. Planning of programmes need to take into consideration various contextual issues that may impact on implementation such as service delivery protests, unavailability of venue, fires and floods in the community. However, findings indicated that despite the incomplete programme delivery in community B, mentors and mentees were not aware that they did not receive the full programme. Because facilitators had to adapt to the context, time and needs of participants, they were not able to complete 100% of the facilitation activities listed in the manual. However, this did not prevent facilitators from completing the participant learning objectives. Ultimately the facilitator skills and preparedness assisted in the efficient implementation and fidelity of the programme.

The success of any intervention program depends on the level of responsiveness of participants. Participants' responsiveness in both communities was high on both the observation checklist and survey, indicating active engagement by participants in the sessions. Although participant responsiveness often includes aspects such as participants' views on the suitability and applicability of a programme (James Bell Associates, 2009), their level of interest in the programme and their degree of interactive enthusiastic engagement with the intervention activities, participant responsiveness was fostered and enhanced not only by the aforementioned but also because of the safe space and trust participants experienced with their respective facilitators. This study finding is consistent with other research that suggests that a positive relationship between intervention facilitators and participants enhances participation (Ismail et al., 2021). This relates to facilitator skills and preparedness, which has been mentioned earlier. This is important since the quality of delivery may function as a moderator between the intervention and any observed outcomes; for example, if a programme's material is fully covered but is implemented inadequately, envisaged mentor/mentee outcomes may not be achieved (see James Bell Associates, 2009). Thus, if the intervention outcomes are not achieved, then the implementation fidelity evaluation findings could be used to explain potential reasons for this. That said, it should be noted that certain programme staff were of two minds regarding whether facilitators encouraged participants to articulate their views adequately, and some disagreed about whether the sessions were facilitated well.

It is vital to be aware of the barriers and enablers that hinder or enhance high-quality programme implementation because they are directly connected to programme effectiveness (Ismail & Van Niekerk, 2020; Mihalic et al., 2004). One key barrier pertaining to recruitment and dropout, was

the lack of male participants. The mentor target group was reported to have been reached, but there was an obvious gender disparity in the mentor group, with much more female mentors than male mentors. This is concerning since a key aspect of the BBMI is an intentional focus on mobilising males alongside females for peace and safety in the community. Similar challenges in recruiting and retaining men in a multi-country gender-based violence prevention initiative was reported by Promundo (2014).

Other barriers that impacted fidelity of implementation of the BBMI included time and lack of resources (including venue), and external factors. In low-income contexts, such barriers are often part of the everyday, and facilitators are forced to work around this in order to achieve their objectives. In this regard, it would be important for programme staff to identify possible barriers and possible solutions ahead of time in order to have a contingency plan in place.

The mixed methods approach utilised in this study allowed us to obtain a more comprehensive view of the fidelity of implementation of the BBMI and can thus be seen as a significant strength. The depth or range of experiences of interventionists and participants on fidelity of programmes implemented within community settings, particularly in LMIC, may not be able to be fully captured with quantitative ratings alone (Mihalic et al., 2008). Also, whilst some authors regard programme fidelity as a 'top-down' approach to implementation (Pérez et al., 2020), this study used a 'bottom-up' approach to implementation and evaluation which was facilitated by centrally involving community members in the development, implementation and evaluation of the BBMI. This was facilitated using a CBPAR approach throughout the development and evaluation process of the programme and planning for sustainability where the Building Bridges team established a non-profit organization and took ownership of the intervention (Taliep et al., 2020).

Conclusion and recommendation

This paper described the implementation fidelity of the BBMI. For all the intervention components, implementation fidelity (i.e. adherence, exposure, quality of programme delivery, and participant responsiveness) was generally moderate to high, suggesting a 'good' implementation of the programme in the real world. Evaluating the fidelity of implementation is vital to obtain a comprehensive insight into whether an intervention was implemented according to its design, and to verify and validate the findings and outcomes, and enhance credibility and integrity of the study. Issues such as time-management and overcoming structural barriers are essential for programme delivery and fidelity, more so in low income contexts with limited resources. Facilitators, however, play a key role in finding solutions for any barriers that emerge. Not only is their skill and demeanour important, but their active engagement with participants prior to the commencement of the programme to identify possible barriers and possible solutions is also important. Working within a CBPAR framework encourages programme staff to draw on community and participants to find solutions to the challenges.

A key limitation of this study is the use of one evaluator per community, and thus inter-rater reliability could not be assessed for the implementation within a particular community. However, working within resource constraint environments, often makes it difficult for community-based initiatives to employ more staff. It is thus recommended that the programme manager explore the recruitment of volunteers to assist. An added limitation of the study pertains to reach. A major challenge we encountered was recruiting and retaining men in the programme as mentors, despite numerous recruitment strategies employed to address this shortcoming also experienced by other similar studies.

Availability of data and material

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Notes

1. In this paper, we define generative forms of masculinity as peaceful and positive forms of existence characterized by non-violent, gender equitable, caring, and emotionally responsive ways of being, resilience, responsible fatherhood, and a desire to be an asset to others (see Lazarus et al., 2011; Taliep, 2016; Taliep et al., 2021).
2. Apartheid laws used racial classification to place people in one of four racial groups: 'Black', 'Coloured' (mixed-race), 'Asian' or 'White'.

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