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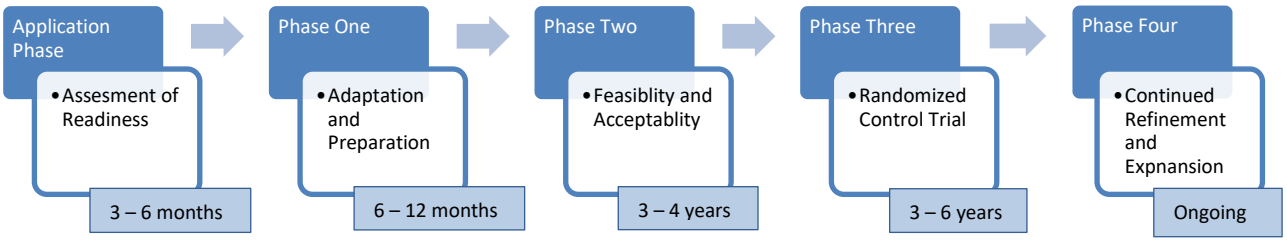
Nurse-Family Partnership© (NFP) International

Guidance Document - Implementing NFP in a New Country: Assessment of Readiness | 2019.03.28

- **Assessment of Readiness Guidance**
- **Appendix 1: Assessment of readiness framework (to be submitted to University of Colorado Denver UCD)**
- **Appendix 2: Support available to new countries from (UCD) NFP International Team.**

Assessment process:

This is the formal part of assessing a new country's readiness to implement NFP and needs to be completed by the end of a process of information sharing, building relationships and working together to develop a mutual understanding of how NFP could benefit children and families in a new society. This early stage process is crucial in helping a country decide whether NFP is a best- fit model for the population it seeks to serve. It is imperative that countries at this stage have all the information they require to make that decision and apply for NFP license. The role of the UCD International team is key in working alongside new countries to support them in moving to the application for license stage. The Assessment for Readiness framework will be used to decide whether to grant the license. Once a country has been accepted to test NFP, the NFP International team will work with the leadership team on an implementation plan and the country will enter phase one of the four phases of international implementation and research.



Assessment criteria:

The aim is to be as systematic as possible in assessing capacity and readiness at national, regional and community levels by focusing on those dimensions that are necessary for laying the foundations for the successful implementation of NFP in a new country or society. This can and does take different forms in different cultures, but we have found these areas need to be considered to guide your implementation plan.

The criteria are based on:

- NFP research
- Literature on replication and scaling evidence based interventions
- Learning from introducing NFP in other countries
- Tools developed by the NFP NSO
- WHO[1]

Where criteria are not met, it is intended that the initial assessment process will serve as part of a plan for increasing readiness as part of the preparation process.

Summary:

1. **Country Conditions:** This includes, but not limited to, political stability, probity and governance, sufficient resources to fund public health and education services, to ensure that the basic health needs of children and mothers are met.

2. **Government Policy:** There is government support (or potential for this support) for investing in prevention in early childhood through evidence based programs and improving outcomes for disadvantaged children and families. This may include the alignment of national, regional/state goals with the goals of NFP, commitment to scientific evidence, a coherent policy for early childhood from national to local levels, non-partisan support for NFP. Where these conditions are not in place at the outset, NFP leaders will need to include plans to develop these as part of their implementation plan.

3. **Will/Commitment and Understanding:** Senior leaders, including those from policy, health and child welfare services, academia and the nursing and medical professions are committed to NFP. Leaders understand what it takes to test the program well in a new country/society and are willing to champion the program, provide general support for NFP across the system and community and have realistic expectations for a sustainable process of adaptation, testing and evaluation

4. **Funding:** A commitment to fund the program for a minimum period of 4 years, including sufficient funds to cover appointment of Clinical Lead and the initial adaptation phase, a minimum of 10 full time NFP nurses (including 2 NFP supervisors) for at least 3 years, costs of central leadership team, information system, research program, consultancy and license fee from UCD, translation of program guidelines and educational materials, travel costs. In addition, the potential for funding to expand the program and evaluate outcomes in the country through a RCT.

5. **Nursing Workforce:** There are a sufficient number of nurses with the educational level and skills to develop and achieve competency among nurses and nurse supervisors. A sufficient number of nurses can be recruited without undermining other services.

[1] Mikton C et al (2011) A Multidimensional Model for Child Maltreatment Prevention Readiness in Low and Middle Income Countries. Journal of Community Psychology Vol 39, No 7, 826-843

6. **Language and Culture:** Home visiting is acceptable to families, nurses have a credible and trusted reputation, there is a cultural alignment between NFP and local child care and health practices, resources are available for translating program guidelines and a bilingual expert to ensure that any translation preserves the meaning and spirit of NFP

7. **Leadership:** There is a team of senior sponsors overseeing the introduction of the program; there is an identifiable credible clinical leader who understands the program and is committed to the values and methods; she or he has the time, knowledge and skills to lead the implementation of the program; and she or he can mobilize stakeholder support and resources.

8. **Research:** There is commitment to replication of evidence-based programs and evaluation, capacity for formative evaluation and potential for an RCT, and a culture of research and evidence-based policy and practice, either in existence or can be cultivated.

9. **Community Conditions:** There are sufficient levels of need and an eligible population, maternity services and primary care for children and families in the community where the NFP is to be tested, understanding of how NFP can fit into existing services, systems to ensure core model elements can be met, systems for engaging local people and other services, cross-sector stakeholder support for introducing the program locally, and management support for nurses and the program.

Appendix 1:

ASSESSMENT OF READINESS FRAMEWORK

This assessment framework covers the elements for successful implementation of the Nurse Family Partnership program in a new country. We would like your assessment of how your country meets these criteria at a national, regional and community level, and how you will address any limitations. Please provide evidence to support your assessment.

1. COUNTRY CONDITIONS:

a. Overview of relevant national economic factors

b. Summary of the political and policy context, assessment of governance and stability

c. Key facts on population health status and trends for maternal and child health: including infant mortality, maternal mortality, child deaths under 5

d. Service provision: access to state funded universal maternal and child health community services, universal access to education for girls

Overview of your country's strengths and challenges:

2. POLICY:

Policy sponsorship enables the program to be integrated into usual health and care systems in countries over the long term. If policy commitment is not in place at the time of this assessment, please outline below how you will work strategically to influence policy as part of the implementation and testing of NFP in your country.

a. There is policy commitment to investing in evidence based prevention in the early years of life and reducing inequalities at national, regional government levels.

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

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

d. Policy goals for NFP are realistic and in line with a sustainable process of adaptation, testing and evaluation

e. There is non-partisan political support for the program, increasing the likelihood of the program being sustainable during political change

Overview of policy strengths and challenges

3. COMMITMENT AND UNDERSTANDING:

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

b. Stakeholder engagement and support for NFP – include stakeholders and proposed roles

c. Describe the NFP leadership team, roles and organizations represented

d. Goals and timescale for the program

Overview of support and knowledge of NFP: strengths and challenges for commitment to implementation:

4. FUNDING:

a. Commitment to fund the program for a minimum period of 4 years and plans for sustained funding for progress through phase four.

b. Evidence of sufficient funds to cover:
   i. a minimum of 10 full time nurses, including 2 supervisors, for 3 years followed by expansion for RCT
   ii. costs of equipment, materials etc
   iii. central leadership team (minimum of clinical lead, educator, data analyst, administrator) for 3.5 years
   iv. information system for minimum of 250 clients and 10 nurses
   v. research program of formative evaluation for 3 yrs with potential for funding of RCT
   vi. consultancy and license fees from UCD
   vii. translation of program guidelines and materials
   viii. travel costs for clinical lead and educator[2].

Overview of funding for NFP, including risks:

5. WORKFORCE

a. There are sufficient nurses to recruit from without undermining other services particularly nursing services working with vulnerable children and families

Description of the educational level and skills of nurses and assessment of their ability to achieve competencies required for NFP nurse and supervisor roles[3]

[3] See Guidance document 'Clinical Leadership and Nurse-Family Partnership'
[4] See Guidance document 'International NFP Core Competencies'

b. Nurses have a credible and trusted reputation

Overview of workforce strengths and challenges:

6. LANGUAGE AND CULTURE:

a. Home visiting is part of existing services and likely to be acceptable to families

b. Cultural alignment between NFP and local parenting, health and social practices

c. Resources for translating program guidelines

d. There is a bilingual expert who can ensure that any translation preserves the meaning and spirit of NFP

e. Planning allows for sufficient time to adapt the program to societal context Overview

of any cultural or linguistic challenges and how to address these:

7. LEADERSHIP:

a. There is/ potential to recruit an identifiable credible clinical leader who understands the program, is committed to the values and methods

b. They have the authority, time, knowledge and skills to lead the implementation of the program

c. They can mobilize policy support and access resources

d. There a team of senior sponsors overseeing the introduction of the program (eg government ministers, policy leads, NGO Chief Execs, Nursing or Medical leaders/ Professional bodies etc.),

Overview of leadership strengths and challenges ad how these could be addressed:

8. RESEARCH:

a. There is commitment to evidence based policy, practice and program selection at national, regional and community levels

b. There is multi-disciplinary research leadership for NFP and capacity for a formative evaluation followed by an RCT

c. Be able to recognize and address any relevant historical or cultural background that could be a barrier to conducting a RCT within the client population

Overview of research strengths and challenges and how you plan to address these:

9. COMMUNITY CONDITIONS

a. There is cross sector support for testing the program at community level

b. The following services are in place in the community where the NFP is to be tested:
   I. Primary medical care
   II. Universal child and maternal public health services
   III. Universal maternity care (antenatal, postnatal and postpartum care)
   IV. Social care/child protection
   V. Specialist services (mental health, family planning)

c. There are plans for how the NFP will fit into existing services

d. Management systems are in place for the nurses, including clinical governance, information and record keeping

e. There a system for potential antenatal referral to NFP, to ensure 60% of clients are enrolled in the program by 16 weeks gestation

f. There are processes in place/ in development for engaging local people and other services in the program

Overview of community level strengths and challenges and plans for addressing these:

Appendix 2:

The role of the International NFP team, University Colorado Denver (UCD) in supporting new countries to complete the 'Assessment of Readiness' stage.

An International Consultant (IC) from UCD will be assigned to support a new country, link immediately after a direct inquiry is made to UCD and support this "assessment for readiness" phase. The role is to work closely with 'lead implementers' in considering all the dimensions needed to lay the foundations for successful early implementation. ICs have experience of high-quality implementation at both national and international level and can guide new countries on what to focus on when considering "readiness" and providing evidence for the assessment process. UCD team will work on advising where countries are at each stage of the process and provide tailored guidance on next steps in assessment of readiness stage.

We have learned that it generally takes between 3 and 6 months for this assessment for readiness phase to be completed and agreed. The costs at this stage reflect the level of support required by countries to date. From our experience, the process has usually included the activities below at a minimum:

- Sharing information about the program model, research and learning from other countries implementing NFP
- Ensuring that the license granter, Professor Olds, is appraised on the progress of the inquiry and linked in to the application as required
- Support for, and involvement in, wider in-country discussions on NFP i.e. with key stakeholders, Government policy leads and prospective funders
- Providing feedback in response to early country-specific inquiries that Implementation Leads may have
- Guiding and providing feedback around interpretation and concise completion of the assessment for readiness document. This will include support in;
    - Defining intended client population
    - Working through community needs and risk factors
    - Understanding the needs NFP addresses in your country
    - Developing support for NFP 'buy-in' within your country
    - Discussing where/how NFP can be embedded within your health system
    - Sharing learning and expectations around 'organizational readiness' for NFP
    - Providing guidance regarding a data collection system
    - Working with Political and advocacy champions
    - Developing a budget of anticipated costs

In addition, several countries we have worked with have benefitted from these additional inputs:

- Identifying and helping connect with international links from other countries who have

been through a similar process

- Making site visits to applying countries if requested and if this is feasible in any given timescale

Costs of this support will be agreed directly with countries.

