



TPP Tier 2 Rigorous Evaluation

Introduction

This document provides a deep dive into each of the expectations of this grant program. It has been updated to align with the [OASH Program Policy Notice 2025-01](#) released on July 1, 2025.

Expectation	Overview
<i>Implement Promising Interventions</i>	<ul style="list-style-type: none">• Grantees should rigorously evaluate interventions that show promise in preventing unintended teen pregnancy, reducing STIs among adolescents, and addresses underlying or associated risk factors for unintended teen pregnancy.• Interventions should fill gaps in the existing evidence base and have positive preliminary evidence from prior formative evaluation.• Interventions should be a good fit and have demonstrated support from previous participants and communities.• Intervention(s) to be studied should have a clear logic model and theory of change.
<i>Conduct Rigorous Evaluation of the Intervention</i>	<ul style="list-style-type: none">• OPA expects grantees to conduct either a randomized control trial (RCT) or a quasi-experimental design (QED) with a comparison group.• Evaluation designs should meet the Teen Pregnancy Prevention Evidence Review (TPPER) 6.0 criteria.• Rigorous impact evaluations should have the most robust possible design that is feasible for the intervention setting and population.• The finalized study design should have baseline equivalency, a counterfactual, and be registered with an online registry such as www.clinicaltrials.gov.• Data collection plans should be finalized by the end of the planning period and outcomes should be relevant to the intervention's logic model and proposed research questions. Grantees may collect outcomes beyond those recognized by the TPPER, if at least one of the study outcomes is a sexual risk behavior and other outcomes are associated risk factors.• Grantees should address limitations, bias, and possible threats to internal and external validity. Studies should be conducted through a credible, neutral process which includes use of an independent, external evaluator.• Grantees are required to participate in ongoing OPA-sponsored Evaluation Technical Assistance and, if selected and funding is available, recipients should participate in an OPA-directed Federal evaluation.• Grantees are expected to report their progress in recruiting, consenting, and retaining study participants to OPA. General enrollment benchmarks are as follows:

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		Year	Enrollment Benchmark	
		End of Year 2	25% of sample is enrolled	
		End of Year 3	50% of sample is enrolled	
		End of Year 4	75% of sample is enrolled	
		During Year 5	100% of sample is enrolled	
<i>Participate in a Planning and Piloting Period</i>		<p>During the first 6-12 months of the award, grantees are expected to work closely with OPA and OPA-sponsored Evaluation Technical Assistance providers to refine, improve, and finalize evaluation design and methods.</p> <p>Milestones to be completed during the planning and piloting period include:</p> <ul style="list-style-type: none"> • Hiring and training staff. • Ensuring that project implementation sites are not duplicative of other TPP-funded projects. • Finalizing agreements with all key partners and subrecipients. • Obtaining OPA approval of the evaluation design and instruments. • Completing the OPA materials review process. • Pilot-testing the intervention materials to incorporate user-feedback, demonstrate desirability, and ensure fit and appropriateness. • Pilot-testing evaluation instruments and procedures. • Finalizing instruments and obtaining approval(s) from an Institutional Review Board. • Attend all OPA-sponsored orientation webinars and in-person meetings. 		
<i>Complete OPA Material Review</i>		<ul style="list-style-type: none"> • Recipients must ensure that <i>all materials</i> delivered to study participants (intervention <i>and</i> comparison group materials) remain medically accurate, age appropriate, trauma-informed, and user-centered. • Materials to be reviewed include everything necessary to successfully implement the intervention, including (but not limited to) curricula, facilitator and participant manuals, videos, podcasts, posters, scripts, pamphlets, handouts, etc. • Grantees are expected to complete an annual review to ensure materials remain medically accurate, age appropriate, trauma-informed, and user-centered and share the following with OPA in semi-annual progress reports: <ul style="list-style-type: none"> ○ Their review process and findings that demonstrate subject-matter experts have reviewed materials in all relevant areas ○ Plans to address issues identified during the review • To avoid negatively impacting the evaluation, no significant changes to the intervention should be made after the evaluation has begun. 		
<i>Collaborate with Partners and Maintain Organizational Capacity</i>		<ul style="list-style-type: none"> • Grantees and their key partners should have the collective expertise necessary to successfully accomplish the goals and objectives for the overall project. • Grantees are responsible for monitoring all partners and ensuring that they meet project expectations to successfully fulfill their roles. 		

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	<ul style="list-style-type: none">• Professional development needs of project staff should be assessed on a regular basis to ensure staff have the training needed to complete their roles on the project.• OPA expects grantees to prepare a professional development plan based on the initial assessment and update it annually based on needs identified during regular monitoring for continuous quality improvement.
<i>Engage Participants in Ongoing Project Planning and Implementation</i>	<ul style="list-style-type: none">• Grantees are expected to engage the intended population in planning and implementing the project, ensuring the intervention fits end-user needs, fills existing gaps, does not duplicate existing programs and services, and is a good fit for the community and population.• Grantees should seek feedback from the intended population to ensure the intervention is relevant and likely to resonate with their peers.• Grantees should consult members of the intended population when developing messaging about project findings, branding, and packaging materials for dissemination.
<i>Monitor and Improve the Project</i>	<ul style="list-style-type: none">• Grantees are expected to monitor the overall project and make ongoing improvements based on key findings.• The implementation evaluation should be designed to answer questions about study delivery and, at a minimum, address dosage, fidelity, quality, context, and counterfactual experience.• Grantees should periodically monitor programs and services offered within study sites to ensure the project doesn't duplicate and that the study can clearly account for the experiences of the comparison group.• Grantees must monitor participant enrollment, consent, and retention within the study and report to OPA regularly.• The monitoring process must include OPA-defined performance measures, which will be reported on a semi-annual basis.• Grantees are required to obtain and document necessary permissions to collect all data. Documentation may be included within formal agreements with partners, consent forms from parent/guardians, copies of school district approvals, citation to state/federal law, etc.• While implementing and evaluating some non-curricular approaches (i.e. technological interventions, systems and community-level approaches, etc.) grantees may find some OPA measures are not relevant. If grantees identify a need to change a measure, they will need to seek prior approval from OPA to use alternate or proxy measures for dosage, fidelity, and/or quality.• Grantees will need to develop measures that future implementors of the intervention could use to monitor fidelity, quality, and dosage and include those in their final program package.• Grantees are expected to observe a minimum of 10% of all sessions and 100% of intervention facilitators for fidelity and quality annually.

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<i>Document and Package the Intervention</i>	<ul style="list-style-type: none">• Grantees should provide OPA with a complete electronic package of the final implementation-ready intervention by the end of the project to include all necessary components that will allow someone (other than the original developer) to implement the intervention.• Intervention packages should include clearly defined program materials and core components, define all necessary staff training and support needed for implementors, and specify guidelines and tools needed for monitoring implementation fidelity and quality.• Grantees are expected to articulate core components of the intervention to fill knowledge gaps about what makes an intervention effective and which components drive successful programming.• While core components testing is <i>strongly encouraged</i>, completion of a core components checklist is <i>required</i>. Grantees must use the checklist to describe the components at the beginning of the project and update it upon project completion.
<i>Disseminate Project Results</i>	<ul style="list-style-type: none">• OPA expects grantees to develop and implement a plan for widely disseminating the results of the evaluation.• Grantees are expected to share key findings and lessons learned via publication of a final evaluation report in a peer-reviewed journal and professional conference presentations.• In addition to conferences and journals, dissemination plans should share with key project partners including community members, youth, youth-serving professionals, researchers, other OPA grantees, the public, and policymakers.• Plans should also include disseminating information about the intervention to organizations who may want to replicate it in the future.

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