



**Nepal Family Health Program II**  
**Technical Brief #18**  
 (Revised February 2010)

**Technical Support Visits**



*NFHP Field Officer conducting a technical support visit to a Female Community Health Volunteer.*

**BACKGROUND**

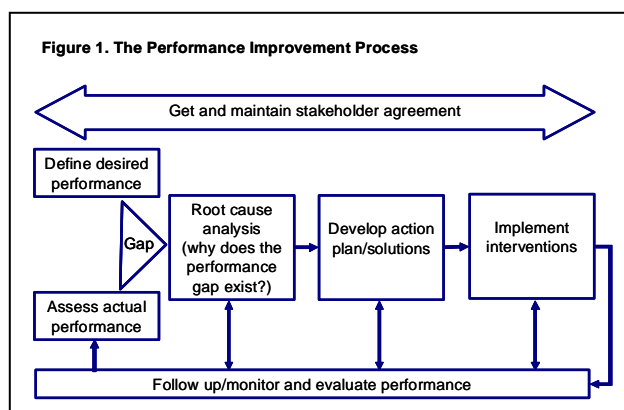
One of the objectives of the Nepal Family Health Project (NFHP) is to enhance the performance of community-based volunteers and facility-based government service providers so they can provide quality health services. Effective supervision is important in improving the quality of health services because it gives workers the direction and support they need to apply guidelines to their day-to-day work<sup>1</sup>. Traditionally upper-level supervisors carry out monitoring and supervision but these visits often do not focus on quality of care and improving health worker performance, and are more focused on administrative issues.

The concept of facilitative supervision has been applied by various agencies in Nepal. However, rather than seeing the process as an opportunity to increase knowledge and skills and improve the quality of services they provide, staff are often frightened by the terms ‘monitoring and supervision’.

For this reason, within NFHP, and its successor project NFHP II, we have used the term ‘technical support visit’ (TSV) instead. Similarly, we call the person conducting a TSV a ‘facilitator,’ not a ‘supervisor.’ The facilitator is someone who comes not to find faults but to assist and support health facility (HF) staff and Community Health Workers (CHWs) in their technical functions, in order to improve performance. Under NFHP I and II, we have revised our field staffing arrangements, placing the majority in district (public) health offices (D(P)HO)

and encouraging them to do TSVs with D(P)HO counterparts (thereby enabling skills transfers, greater internalization of the TSV approach by D(P)HO staff, and greater chance of long-term sustainability of TSV activities).

Two years into NFHP I, a strategic review recommended integrating a performance improvement (PI) approach into regular TSVs. The PI process is shown in Figure 1<sup>2</sup> and is defined as a systematic process of: discovering and analyzing human performance improvement gaps; planning for future improvements in human performance; developing effective and efficient responses to close performance gaps; implementing these actions; and evaluating results<sup>3</sup>.



NFHP began piloting this approach in selected HFs in July 2004. After six months, an evaluation was carried out revealing multiple benefits to the revised TSV approach. Based on these findings, the approach was gradually implemented throughout NFHP program districts.

In the beginning of NFHP II, village health system profiles (VHSP) were developed in order to provide a situational analysis of NFHP II core program districts (CPD). VHSPs describe the health service context in each village development committee (VDC) – consisting of data on the availability of HF staffing, services, equipment/supplies, logistics, and FCHVs – and complement TSV and health management information system (HMIS) data. By late 2008, VHSPs had been developed for all NFHP II VDCs. This data then enabled NFHP II to better plan and prioritize TSV activities among the NFHP II CPDs.

By late 2009, NFHP II was implementing the TSV approach in all HFs and among community-level health workers in all of NFHP II’s CPDs.

## What is a Technical Support Visit?

A technical support visit (TSV) is the process by which NFHP II staff—along with counterparts from the D(P)HO—visit hospitals, medical stores, HFs, and CHWs to review performance of health services: observing clinical procedures, interviewing service providers and clients or caregivers, reviewing records—and then analyzing, together with appropriate staff, differences between desired and actual performance. They discuss findings together, identify root causes of any problems identified and develop action plans to improve performance.

Technical support addresses both providers' capacity and factors influencing their performance in regards to clinical services, Health Management Information System, Logistic Management Information System, logistic supplies, infection prevention practices, and behavior change communication functions, as well as coaching needs, etc. Facilitators conduct TSVs with CHWs, interviewing them with standard technical support visit tools.

The main objective of TSVs is to improve the quality of family planning and maternal and child health services provided by HFs and CHWs<sup>4</sup>.

- Conducts a group meeting with all staff concerned. During this meeting the following activities are conducted:
  - Plans and findings from previous TSVs are reviewed and the main findings of the current visit (both positive and areas to be improved) are shared; positive feedback is given for good work.
  - An action plan is developed together with staff – including, if possible, some members of the Health Facility Operations and Management Committee (HFOMC) – which is based on root cause analyses of performance gaps. A working group is formed to implement the action plan.
- On-site coaching is provided.

### 3. Implement the Action Plan

Facilitators ensure/encourage implementation of the action plan by:

- Encouraging staff to discuss findings/action plans at staff meetings and with the HFOMC.
- Monitoring the status of the action plan through various means.
- Securing support from the district and other local resources to implement planned activities.

### 4. Recording and Reporting

Action plans are reviewed at NFHP II's field and central-level offices and data are shared with the district-level Quality Assurance Working Group (QAWG) and D(P)HO.

## TSV APPROACH

NFHP I developed guidelines in Nepali describing the steps to follow during a TSV. The TSV process consists of four main parts as described below:

### 1. Plan the TSV

- Prepare a monthly field schedule for TSVs. Priority is given to low-performance areas and areas not previously visited. Where possible, inform them about the visit in advance.
- Coordinate with D(P)HO staff to prepare schedules and joint visits in the field.
- Review previous action plans, findings, and reports of particular HFs.
- Take all necessary checklists and guidelines for conducting TSVs and carry essential re-supply commodities and materials (e.g., condoms, pills, Cotrimoxazole-P, registers).

### 2. Visit, Analyze, and Develop Action Plan

The facilitator does the following activities at the health facility:

- Informs all concerned HF staff about the visit and observes different areas and activities of the facility.
- Holds discussions on different issues and completes the checklist.

## RESULTS

Changes in health facility performance as a result of TSVs include<sup>5</sup>:

Indicator	2008	2009
% of women during ANC check advised by a health worker to deliver at HF/use skilled birth attendant	11	23
% of HF that collected and burned medical sharps (medical waste)	53	73
% HFs with "informed choice" poster available	44	87
% of HF participated in Ilaka meeting	82	90
% HFs that reviewed Monthly Monitoring worksheet the previous month	11	33
% HFs that updated Monthly Monitoring worksheet the previous month	17	41
% of FCHVs with 3, 4, 5 key commodities	30	51
% of cases, correct classification of ARI among OPD and observed clients	68	72
% of cases, correct treatment of ARI among OPD and observed clients	68	73

### **Improving services in Bankatwa Primary Health Care Center (PHC), Banke District: TSVs garner results**

In early 2008 in Bankatwa PHC, IUCD services were being provided in the facility's labor room, which was not properly set up for such services and where facility staff were not practicing good infection prevention (IP) practices. During a regular TSV to this HF, NFHP II staff and a D(P)HO Public Health Nurse (PHN) helped HF staff to identify and address these and other issues affecting service delivery quality. Based on findings during the TSV, NFHP II/D(P)HO helped stakeholders to make modifications in the clinic, setting up separate labor and IUCD/implant service rooms, as well as obtaining essential equipment and education materials. On-site coaching for facility staff was conducted, particularly regarding IP practices. In addition, NFHP II supported contraceptive implant training for one auxiliary nurse/midwife (ANM).

Now staff at the Bankatwa PHC exhibit improved IP practices (e.g., decontamination, sterilization, proper collection and disposal of medical waste), as well as improved family planning counseling and service delivery practices. Antenatal care and delivery procedures are now being carried out according to national standards, and are recorded and reported properly. The Bankatwa experience illustrates that joint TSVs between NFHP II and D(P)HO staff can be very effective in bringing about positive HF changes.

### **LESSONS LEARNED**

- **Government staff are ready to improve the quality of health services** with technical support from external partners—but partner facilitators should be conscientious and supportive in their TSV. It is important that government staff recognize that partner facilitators are coming to their facility to provide supportive assistance, not simply for finding mistakes or collecting data.
- The **PI framework helps facilitators conduct technical support visits** in a more systematic and tactful way.
- **Written action plans help both HF staff and facilitators to improve the quality of services.** At the end of a TSV, written plans as well as verbal recommendations, are developed jointly. This appears to be an effective approach and acceptable to those receiving the support visit.
- **Staff at each level** (e.g. HF, Ilaka and district), **need a forum** where they can meet regularly to discuss results from TSVs and find solutions to problems identified.

- TSVs can be done more effectively and efficiently by **basing external partner staff, such as NFHP II field officers, within district health offices**, rather than at a separate field office.
- **Selection of sites for visits should be based on need, not convenience**, prioritizing sites with more significant performance issues to ensure as wide a coverage as feasible.

### **CONCLUSIONS**

Based on discussions with NFHP II field officers, HF staff, and D(P)HO staff, the revised TSV approach has helped improve the quality of services provided in the following ways<sup>6</sup>:

- TSVs are now conducted in a more systematic and uniform way and have become results-oriented rather than just an opportunity to collect data.
- The commitment of service providers and NFHP II staff to improve services has been enhanced and the attitude of health staff towards the TSV process has become more positive.
- HF staff are now better able to plan and manage their activities using evidence-based action plans.
- Service provider knowledge and skills in various technical areas has been strengthened.
- The quality of health services has been improved, especially in the areas of: accessibility of basic health services, recording and reporting, availability of key commodities and equipment, infection prevention practices, service provider behavior, and facility cleanliness.

Thus, the technical support visit is an effective approach to improve the performance of service providers, community health workers and volunteers. Ultimately the quality of services is improved.

### **CHALLENGES**

- NFHP II works with a variety of HFs and individuals (from doctors to FCHVs and from specialized hospitals to primary health care outreach clinics). No single standardized TSV approach can be applied in these many different situations. The approach needs to be tailored and adapted.
- Due to frequent strikes, poor security, and political instability, it has been challenging to conduct regular TSVs in communities, especially in isolated areas.

- D(P)HO staff are usually busy with their own meetings, seminars, trainings etc., so to conduct joint TSVs visits and transfer knowledge and skills to them can often be difficult.
- Due to the frequent transfer of government staff, it is hard to maintain momentum in improving service quality. When staff—especially HF ‘in-charges’—are transferred, it is often very difficult to sustain an understanding about the TSV approach.
- It is difficult to time TSVs so that they occur at the time specific clinical procedures are being conducted (e.g., insertion and removal of IUD/Norplant, post-abortion care procedures, etc.). This poses a challenge for coaching for key technical procedures.
- NFHP II is mandated to focus on family planning, safe motherhood, and newborn and child health services. However, the HFs are responsible for a broader range of programs and there are performance improvement issues requiring attention in every area of health service provision. Our support to other areas is, by necessity, more limited though we certainly support use of this problem-solving approach across all program areas.
- Ultimately, significant progress in improving service quality requires effective technical supervision as an *internal* function of the government’s health services. NFHP II’s (externally implemented) approach to TSVs suggests certain possibilities that the government could adopt but is not, in and of itself, a scaleable solution.

## RECOMMENDATIONS

- Regular coaching and review meetings for field officers who conduct the TSVs are necessary to

reinforce effective conduct of a TSV.

- More attention needs to be given to strengthen capacity of government supervisors to do effective technical supportive supervision.
- We have found that most action plans focus on activities related to providing materials, supplies, equipment, and training. In the future, however, action plans should focus more on improving the *process* of providing services.
- TSV-related knowledge and skills need to be transferred not only to government staff at *district* level but also to Ilaka (sub-district) level supervisors.
- A holistic, VDC-wide approach to performance improvement should be taken, where opportunities for health system improvements are sought both within and outside of the health facility (i.e., within the VDC as a whole).

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