University of Colorado
Anschutz Medical Campus

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International Nurse-Family Partnership® (NFP)

PHASE THREE ANNUAL REPORT

Phase Three - Randomized Controlled Trial (RCT).
This phase is established to estimate program effects on outcomes of clear public health importance that align with the outcome domains in the original US trials and that address additional goals of that country. This work is designed to determine the added value of the program for the populations and contexts in which it is being delivered. The expected research methodology is a Randomized Clinical Trial (RCT) as this provides the strongest evidence of program impact. In some circumstances, it may not be feasible or appropriate to undertake an RCT (e.g. where the population size is too small to estimate benefits reliably or where there are serious cultural concerns). In these circumstances, consideration will be given to use of quasi-experimental designs. Countries are encouraged to conduct complementary qualitative studies, which can be helpful in understanding results of the RCT. During this phase, the implementing entity may seek approval to continue recruitment of clients in existing pilot and/or RCT sites until analysis and reporting of the RCT data are complete. Countries are expected to continue completing annual reports during this phase.

Purpose of annual report:
As part of the license agreement with the University of Colorado, each country is required to prepare and submit an annual report. Through the annual report, data are reported, analysed and reviewed, to guide discussion of the country's implementation successes and challenges, as well as emergent outcome variations. The annual report forms the basis of the Prevention Research Centre, University of Colorado's (UCD) annual review of NFP implementation and fidelity in licensed partner countries and for discussing quality improvement plans. By using quantitative and qualitative data, the annual report creates an opportunity for each country's leadership team to reflect on progress and develop quality Improvement plans for the following year.

Completing the report:
The country license holder is requested to coordinate the completion of this report, with contributions from the national implementing body, and others, as required.

Please note: If you are unable to complete any items in the report template, please indicate whether this data is not collected in your country or is not able to be analysed at this time. Where terms used in the report template are generic, please specify how items are measured in your country. Where you have adapted your data collection schedule/timings or approach to accommodate local systems, please adapt the document as necessary to take account of this. If you have any questions regarding the content of this document, please do not hesitate to get in touch with your NFP International Consultant.

The report should be sent to Dr David Olds, and the country's International Consultant at least three weeks prior to the Annual Review meeting. Further guidance on the conduct of the annual review meeting can be found on the 'International NFP Resources' page of the international website.

PART ONE: PROGRAM OVERVIEW

Name of country: _____ Dates report covers (reporting period): _____

Report completed by: _____ Date submitted: _____

The size of our program:

	Number
Fulltime NFP Nurses	
Part time NFP Nurses	
Fulltime NFP Supervisors	
Part time NFP Supervisors	
Full time NFP Mediators/Family Partnership Workers (FPW) (if applicable)	
Part time NFP Mediators/Family Partnership Workers (FPW) (if applicable	
Total	

- We have _____ teams (supervisor-led groups of NFP Nurses)
- Average Supervisor to NFP nurse ratio (include Mediator/FPW positions if you have them): _____

- Current number of implementing agencies/sites delivering NFP: _____
- Number of new sites over the reporting period_____
- Number of new teams over the reporting period_____
- Number of sites that have decommissioned NFP over the reporting period_____
- Successes/challenges with delivery of NFP through our implementing agencies/sites:

Description of our national/ implementation / leadership team capacity and functions

License holder name:
Role and Organisation:

Description of our National implementing capacity and roles:

1. Clinical Leadership:

2. Data analysis, reporting and evaluation:

3. Service development/site support:

4. Quality improvement: 5. NFP Educators: 6. Other (please describe)
Description of our local and national NFP funding arrangements:
Current policy/government support for NFP:
Organisation responsible for NFP education:
Description of any partner agencies and their role in support of the NFP program:
Other relevant/important information regarding our NFP program:

PART TWO: PROGRAM IMPLEMENTATION

Clients

Number (#) of NFP clients participating in the program at any point over the last year: _____

- Current clients: Pregnancy phase (n & %):____at_____(time point)
- Current clients: Infancy phase (n & %):_____ at_____(time point)
- Current clients: Toddler phase (n & %):_____ at_____(time point)

Nursing Workforce

- Average client caseload per nurse: _____

	Nurses	SVs	Other	Total
# of staff at start of reporting year:				
# of staff who left during reporting period				
% annual turnover				
# of replacement staff hired during reporting period				
# of staff at end of reporting period:				
# of vacant positions				

- Reflections on NFP nurse/supervisor turnover/retention during reporting year:
- Successes/challenges with NFP nurse/supervisor recruitment:
- Any plans to address workforce issues:

NFP education

- Briefly describe your NFP education curricula (nurse and supervisor, plus any additional education for associated team members (Family Partnership Worker/Mediators) or others (e.g. Local Advisory Group members).
- Changes/ improvements to NFP education since the last report
- Successes/challenges with delivery of NFP education:

Reflective Supervision
• Successes/challenges with NFP nurse reflective supervision: • Successes/challenges with reflective supervision provided to NFP supervisors: • Successes/challenges with delivery of reflective supervision to our associated team members (Family Partnership Worker/Mediator)
NFP Information System
• High level description of our NFP information system, including how data are entered: • Commentary on data completeness and/ or accuracy: • Description of reports that are generated, how often, and for whom: • Our reflections on our information system - what we need to do to improve its functionality, usefulness and quality:
Any other relevant information:

PART TWO: PROGRAM IMPLEMENTATION - NFP CORE MODEL ELEMENTS (CMEs)

Please complete the table below to identify how the CMEs are being monitored/assured, benchmarks for your country, progress against benchmarks, and actions planned or undertaken to address any challenges. Where there is a need to add more content than space allows, please add appendices as necessary. Please explain any missing data or analyses.

NB: Where any temporary variances to the CMEs have been agreed, please indicate these in the text box below as well as completing Appendix 2 of this document

Core Model Element	National Benchmarks and how these are being monitored	Progress against Benchmarks	Commentary: Challenges + suggested actions to address these
1. Client participates voluntarily in the Nurse-Family Partnership (NFP) program.	100% voluntary participation Monitored /assured by: (e.g., by signed informed consent)	_____% voluntary participation	
2. Client is a first-time mother	100% first time mothers enrolled Monitored/assured by:	_____% first time mothers	
3. Client meets socioeconomic disadvantage criteria at intake	The *eligibility criteria* for inclusion in the program in our country are: This includes the socio-economic criteria of: Application of these criteria are assured and monitored by:	_____% clients enrolled who meet the country's eligibility criteria	

Core Model Element	National Benchmarks and how these are being monitored	Progress against Benchmarks	Commentary: Challenges + suggested actions to address these
4. Client is enrolled in the program early in her pregnancy and receives her first home visit no later than the 28th week of pregnancy.	a) 100% of NFP clients receive their first home visit no later than the 28th week of pregnancy. b) 75% of eligible referrals who are intended to be recruited to NFP are enrolled in the program. c) 60% of pregnant women are enrolled by 16 weeks' gestation or earlier	_____% of NFP clients receive their first home visit no later than the 28th week of pregnancy _____% of eligible referrals who are intended to be recruited to NFP are enrolled in the program _____% of pregnant women are enrolled by 16 weeks' gestation or earlier	
5. Each client is assigned an identified NFP nurse who establishes a therapeutic relationship through individual NFP home visits.	100% of clients are assigned an identified NFP nurse.	_____% clients are assigned an identified NFP nurse	
6. Client is visited face-to-face in the home, or occasionally in another setting (mutually determined by the NFP nurse and client), when this is not possible.	Our National benchmark is: ____% visits take place in the home	____% visits take place in the home % breakdown of where visits are being conducted other than in the client's home: ____% of visits where second parent of child is present ___% of visits where other family members are present	

Core Model Element	National Benchmarks and how these are being monitored	Progress against Benchmarks	Commentary: Challenges + suggested actions to address these
7. Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current standard NFP visit schedule or an alternative visit schedule agreed upon between the client and nurse.	a) Length of visits by phase – our country benchmarks are: • Pregnancy phase: • Infancy phase: • Toddler phase: b) Client attrition by program phase - our country benchmarks are: _____% attrition in Pregnancy phase _____% attrition in Infancy phase _____% attrition in Toddler phase	• _____% of clients being visited on <u>standard</u> visit schedule • Average number of visits by program phase for clients on standard visit schedule is _____ • _____% of clients being visited on <u>alternate</u> visit schedule • Average number of visits by program phase for clients on alternate visit schedule is_____ • Length of visits by phase (average and range): • Pregnancy phase: • Infancy phase: • Toddler phase: Client attrition by phase and reasons: _____% attrition in Pregnancy phase _____% attrition in Infancy phase _____% attrition in Toddler phase	
8. NFP nurses and supervisors are registered nurses or registered nurse-midwives with a minimum of a	100% of NFP nurses are registered nurses or registered midwives with a minimum of a baccalaureate /bachelor's degree. Monitored/assured by (e.g. standardized job description);	____% NFP nurses are registered nurses or registered midwives with a minimum of a baccalaureate /bachelor's degree	

Core Model Element	National Benchmarks and how these are being monitored	Progress against Benchmarks	Commentary: Challenges + suggested actions to address these
baccalaureate /bachelor's degree.	Countries may also want to analyze other nurse variables such as age, years within profession, specialist qualifications etc.		
9. NFP nurses and nurse supervisors develop the core NFP competencies by completing the required NFP educational curricula and participating in on-going learning activities	100% of NFP nurses and supervisors complete the required NFP educational curricula _____% of NFP team meetings, case conferences and team education sessions are completed (against expected for time period)	_____% of NFP nurses and supervisors complete the required NFP educational curricula and participate in on-going learning activities _____% completion of team meetings, _____% completion of case conference and _____% completion of education sessions	
10. NFP nurses, using professional knowledge, judgment and skill, utilize the Visit-to-Visit Guidelines; individualizing them to the strengths & risks of each family, and apportioning time appropriately across the five program domains.	Please complete the section at the end of this table*.	Please complete the section at the end of this table*.	Please complete the section at the end of this table*. .
11. NFP nurses and supervisors apply the theoretical framework that underpins the program (self-efficacy, human ecology, and attachment theories)	100% of 4-monthly Accompanied Home Visits completed (against expected).	_____% of 4-monthly Accompanied Home Visits completed	

Core Model Element	National Benchmarks and how these are being monitored	Progress against Benchmarks	Commentary: Challenges + suggested actions to address these
to guide their clinical work and achievement of the three NFP goals.			
12. Each NFP team has an assigned NFP Supervisor who leads and manages the team and provides nurses with regular clinical and reflective supervision	100% of NFP teams have an assigned NFP Supervisor 100% of reflective supervision sessions conducted against expected (calculated by time – working weeks- and number of nurses).	_____% of NFP teams have an assigned NFP Supervisor _____% of reflective supervision sessions conducted	
13. NFP teams, implementing agencies, and national units collect/and utilize data to: guide program implementation, inform continuous quality improvement, demonstrate program fidelity, assess indicative client outcomes, and guide clinical practice/reflective supervision.	No benchmark. Monitored/assured by:	Progress:	
14. High quality NFP implementation is developed and sustained through national and local organized support	_____% of Advisory Board (or equivalent) meetings held in relation to expected _____% attendance at Advisory Board meetings in relation to expected	_____% of Advisory Board (or equivalent) meetings held _____% attendance at Advisory Board meetings	

Core Model Element	National Benchmarks and how these are being monitored	Progress against Benchmarks	Commentary: Challenges + suggested actions to address these
	Or alternative benchmark : Monitored/assured by (including other measures used to assure high quality implementation):		

Domain coverage*

Please complete with your country benchmarks and average (for proportion of time spent within each domain during visits)

Domain	Pregnancy Benchmark (%)	Pregnancy actual (%)	Infancy benchmark (%)	Infancy actual (%)	Toddler benchmark (%)	Toddler actual (%)
Personal Health (My Health)						
Maternal Role (My Child and Me)						
Environmental Health (My Home)						
My Family & Friends (Family & Friends)						
Life Course Development (My Life)						

Commentary: (please identify any successes and challenges highlighted for CME 10 and any suggested actions to address these here):

PART THREE: PROGRAM IMPACTS

Countries report on data indicative of program outcomes to demonstrate continuing achievement of the three NFP program goals:

1. Improve pregnancy outcomes 2. Improve child health and development 3. Improve parents' economic self-sufficiency

Please complete the tables below and/or add any additional text or diagrams in Appendix 1. Where terms used in the report template are generic, please specify how items are measured as necessary. Please explain any missing data or analyses.

Characteristics of our clients at enrolment		
Health, Social and economic Conditions at enrolment	**Previous year(s) (n/%)**	**Current Period (n/%)**
Age (range and mean)		
Race/ethnicity distribution		
Income (please state how this is defined)		
Inadequate Housing (please define)		
Educational Achievement (please specify)		
Employment status		
Food Insecurity (please define)		
Ever In the care of the State (as a child or currently)		
Frequency of contact with biological father of child		
Obesity (BMI of 30 or more)		
Severe Obesity (BMI of 40 or more)		
Underweight (BMI of 18.5 or less)		
Heart Disease		
Hypertension		
Diabetes – T1		
Diabetes – T2		
Kidney disease		
Epilepsy		
Sickle cell Disease		
Chronic Gastrointestinal disease		
Asthma/other chronic pulmonary Disease		

Chronic Urinary Tract Infections		
Chronic Vaginal Infections (e.g., yeast infections)		
Sexually Transmitted Infections		
Substance Use Disorder		
Mental health/Illness		
Other (please define)		

Please comment below on the characteristics of your client population, including analysis of STAR (or equivalent) data and reviewing trends over time. Please include comments on:

- *the extent to which your data analysis indicates that your program is serving families with multiple overlapping needs*
- *What you know about the characteristics of eligible families who are offered the program but decline to participate.*

Alterable Maternal Behavior/ program impacts for clients (please complete for all the time periods where the data is collected)					
	Intake	**36 Weeks of Pregnancy**	**Postpartum**	**12 months**	**18 months**
Anxiety (n, % moderate + clinical range)					
Depression, (n, % moderate + clinical range)					
Cigarette Smoking, (n, % 1+ during pregnancy, mean number /48 hours)					
Alcohol, (n, % during pregnancy, units/last 14 days)					
Marijuana, (n, % used in pregnancy, days used last 14 days)					
Cocaine, (n, % used in pregnancy, days used last 14 days)					
Other street drugs, (n, % used in pregnancy, days used last 14 days)					
Excessive Weight Gain from baseline BMI - Pregnancy, (n, %)					
Mastery, (n, mean)					
IPV disclosure, (n, %)					
	6 Months	**12 Months**	**18 months**	**24 Months**	
Reliable Birth Control use, (n, %)					
Subsequent pregnancies, (n, %)					
Breast Feeding, (n, %)					
Involvement in Education, (n, %)					
Employed, (n, %)					
Housing needs, (n, %)					
DANCE (or equivalent), (mean - 2, 9, 15, 22 mos.)					
Father's involvement in care of child, (n, %)					
Other (please define)					

Please comment below on the program impacts for clients, as indicated by the data provided (include comparisons where possible e.g. to previous years, to equivalent populations etc)**:**

In which areas is the program having greatest impact on maternal behaviors?

Which are the areas of challenge?

Birth data		
	Number	**% of total births for year**
Extremely preterm (less than 28 weeks gestation)		
Very preterm (28-32 weeks gestation)		
Moderate to late preterm (32-37 weeks gestation)[1]		
Low birthweight (please define for your context)		
Large for Gestational Age (LGA) (please define for your context)		
Other (please define)		

Please comment below on your birth data:

[1] https://www.who.int/news-room/fact-sheets/detail/preterm-birth

Child Health/Development				
	6 months (% of total)	**12 months (% of total)**	**18 months (% of total)**	**24 months (% of total)**
Immunizations Up to Date				
Hospitalization for Injuries				
ASQ scores requiring monitoring (grey zone)				
ASQ scores requiring further assessment/referral				
ASQ-SE scores requiring monitoring (grey zone)				
ASQ-SE scores requiring further assessment/referral				
Child Protection (please define for your context)				
Other (please define)				

Please comment below on your child health/development data

Additional analyses

Please insert here any additional analyses undertaken to further explore program impacts

Client experiences

Please insert here any materials you would like to present regarding client experiences of the program. This can include collated client feedback, a case study or by clients providing video evidence etc.

Sentinel / Significant events that deserve review:

Event	Number	What was the learning?
Child death		
Maternal death		
Other		

Any other relevant information or other events to report:

PART FOUR: PROGRAM IMPROVEMENT & EVALUATION

Continuous Quality Improvement (CQI) program
• Briefly describe your system for monitoring implementation quality: • Goals and Objectives for CQI program during the reporting period: • Outcomes of CQI program for the reporting period • Lessons learned from CQI initiatives and how these will be applied in future: • Goals for CQI in next year:
Program innovations tested and/or implemented this year (this includes both international and local innovations)
• Program innovations tested[2]: • Program innovations implemented: • Findings and next steps:
Temporary Variances to CMEs
For each approved temporary variance please complete Appendix 2 of this document
Additional Approved Model Elements (AAMEs)
Please complete Appendix 3 for any Additional Approved Model Elements for your country.

[2] Please attach the materials used for the innovations.

RCT or equivalent commissioned Research
Research team and their institutions:
Brief outline of research methodology:
Details of progress to date:
Expected reporting period and consultation with UCD prior to publication:

PART FIVE: ACTION PLAN

LAST YEAR:
Our planned objectives for last year:
Progress against those objectives
Reflections on our progress:
NEXT YEAR:
Our planned objectives for next year:
Measures planned for evaluating our success:
Any plans/requests for program expansion?
FEEDBACK FOR UCD INTERNATIONAL TEAM:
The most helpful things we have received from the International team over the last year have been:
Our suggestions for how NFP could be developed and improved internationally are:
This what we would like from UCD through our Support Services Agreement for next year:

Please note: with permission, all completed annual reports are uploaded to the restricted pages of the international website so that every implementing country can mutually benefit in sharing their progress and achievements.

Please indicate your country's willingness to share this report in this way by checking one of the boxes below:

I agree to this report being uploaded onto the restricted pages of the international website ☐

I do not agree to this report being uploaded onto the international website ☐

PART SIX: ANNUAL REPORT FROM UCD

(To be completed by UCD following annual review meeting)

Brief summary of services/support provided by UCD over the last year:
Identified strengths of program:
Areas for further work:
Agreed upon priorities for country to focus on during the coming year:
Approved Core Model Element Variances:
Agreed upon activities that UCD will provide through Support Services Agreement:

Appendix 1: Additional data analyses and /or graphic representations of the data

Appendix 2: Evaluation of temporary CME variances

Please complete the table below for each variance agreed for your country.

CME #:
Temporary Variance to CME agreed:
Brief description of approach taken to testing the variance:
Methods for evaluating impact of variance:
Findings of evaluation to date:

CME #:
Temporary Variance to CME agreed:
Brief description of approach taken to testing the variance:
Methods for evaluating impact of variance:
Findings of evaluation to date:

Appendix 3: Additional Approved Model Element (AAME)

AAME agreed:
Reflections and findings in relation to use of the AAME