



**Department of Pediatrics**

Prevention Research Center for Family and Child Health  
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**Nurse-Family Partnership® International**

**Phase One Annual Report**

***Phase One: Adaption***

*Examine the adaptations needed to deliver the NFP program in local contexts while ensuring fidelity to the Nurse-Family Partnership model.*

This report is designed to be used by new NFP licensed countries to assess their progress during the adaptation phase of implementation of the NFP program. The report is used as the basis of the first annual review for that country. The annual review meeting is undertaken with the license owner and international consultant to ensure that the country is ready to enter Phase Two (Feasibility and Acceptability through Pilot Testing and Evaluation) and begin recruiting clients. Plans and priorities for the following year will also be agreed as part of the annual review.

**Assessment criteria:**

The aim is to be as systematic as possible when assessing the adaptation phase at national, regional and community levels by focusing on those dimensions that are necessary for laying the foundations for the successful testing and evaluation phase of NFP in a new country or society. The content of the annual review has been developed in collaboration with international partners and reflects those aspects of program implementation that are likely to affect the outcomes and sustainability of NFP. The emphasis is on the leadership team's reflections on their activities-to-date and future planning.

The criteria are based on:

- NFP research
- Literature on replication and scaling
- Learning from introducing NFP in other countries

**Summary of content:**

- Part One: Program overview
- Part Two: Action planning
- Part Three: Annual Report from UCD (to be completed by UCD)

**The process:**

The annual report is completed by the license holder in each country, who provides evidence and commentary in relation to each area of implementation in consultation with implementing partners. The completed report is sent to David Olds and the NFP international consultant. The NFP International Consultant will review the report with David Olds and then a meeting will be organised which will provide an opportunity to celebrate successes, reflect on any issues arising from the report

and agree plans for the coming year. At the same time the NFP International Consultant will share relevant learning from other countries and update the license holder national teams on program developments and NFP research being conducted. The action plan will be reviewed together after 6 months.

This tool is designed to be used flexibly as there will be variations in the language, delivery stage, number of NFP nurses, context, and information systems in each country. All completed Annual Reports are shared with the Global Collaborative Guidance Group who have responsibility for ensuring that the quality of NFP globally is maintained. With your permission, we will also post the report to the password protected pages of the Global NFP website, where you will be able to see other completed annual reports.

**PART ONE: PROGRAM OVERVIEW**

**Name of country:** \_\_\_\_\_ **Completed by (License holder):** \_\_\_\_\_  
**Date of review:** \_\_\_\_\_ **Year covered (dates):** \_\_\_\_\_

**1. POLICY**

Government support for investing in prevention in early childhood through evidence based programs and improving outcomes for disadvantaged children and families, national, regional/state goals are aligned with the goals of NFP, commitment to scientific evidence, there is a coherent policy for early childhood from national to local levels, bi-partisan support for NFP:

Please provide an assessment of the extent to which policy goals align with, and support, NFP implementation under the headings below;

The policy goals of national and regional government are in line with NFP:

Senior policy sponsorship for the NFP (names and position in system):

Policy goals for NFP are realistic for a sustainable process of adaptation, testing and evaluation:

There is bi-partisan political support for the program, making it sustainable during political change:

Any additional information:

Overview of our policy strengths and challenges:

Actions:

**2. COMMITMENT**

Senior leaders across policy, services, academia and the professions are committed to NFP, understand what it takes to test the program well in a new country/society and are willing to champion the program. There is general support for NFP across the system and community and realistic expectations for a sustainable process of adaptation, testing and evaluation

Describe what has been done to build a good understanding of the program and what it takes to implement the program well:

Evidence of stakeholder engagement and support for NFP:

Our goals and timescale for the program:

Any additional information:

Overview of support and knowledge of NFP - strengths and challenges:
Actions:

<b>3. FUNDING</b>
Program funding is available for a minimum period of 5 years, with sufficient funds to cover a minimum of 2 supervisors and 8-10 full time NFP nurses for first 3 years followed by expansion for phase 3, with sufficient to cover costs of central leadership team, information system, research program, consultancy and license fee from UCD, adaptation of program guidelines (including translation), travel costs for education etc.
Statement of commitment to fund the program for a minimum period of 5 years:
Please confirm that you have funds to cover: <ul style="list-style-type: none"> <li>• A minimum of 2 NFP supervisors and 8/10 full time NFP Nurses for first 3 years followed by expansion for phase 3.</li> <li>• Costs of equipment, materials etc.</li> <li>• Central integrated leadership team (minimum of clinical leader, trainer, researchers, data analyst, administrator)</li> <li>• Information system for minimum of 250 clients and 10 NFP Nurses</li> <li>• Research program of formative evaluation for at least 2 years</li> <li>• Consultancy and license fees from UCD</li> <li>• Adaptation and translation of program guidelines and materials as necessary</li> <li>• Travel and other costs for first cohort of supervisor and nurse face-to-face education</li> </ul>
Any additional information:
Overview of funding for NFP, including risks/ challenges:
Actions:

<b>4. NURSING WORKFORCE</b>
There are sufficient nurses recruited with the educational level and skills to achieve competency of NFP nurses and supervisors, and there is a professional system for recognizing the role:
Nurses who visit new mothers/families in their homes, have a credible and trusted reputation. Yes/No; Comments:
There are sufficient nurses who can be recruited to NFP without undermining other services. Yes / No; Comments:
The number of NFP Supervisors and Nurses we are recruiting for phase two program testing are:
Our assessment of the educational level and skills of nurses and of their ability to achieve competencies required for NFP nurse and supervisor roles:
Our plans for preparing nurses and supervisors to implement NFP, including education, coaching, adaptations and practical arrangements:

How the role will fit within, and be recognized by our professional systems:
Any additional information:
Overview of our workforce strengths and challenges:
Actions:

<p><b>5. LANGUAGE AND CULTURE</b></p> <p>There is an understanding of the cultural adaptations needed, including the acceptability of home visiting by NFP nurses to families, alignment of NFP with local childcare and health practices, program guidelines have been adapted and translated as required preserving the meaning and spirit of NFP:</p>
Our assessment of the acceptability of home visiting to families in our society is:
What cultural adaptations are needed to align NFP with local parenting, health and social practices:
What, if any, variances to the Core Model Elements have you requested for your society:
Progress with adapting program guidelines (selection of any alternate assessment tools, translation, etc.):
Process for maintaining the meaning and spirit of NFP in our society:
Any additional information:
Overview of any cultural or linguistic challenges and how to address these:
Actions:

<p><b>6. LEADERSHIP</b></p> <p>There is a board of senior sponsors (linked to government) overseeing the introduction of the program and an implementation team responsible for clinical guidance and support, organisational / site preparation, research, the information system data analysis and research plus policy. There is a designated Clinical Leader who understands the program, is committed to the values and methods, has the time, knowledge and skills to lead the implementation of the program and can mobilise policy support and resources:</p>
Information on the NFP board of senior sponsors (linked to Govt.) overseeing the introduction of the program:
Describe the implementation team roles and capacity for: <ul style="list-style-type: none"> <li>• Clinical guidance and support:</li> <li>• Organisational / site preparation:</li> </ul>

<ul style="list-style-type: none"> <li>• The information system, data analysis:</li> <li>• Research:</li> <li>• Policy:</li> </ul>
Summary of governance, accountability and funding systems:
Any additional information:
Overview of leadership strengths:
Overview of leadership challenges and how these could be addressed:
Actions:

<p><b>7. RESEARCH</b></p> <p>There is a commitment to replication of evidence-based programs and evaluation at societal and implementing agency level, a formative evaluation is in place with commitment to undertake an Feasibility &amp; Acceptability Study and then a randomized controlled trial (RCT) and research expertise within the implementing team</p>
Assessment of our commitment to evidence-based policy, practice and program selection at national, regional and community levels:
Description of how we will carry out the formative evaluation for Phase Two (Feasibility & Acceptability Study):
Our developing plans for outcomes research (after Feasibility & Acceptability Study):
Any additional information:
Overview of research strengths and challenges and how we plan to address these:
Actions:

<p><b>8. COMMUNITY LEVEL STRENGTHS AND CHALLENGES</b></p> <p>From our international experience we know that the following factors are necessary for successful testing of NFP in every society: there are sufficient levels of need, the eligible population has been defined, maternity services and primary care for children and families are available in the community where the NFP is to be tested. There is an understanding of how NFP can fit into existing services, confidence that the core model elements can be met, systems for engaging local people and other services, cross sector stakeholder support for introducing the program locally, management support for NFP nurses and the program.</p>
Please provide details of the way in which your testing sites were identified and chosen:

There is cross sector support for testing the program at community level: Yes / No Comments:
The following services are in place in the community where the NFP is to be tested: Yes No <input type="checkbox"/> <input type="checkbox"/> Primary medical care <input type="checkbox"/> <input type="checkbox"/> Universal child and maternal public health services <input type="checkbox"/> <input type="checkbox"/> Universal maternity care (antenatal, postnatal and post-partum care) <input type="checkbox"/> <input type="checkbox"/> Social care/child protection <input type="checkbox"/> <input type="checkbox"/> Specialist services (mental health, family planning) Comments:
Our plans for how the NFP will fit into existing services:
Local systems for the program i.e., for NFP nurses and supervisors, including clinical governance, child protection, information and record keeping:
The eligibility criteria that will be used to enrol clients:  Expected numbers to be enrolled during phase two:
A summary of our system for enrolment to ensure 60% of clients are enrolled on the program by 16-week gestation:
How we will engage local people, key stakeholders and other services in the program:
Any additional information:
Overview of community level strengths:
Overview of community level challenges and plans for addressing these:
Actions:

<b>IS THERE ANYTHING ELSE THAT IS IMPORTANT FOR US TO KNOW?</b>

**PART TWO: ACTION PLANNING FOR NEXT YEAR**

Our plans for changes/further adaptations next year:

This is what we think we need to be doing next year to learn from our implementation and continue to make the adaptations needed to deliver the NFP in our local context while ensuring fidelity to the model:

Our three primary objectives are:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

How we will know if we have been successful in meeting our objectives:

It would be helpful if we could have the following support from NFP Global (in order of priority)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Our suggestions for how NFP could be developed and improved internationally during the adaptation phase are:

**PART THREE: ANNUAL REPORT FROM UCD**

**(To be completed by UCD following meeting to review annual report)**

Brief summary of services/support provided by UCD over the last year:

Identified strengths of program:

Areas for further work:

Agreed upon priorities for coming year: