HITAP'S VISIT TO TIMOR LESTE
18-22 JUNE, 2018

HITAP International Unit (HIU)

Abbreviations

BMGF	Bill and Melinda Gates Foundation
CUA	Cost-utility analysis
CHE	Community Health Centre
DHIS	District Health Information System
HITAP	Health Intervention Technology Assessment Programme
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IT	Information Technology
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NHSSP	National Health Sector Strategic Plan
SISCa	Servisu Integradu da Saúde Communitária (Integrated Community Health Services)
SS	Supportive supervision
TB	Tuberculosis
UNICEF	United Nations Children Fund

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Executive Summary

Timor Leste is aiming to strengthen the Monitoring and Evaluation (M&E) of their healthcare services. As part of this, Health Intervention and Technology Assessment Program (HITAP) has been commissioned by UNICEF to assess one aspect of the M&E system called the 'Supportive Supervision Facility Readiness Assessment Tool'. This tool is aimed to assess whether health facilities have the necessary inputs and resources available to deliver the services required at each level. The work will require the HITAP team to conduct research into the existing tool, uncover its strengths and weaknesses and identify areas for its improvement. HITAP will then update the tools for each facility level, test them and hold consultations with relevant stakeholders to gain feedback regarding the updated tools. A second revision will subsequently take place to incorporate stakeholder comments, a training manual will be developed, and HITAP will conduct trainings and training of trainers in order to ensure staff are equipped to use the updated tools.

From 18th-22nd June 2018, HITAP conducted its first research visit to Timor Leste. This involved meeting with stakeholders working in different departments at the national level of the Ministry of Health, meeting with UNICEF, and conducting interviews with those working with the tools at the district and sub-district levels, including within health facilities, across three districts in Timor Leste.

Through interviews, discussion and health facility visits the HITAP team gained an initial understanding of the M&E landscape within Timor Leste, the role of the 'Supportive Supervision Facility Readiness Assessment Tool' and potential opportunities revision and improvement of the tool.

Following the first visit, HITAP are analyzing the research data collected, identifying potential solutions and developing theories of change. The initial findings will be presented to stakeholders during the next research visit from 20th-24th August 2018 in order for stakeholders to prioritise the problems they wish HITAP to address, provide feedback on the envisioned problem solving strategies, and validate the theory of change.

Introduction

Country overview

Timor Leste gained independence from Indonesia in 2002. It is a lower-middle income country and in 2015 had an HDI rank of 133 of 188 classifying it as 'medium human development'. The country has experienced strong economic growth however 41% of the population still falls below the national poverty line (WHO, 2016).

Timor Leste is composed of 13 districts, one of which is an enclave in the Indonesian province of East Nusa Tenggara. The country is mountainous with limited road infrastructure and 70% of the population live in rural areas (WHO, 2016).

The government of Timor Leste is required by the constitution to provide Universal Health Coverage to all citizens through a decentralized system of health services. The majority of healthcare is provided by the state and out of pocket expenditure is estimated at 4% (WHO, 2016). Primary health care is delivered through a network of Community Health Centres (CHCs), Health Posts, and SISCa (*Servisu Integradu da Saúde Communitária)* outreach activities. Secondary care is provided by five regional hospitals and one national hospital. Government expenditure on health as a proportion of total government expenditure is around 5% with approximately one third of the budget provided by development partners (WHO, 2016).

Since gaining status as a sovereign state in 2002, the government has been striving to strengthen health services through reconstructing health facilities, increasing services provided at the community level, and increasing the number of medical practitioners working in the country through a partnership and training scheme with the Cuban government. The government also developed a National Health Sector Strategic plan 2011-2030 outlining its 20 year vision for health, and developed 'Monitoring & Evaluation guidelines in 2014 to help assess and strengthen health service delivery.

Medical advances since 2002 have included an increase in life expectancy from 57.5 to 67 years, a reduction in under 5 mortality from 83 to 54.6 per 1000 live births, a 75% reduction in malaria cases, and the elimination of leprosy and maternal and neonatal tetnus (WHO, 2016).

Continuing healthcare challenges include unequal access to health due to difficult geographical terrain, one of the highest malnutrition rates in the world, and a dual burden of communicable disease including TB, malaria and dengue, and non-communicable diseases including cardiovascular and chronic obstructive pulmonary diseases. Timor-Leste also has one of the highest tobacco use rates in the world.

Project overview

The government of Timor-Leste recognizes M&E as critical for strengthening evidence for health planning in Timor-Leste and ultimately improve health outcomes. The government of Timor-Leste therefore developed a 'National Monitoring and Evaluation Plan' and 'Monitoring and Evaluation guidelines' in 2014 that outline the different components of the health-care M&E system. One component of this M&E system was a 'Supportive Supervision- Facility Readiness Assessment' tool, which was intended to track the 'readiness' of facilities to deliver the country's 'basic services package for primary health care' and to help improve facility readiness. The M&E plan including the 'Supportive Supervision- Facility Readiness Assessment' has been implemented nationally since this time.

Health Intervention and Technology Assessment Program (HITAP) has been requested by the United Nations Children Fund (UNICEF) to conduct a review of the supportive supervision tools implemented by the MoH, Timor Leste, to strengthen its M&E system for primary healthcare. The initial 3 month timeline is being requested to extend to 5 months. Over this timeline, HITAP will conduct research to collect information on the current tools and stakeholder priorities and suggestions for their revision. HITAP will then revise the tools, create training materials and train staff in Timor Leste on the use of the updated tools.

For this work, HITAP conducted its first research visit to Timor Leste from 18th-22nd June 2018.

Research activities and methods

From 18th-22nd June, HITAP met with and interviewed a range of stakeholders from the national, district and sub-district level. These included representatives from/of the following:

- UNICEF
- National M&E department
- National Health departments including Public Health, Planning and Cooperation, Policy and Strategic Planning, Environmental Health, Human Resources, Surveillance, Quality Assurance, Health Promotion, Information Technology (IT), Health Management Information System (HMIS), Pharmaceuticals, and Equipment
- Assessment data managers and users at the national level
- Assessment data users, managers and collectors at the district level
- Assessment data collectors and assessment supervisees at the CHC level
- Assessment supervisees at the health post level

From these discussions, HITAP aimed to understand more about the structure and use of the current supportive supervision facility readiness assessment tools and their strengths and weakness. HITAP also aimed to identify areas for improvement of the tools and to understand the priorities of stakeholders with regards to the tools.

Prior to the visit, a list of broad areas that HITAP wished to discuss with interviewees was developed, along with a more detailed breakdown of specific questions that HITAP hoped to gain some insight to through the research. These were used to guide the interviews, however HITAP also aimed to leave the structure of interviews relatively fluid in order to best understand the priorities and concerns of the interviewee.

Interviews were recorded and notes taken. All interviewees were asked for their consent to participate in this work before the interview began.

HITAP aimed to distribute a self-evaluation form at the end of interviews however were unable to have it translated into Tetum in time. Following the visit, HITAP had the form translated into Tetum and emailed it to interviewees who had provided email addresses, and asked the M&E department representatives to distribute it more widely to those for whom email addresses had not been collected.

*An outline of the schedule of interviews and discussions conducted, the interview question guides and the consent form are included in appendix

Initial themes emerging from research

During the course of the research, initial themes began to emerge. A fuller understanding of these themes and issues will require careful analysis of the research data and stakeholders' consultation (as we will complete in the later phase of this project). HITAP's initial impression of key themes is outlined below.

Supportive Supervision (SS) vs Facility Readiness Assessment

- The 'Supportive supervision facility readiness assessment' tool does not contain a significant Supportive Supervision component, as SS is typically defined in international literature. The tool focuses on assessing facility readiness and this seems to align with the priorities of those using the tool at all levels.

Protocol of the assessment visits and use of the tool

Regularity of facility assessments

- Most representatives from the National, District and CHC level seem aware that the tools should be used approximately every 3 months, however it seems that not all facilities are visited this regularly. All interviewees at all levels were familiar with the tools and had either conducted or received at least one assessment visit.
- The regularity of visits is influenced by availability of people to conduct the assessments and financial resources.

Who conducts the assessment?

- There is some variation found in who conducts the assessments at each facility level.
- In theory there is an M&E focal point at each level, in reality many representatives from the District join the assessment visit. It is suggested that having one focal point is not feasible since filling the tool requires some elements of programmatic expertise.

How the assessment is conducted?

- There is some variation found in the methods used during assessment visits.

Which facilities are assessed?

- All CHCs and Health Posts should receive Facility Readiness Assessments.

- Analysis of collected data suggests that only a small percentage of facilities in the country are assessed each round
- The regional hospitals are not covered by the tools. At present there is an annual action plan developed for hospitals. To make requests more frequently than that then the hospital writes an official letter to the relevant national level department.
- The tools for assessing SISCa activities are separate and managed by the health promotion department.

Data entry

- Surveys are done on paper that makes three copies. One copy is left with the facility, one taken to the district and one sent to the national M&E department.
- Results are uploaded onto excel file. There is some indication that both teams at the district and national levels are entering the data onto their own excel files and thus duplicating work.
- There was some suggestion that data from the forms is not always entered entirely accurately into the excel system when entered at the national level.

What is the data used for once collected?

During the visit:

- Assessors provide helpful advice on which issues identified are priorities to be addressed and perhaps some method to address them.

At the district level:

- The data is sent first to the district level.
- The tools are seen to be helpful for all parties (Health Post, CHC and district officers) to be aware of what is missing from health facilities. Representatives from all levels expressed that the tools were helpful for this task.
- The data collected from the Facility Readiness Assessments is used at the district review meetings which in some cases happen every three months. CHC and Health Post representatives attend these meetings. It seems that the national level may come to some district meetings sometimes.
- The district might write reports based on results of the Health Facility Readiness Assessment.

At the national level:

- Analysis of results at the national level is done manually on excel, upon request for particular information.
- Different years are uploaded into different excel spreadsheets and cross year comparisons are not typically done.

- Except for sending data if requested by a director, the results are not sent anywhere. The director tends to request information on human resources and building quality. The programme leaders may ask about indicators related to particular programmes but this does not happen often.
- The data from Facility Readiness Assessments is all presented at a national annual review meeting.
- The Minister may ask to receive all the data.
- The results are used to produce a number of how many facilities in each district are 'facility ready' however there is some lack of clarity at all levels as to how the 'readiness' score is calculated (whether quarters are aggregated to an annual figure, and whether it is done by facility or by Suco/district).
- When National planning is done, the department of planning does it partly but then the finance element depends on the ministry of finance.

Problems identified through the Facility Readiness Assessment

- A minority of health facilities reach the 80% score to be deemed 'facility ready' in Timor Leste
- Facilities often report a lack of sufficient human resources (doctors/ nurses/ pharmacists/midwives), certain drugs and certain equipment, problems of cleanliness.

Tackling problems identified through the Facility Readiness Assessment

- For problems such as unmown grass or dirty facilities the assessor requests the facility to address the problem using some of the funds that facilities are supposed to have for general upkeep.
- The district health department releases or re-allocate resources that it has available to address facility needs where it can.
- If the district does not have the necessary resource available then a request must be made to the national level.
- When the M&E department is made aware of shortages then it alerts the relevant department to address the problem.
- If the district does not have the necessary resource available it may be necessary to include it in the next year's budget plan.
- For shortages that the district does not have the resources to address immediately these can persist anywhere from 4-9 months, or indefinitely.
- The budget is sometimes released to the district late which impact their ability to respond to shortages
- When national level requests are made to the pharmaceutical department, there is a suggestion that they look to their own data and tools to try to address the problem.

The pharmaceutical department will make a request through Adenbox system to the central warehouse who will distribute, or procure if necessary.

- When national level requests are made to the equipment department again they have their own tools they then use. A suggestion that any equipment under $500 can be addressed at the district level, but anything more than that requires a request to the warehouse. Suggestion that little equipment is stored at the warehouse so most larger equipment requests must go through a 6-9 month procurement process.
- Some representatives working at sub-district level feel there is not a strong enough link to the national level to fix big problems effectively. The link for tackling equipment shortages was mentioned specifically.
- There needs to be a better understanding for how to use the tool then how to use it to make a plan to fix problems
- There may be a difference in the methods used to tackle the short-term, medium-term and long-term problems.

Other methods for identifying and tackling facility shortages

- Some facilities have developed their own methods for monitoring stock and some have developed their own request forms, particularly for drugs and equipment, which they send to the district level more frequently than the Facility Readiness Assessment is conducted.
- Some facilities are proactive about writing letters to the district making requests

Updating the tool

- There is a desire to know how Thailand assesses facility readiness and links it to planning.
- Suggestions by some (but not all) that the programme tools and Facility Readiness Assessment Tools should be combined into one. Support for this tended to be stronger at the sub-national level.
- Consensus that the indicators included in the Facility Readiness Assessment tool be revised in order to be more focused on what is relevant, include some important indicators that are currently missing, and remove some indicators that are not relevant (see suggestions for revision of indicators below for more details)
- There is some duplication of components asked in the tool.
- A suggestion that what is 'relevant' should be driven by the 32 National key indicators.
- What is relevant will require consultant with programme representatives across levels.
- Question was raised of whether the form should be based on the ideal or the realistic? Is there a possibility of including all things that are recommended but also

having some items that are deemed essential and defining the required responses differently?

- Suggestion that currently the questions aren't always tailored adequately to the level of the facility. For instance, Health Post tool asks if there is a laboratory at health post but it was suggested that health posts are not meant to have a laboratory. Revising the tools to address this issue is even more relevant as the CHC level is being split into 3 different types as of 2018.
- Some suggestion that the tool also needs to account for the level of demand from facility, i.e. not enough for drugs to be present, are they present in great enough quantity to meet the needs of their catchment area or some drugs noted as missing but in reality it is never needed for the services that health facility provides
- Support at various levels for good performance to be linked to reward.
- Having an external assessor is thought better than self-evaluation as the current incentive structures mean people would have an interest to overstate the resources that are missing. People at facility level also expressed one benefit of it being done externally was to make sure he district saw and were therefore fully aware of the state of the facilities.

Suggestions for revision of indicators

- Check if the Guidelines for the delivery of different health services are available/utilised in the facility
- More information on NCDs included in the tool (mentioned by a number of respondents from different levels)
- Include indicators relevant to nutrition and other public health programs
- Check the stock of vaccines including for Polio and BCG
- The pharmaceutical department's own Supportive Supervision tool includes measurements about the condition of where the drugs are stored
- More detail on equipment and maintenance
- Include presence/ functioning of generator
- Include presence/ functioning of Waste Management facilities
- Presence/ functioning of Table for gynecology
- For CHC, the size of the laboratory is important to note
- Some indication of available budget needed? It is suggested that $300 should be distributed to health facilities every three months to cover general upkeep however sometimes this is not released or released only in part. Receipt of this finance could be something to check in the tool.
- Number of people trained on ante-natal care
- Tools should check if routine health promotion activities are being carried out

- Need for more questions on the quality of services provided
- More questions on the level of utilization of resources
- More detailed questions for instance how long has someone been absent or how long has something been broken

Facility Readiness Assessment tool in relation to M&E tools used in Timor Leste

The different M&E tools used in Timor Leste

- **The Facility Readiness Assessment tool**-assesses the availability of inputs at health centres (i.e. drugs, equipment, water, human resources).
- **Programme tools**- Each programme has programme tools which, it seems, focus more on output indicators. It is suggested that programme tools are used monthly.
- **Programme level Supportive Supervision tools**- A few programmes also have their own tools which they call Supportive Supervision tools (including Maternal and Child Health, Immunization, Pharmaceutical department)
- **Pharmaceutical drug consumption form**- The Pharmaceutical department collects data using their own drug consumption form. On the basis of this data, the Pharmaceutical department sends requests to the relevant department. If the department approves the request then it is sent to the SAMES warehouse who do delivery and procurement. Their tools categorize drugs by level of importance. The drug consumption form (also referred to as the reporting and procurement form) is filled in by the district, hospital, CHC and health post levels.
- **Equipment department tools**- Equipment department have their own tools to monitor inventory and maintenance and receive request forms from the Health Post and CHC levels. This data is only uploaded onto excel at the national level
- **Quality Assurance Tool**- A new quality assurance tool is being developed. The Quality Assurance tool looks at clinical and non-clinical domains. Non-clinical domains will include leadership, quality measurement, record keeping etc. The clinical side is focused on the standards of Maternal and Child Health. This is the pilot quality assurance tool, it may then be expanded to other programme areas.
- The global fund have created **tools for TB, Malaria and HIV**

Facility readiness assessment tool in relation to other M&E tools

- All health facilities were aware of and familiar with the Health Facility Readiness Assessment tool though only some were familiar with other programme tools.

- There is a lack of clarity amongst some levels as to the purpose of the Facility Readiness Assessment tool, its relation to other tools, and why performance indicators are not included in the Facility Readiness Assessment tool.

Combining the Programme and Facility Readiness Assessment Tools?

- Some people, predominantly at district and sub-district level, supported combining programme and Facility Readiness Assessment tool. One benefit is it would make it easier to see the link between input and achievement. Another benefit is that it would reduce the need for data collectors to make multiple site visits.
- A longer tool would not be a problem to implement and would ultimately streamline data collection for everyone
- Programme leaders may want data on their programme issues assessed more frequently than 3 months which may make combining tools more difficult.

Different M&E results databases for different tools

- Facility Readiness Assessment results are recorded on excel held at national M&E department
- Data collected through all the different programme tools is recorded on the HMIS/ DHIS system
- Data from the pharmaceutical and equipment department assessment tools is recorded on Adenbox which links to the central warehouse and procurement system.
- Some respondents were keen to upload the Facility Readiness Assessment results to the HMIS system.

Potential for digitilization

- Utilizing the online platform (DHIS) that everyone had access to would make a big difference by allowing for District and National level to be aware of shortages or problems, and reducing the time it takes for them to be able to see problems.
- An online platform should also include data on availability of resources at other facility sites, district offices or warehouses to allow for faster reallocation or triggering of procurement process. A digital system allows problems to be more visible to all levels and tackled faster.
- The government has procured 300 tablets to be used to record assessment results to allow direct data entering to the online platform.
- It is very possible to add the results from the Facility Readiness Assessments to the DHIS system (confirmed by IT and HMIS).
- Most facilities currently keep paper based records.

- Down to CHC level all facilities should already have a laptop or desktop and can receive IT services support.
- Most Districts and certainly some CHCs and Health Posts have access to internet. It is intended that all CHCs have internet by Autumn 2018. Some health posts have problems with internet.
- The HMIS system is already an online and offline system so does not require constant internet.
- Digitalisation would remove the cost of printing every three months
- There is already some need for capacity building on use of the online system for DHIS, this would be even more needed in Facility Readiness Assessment Results were uploaded to this platform also.

Training on use of the tools

- Some suggested that training on how to use fill in the tools was given in 2017 and the quality of the data received at the national level improved from training. For numerous other respondents no training had ever been received on the use of the Facility Readiness Assessment Tools.
- Problem with turnover of trained focal points and/or competing responsibilities
- No training given on uploading or analyzing the data but training on basic statistical analysis could be helpful
- Training of use of the tool would be helpful. For instance it is uncertain what score assessors should give if a member of staff is employed in facility but absent on day of visit

Other problems identified with the tool

- No in-built method/pathway for updating the tool which leads it to become out of date
- Lack of clarity over purpose of the tool.
- Some comment that giving a score of 0 when an item is missing is unfair because it is not the fault of the facility. Need to clarify the role of the tool within performance assessment system.

After action review:

The team conducted an after action review to assess the strengths and weaknesses of the research trip and to identify lessons for the next visit

What went well?

- The logistics of the trip went well due to planning, lateral thinking and connecting with contacts on the ground to get local knowledge and advice: The logistics of the trip went smoothly including accessing USD, extending the stay at the hotel when it transpired the team would not have to stay outside Dili for research, hiring a good vehicle and driver and finding a translator that was suitable for the type of research being conducted.

- The research plan went well due to a mix of forward planning and flexibility by the team: Prior to the visit, there was a lack of communication from the Ministry of Health and HITAP received no feedback on proposed research agenda. There was uncertainty prior to departure regarding how much research it would be possible to conduct. Once on the ground HITAP successfully established good relationships with UNICEF and Ministry of Health M&E department. HITAP re-proposed the research agenda to the M&E department on day one and the M&E department were able to contact the necessary people to facilitate the research plan. HITAP mobilized logistics for a vehicle and translator. Being able to effectively and quickly adapt the existing plan based on new information received led to the successful completion of all research which HITAP had planned to conduct during this visit. It was helpful that HITAP had developed a research plan prior to the visit and also that HITAP had discussed internally the need to be flexible with the research plan. This allowed all the research priorities to be met during the visit and provides valuable insight on next steps.

- Conducting the research: Prior to the visit the team outlined both the broad areas that it was interested to discuss with respondents as well as developed a detailed list of specific questions it would be good to gain the answers to. The team had thought through the research protocol and decided that it would use the broad areas as a guide but be flexible to allow the priorities and concerns of the respondent to be effectively heard. This was helpful and led to a situation where

HITAP successfully gained answers to the specific questions it had, but also allowed an understanding of the priorities of respondents. This led to useful data being collected. The team gained an understanding of the Facility Readiness Assessment tool and system from various perspectives, the context, the external variables impacting the tool, the strengths and weaknesses of the tool, and potential areas for improvement.

- Commitment within Timor Leste: The M&E department in Timor Leste were very committed and provided active support to the HITAP team during the visit. Furthermore, the feedback from stakeholders at numerous levels highlighted the importance of this work.

- Scheduling of progress/update meeting with the team in Bangkok: It was helpful to schedule progress/update meeting with the team in Bangkok ahead of time so we could share updates and plan next steps together during the trip

Areas for improvement

- Interview processes: Some difficulties arose during the interview process. It is possible that the team might have been able to be more prepared for these if there had been more extensive brainstorming of potential ahead of time. In the future, the team could continue to build on these experiences to think more rigorously about problems that might arise. However, that said, the team did spend notable time brainstorming prior to the visit. Difficulties included:
  - Deciding when it was and was not appropriate to ask the National M&E department representatives to leave the room for interviews (to reduce any influence external observers might have on respondents answers).
  - Deciding the protocol for reading the consent form- In some cases respondents started sharing thoughts on the Facility Readiness Assessment before consent form had been read out. The team did not have an approach for this situation.
  - Deciding the best protocol if the group was large- large groups meant the conversation moved at a slower pace. Team should have strategized i.e. split groups up if above a certain size in some circumstances. It may also have been appropriate to outline different sets of questions to be used for bigger and smaller groups.

  In the future, the team can also tackle these problems better when they arise. At the end of each day, the team discussed problems that had arisen, to an extent, however this could be done more systematically in order to better identify solutions and ensure the problem did not persist the next day.

- Defining the research questions: Some elements of the research questions could have been thought through better and should be in the future. The team had not comprehensively thought about who different data users might be and had not defined the questions accordingly. However, this was somewhat difficult to know prior to the visit without an understanding of the context and without any feedback from the MoH.

- General logistical preparedness: Areas where the team lacked preparedness included checking that the batteries in the voice recorder were functioning prior to the visit and not having the post-interview self-assessment form translated into Tetum ahead of time. The team should think through logistics in more detail before future trips.

Next steps:

Planned activities for next trip to Timor Leste

The next visit to Timor Leste will be held from 20th to 24th August 2018.
Three activities are planned for the trip in order to help finalise the priority areas for updating the Facility Readiness Assessment tool and gain all information necessary for the update of the tools.

1- A stakeholder consultation meeting**:** To work with government officers from the national, district and sub-district levels. The aims of this meeting would be first, to discuss and have the group define the priorities problems to be addressed when updating the Facility Readiness tool, second, to have the group validate the theories of change that HITAP are developing, and third to crowd-source ideas on the specifics of updating the indicators if updating the indicators is decided by the group to be a priority.
2- Individually meet with representatives from each department**:** Meet with a representative from each of the programme departments as well as the pharmaceutical, equipment and quality control departments individually. These meetings will be to discuss in detail about specific indicators that they wish to revise or include in the tool as, based on prior research, it is anticipated that this will be a priority area selected by the stakeholder group for the revision of the tool.

3- Meet with the M&E working group**:** Meet with the working group including development partners to gain their feedback on the tool and the potential revisions.

Action points to implement prior to the next visit

- HITAP will develop a table outlining problems that emerged from initial research, potential solutions and the theories of change. This table will be presented at the stakeholder consultation meeting so representatives can share their priorities (using world café format) and validate the theories of change/ share their thoughts on the propose solutions.

- HITAP will send an agenda to the M&E department including a clear outline of who HITAP would like to meet or be included at each activity. This outline will allow the M&E department to send the relevant letters and mobilise the plan ahead of time.

- HITAP will prepare logistics for the upcoming meetings. This will include finding a suitable venue for the stakeholder meeting (including equipment required, e.g., post-it notes, projector), find out whether there will be need for lunch or transport, whether HITAP will need to assist with hotel bookings, and discussing with UNICEF ahead of time about provision of honorarium for participants. This will also include ensuring relevant documents are translated to Tetum ahead of time, planning on the number of translator(s), and ensuring that all voice recorders work.

- HITAP should think through the aims and priorities for each of the meetings planned for the next visit and draw up a list of areas and/or specific questions that will need to be addressed during these meetings.

- HITAP should think through the protocol of each of the meetings including how to tackle the various issues that may arise (e.g. if there are large groups/ if some participants do and some don't speak English/ if participants don't wait for translation to occur before responding/ if the table is too big to head effectively from one end to another) and decide upon effective strategies.

References

1. WHO, WHO county cooperation strategy Timor Leste 2015-2019, 2016

Appendix

1. Activities conducted during first visit:

Overview of activities conducted 18th-22nd June 2018:

Day 1			
AM	HITAP meeting with Dr. Ruhul, UNICEF grant manager	Learned more about the background to the work, the M&E context and the tools.	Dili district
	HITAP meeting with Maun Carlitos, Director of National M&E department	Learned more about the M&E context and the tools.	Dili district
PM	HITAP meeting with Director or Timor Leste Public Health Department	Discussed the Facility Readiness Assessment tool and learned his priorities	Dili district
	HITAP meeting with Director for Planning and Cooperation	Discussed the Facility Readiness Assessment tool and learned his priorities	Dili district
	Met with two national level Facility Readiness Assessment data managers	Conducted key informant interviews	Dili district
Day 2			
AM	Met with Director of Dili district health department	Conducted key informant interview	Dili district
	Met with data managers from health department	Conducted group interviews	Dili district
PM	Met with Head of Dili CHC with bed	Conducted key informant interview	Dili district
Day 3			
AM	Met with Director of Liquiçá district health department	Conducted key informant interview	Liquiçá district
	Met with Head of Liquiçá CHC	Conducted key informant interview	Liquiçá district
PM	Met with Doctor at Liquiçá Health Post	Conducted key informant interview	Liquiçá district

Day 4			
AM	Met with head of M&E and Programme leads at Aileu district health department	Conducted key informant interview	Aileu district
	Met with Doctor at Aileu Health Post	Conducted key informant interview	Aileu district
PM	Met with Director of regional hospital located in Maubisse, Ainaro district	Conducted key informant interview	Ainaro district
Day 5			
AM	Meeting with representatives from various departments including Policy and Strategic Planning, Environmental Health, Human Resources, Surveillance, Quality Assurance, and Health Promotion	Group discussion on the current purpose, strengths and weaknesses of the tools, ways the tools could be improved, and priorities of the different departments.	Dili district
	Met with grant manager from UNICEF	Outlined initial thoughts and findings, and discussed next steps	Dili district
PM	HITAP met with national level data managers.	HITAP examined the SS data from 2016-2018 that is held at the national level	Dili district
	Met with representative from IT department	Conducted key informant interview	Dili district
	Met with representative from HMIS department	Conducted key informant interview	Dili district
	Met with representatives from pharmaceutical and equipment departments	Conducted key informant interviews	Dili district
	Met with director from National M&E department	Expressed thanks for assistance provided, gave debrief on initial impressions and discussed plans for next steps	Dili district

2. Interview question guide used by HITAP researchers:

Link:
https://drive.google.com/file/d/18tZ2ZpC8C4KE7Pmayv6VztkdoAp3CrDW/view?usp=sharing

Items in black bullet points signified the general areas that could guide discussion. Items in blue signified specific questions HITAP thought it would be interesting to gain answers to and which could be possibly asked if the interviewee did not provide this data through general conversation.

3. Interviewee consent form

Link:
https://drive.google.com/file/d/1VfkTj2sjdvdhFo2DGxahMB3DDGHPf70Q/view?usp=sharing