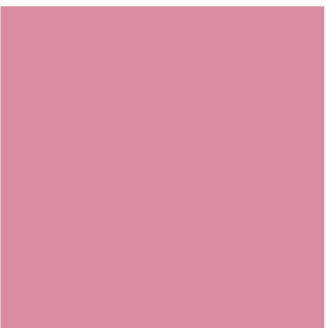


TASP

Tonga Australia Support Platform



Independent Review: Tonga Health Promotion Foundation's Implementation of responsibilities under the National NCD Strategy.

January 2024

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Abbreviations

CEO	Chief Executive Officer
CSO	Civil Society Organisation
DFAT	Department of Foreign Affairs and Trade
HPS	Health Promoting Schools
GEDSI	Gender Equality, Disability and Social Inclusion
GoT	Government of Tonga
KRA	Key Results Area
KRQ	Key Review Question
M&E	Monitoring and evaluation
MAFF	Ministry of Agriculture, Food and Forests
MoE	Ministry of Education
MoH	Ministry of Health
NCD	Non-communicable Disease
NRL	National Rugby League
OPD	Organisation of People with Disabilities
SBCC	Social Behaviour Change Communication
SPC	The Pacific Community
TASP	Tonga Australia Support Platform
THSSP	Tonga Health Sector Support Program
WHO	World Health Organization

Executive Summary

Background

Tonga's response to the NCD crisis is guided by the Tuiaki 'I He 'Amanaki Ki Ha Tonga Mo'ui Lelei (Tonga National Strategy for the Prevention and Control of Non-communicable Diseases (NCDs) 2021-2025). An important participant in the delivery of the Strategy is the Tonga Health Promotion Foundation (TongaHealth), an independent body with a mandate to engage in a range of health promotion and policy activities and to coordinate and monitor implementation of national NCD strategies. The Australian Government Department of Foreign Affairs and Trade (DFAT) has been supporting TongaHealth since 2009, most recently through an AUD 1.8 million funding agreement for the period June 2023 to June 2025 including funding of key locally engaged positions within TongaHealth, and provision of international technical assistance. TongaHealth also receives recurrent Government of Tonga (GoT) funding of TOP 0.6 million per year (TOP 0.5 million for FY23/24).

This Review was commissioned by DFAT to consider the effectiveness of TongaHealth's contribution to the implementation of the NCD Strategy at its mid-point. The Review was conducted by an independent consultant, and involved a document review and interviews with fifty stakeholders during an in-country visit in November 2023.

Findings

Progress against the NCD Strategy

Notable achievements of TongaHealth since 2021 include:

- A high volume of grants have been delivered to partners including government agencies, non-government organisations (NGOs), schools, churches and community groups;
- Physical activity programs have been delivered in community and workplace settings with high levels of participation;
- A high volume of seedling distribution and gardening programs have been delivered, with a focus on reaching outer islands;
- TongaHealth offices have been established in five outer islands, with the intent of improving equitable access to grants and health promotion activities in these remote locations;
- A Monitoring and Evaluation (M&E) Taskforce has been established to lead monitoring of progress against the NCD Strategy.

While these achievements are positive, overall ***TongaHealth is not on track to deliver its mandate under the NCD Strategy***. Progress against the Key Results Areas (KRAs) of the Strategy is as follows (excluding KRA 4, which is not relevant to TongaHealth):

- **KRA 1: Effective governance and leadership: *Not on track***. Under this KRA, TongaHealth is responsible for convening the National NCD Committee. However, the Committee meets very infrequently, and has not fulfilled its mandate of overseeing implementation of the Strategy.
- **KRA 2: Multisectoral stakeholder engagement and partnerships: *Slow progress***. Under this KRA, TongaHealth is responsible for a range of activities to support multisectoral engagement on NCDs, including convening an annual NCD forum, developing policy briefs and factsheets, and building civil society partnerships. These have mostly not been delivered, and currently there are few mechanisms in place to support multisectoral engagement on NCDs.
- **KRA 3: Health promotion and disease prevention: *Mixed progress***. TongaHealth has made good progress in supporting settings-based health promotion, by providing a large number of grants to GoT implementers, NGOs, schools, churches and communities to implement health promotion activities. However, progress has been slow on other key activities such as implementing Tonga's Social Behaviour Change Communication Strategy.
- **KRA 5: M&E, surveillance, research and learning: *Slow progress***. Under this KRA, TongaHealth is responsible for convening an M&E Taskforce to monitor progress against the NCD Strategy, and supporting locally-led research. The

M&E Taskforce was only established in mid-2023, and to date there has been no M&E or reporting against the NCD Strategy.

A range of activities in the NCD Strategy have not progressed on schedule. Some of these represent significant gaps in TongaHealth's strategic focus. Priority areas which this Review considers need stronger attention from TongaHealth include supporting accountability mechanisms for monitoring progress against the NCD Strategy (e.g. supporting periodic health surveys, and reporting progress against the NCD Strategy implementation plan and M&E Framework); supporting implementation of the SBCC Strategy (planned to commence in 2024); supporting the review of NCD-related legislation (e.g. for tobacco, alcohol, sugary drinks, breastmilk substitutes); and supporting cost-effective early childhood approaches (First 1,000 Days initiatives, Baby Friendly Hospitals, Exclusive Breastfeeding Campaigns).

Monitoring and evaluation

The TongaHealth M&E team primarily supports grants monitoring. While this is an important function, there are major gaps in TongaHealth's M&E system. These include that TongaHealth does not have an M&E Plan, does not collect data or report against its Statement of Corporate Intent (equivalent to a workplan) or its allocated activities under the NCD Strategy, and collects very little evidence of outcome-level change emerging from grants. There are also concerns with the quality and timeliness of TongaHealth reports, with annual reports not submitted to the Board since FY18/19.

Effectiveness of grants

TongaHealth administers a high volume of grants (116 grants from June 2021 to present), predominantly focussed on physical activity (e.g. funding for Zumba, sports programs and sports equipment) and healthy eating (e.g. grants to nurseries to grow and distribute seedlings, grants to schools and community groups to establish fruit and vegetable gardens). Grants are highly valued by recipients, and interviewees for this Review identified a range of positive outcomes as a result of grants – however evidence of outcome-level change is rarely systematically collected. Grants seem to be most effective when TongaHealth works in partnership with GoT implementing agencies, or with non-government agencies with significant technical and implementation expertise.

Grant administration

Grant administration is a significant workload for the TongaHealth team. Despite a 2019 review recommending grant processes be simplified, grant proposal requirements remain complex, and approval processes are slow. This is compounded by TongaHealth awarding a high volume of low-value grants. Other weaknesses include limited consideration of the evidence base for proposed projects, and limited involvement of health experts or external stakeholders in selecting grants. There is significant scope for grants to be allocated more strategically – e.g. by focussing on projects that have a sound evidence base, are closely aligned to priority outputs of the NCD Strategy, and address a broader range of NCD risk factors beyond physical activity and healthy eating.

Barriers to effective delivery

TongaHealth's delivery has been impacted by a range of external factors such as the COVID-19 pandemic and the Hunga Tonga Hunga Ha'apai eruption and tsunami. Delays in the THSSP3 design also disrupted programming, with TongaHealth operating on a much smaller budget than expected in the period December 2021 to June 2023. However, the most significant barriers to delivery are internal, namely the significant capacity gaps in the TongaHealth team (e.g. in health, M&E, project management, grants management and financial management), the team's focus on grant administration rather than the broader suite of functions in TongaHealth's mandate, and the lack of functioning governance and accountability mechanisms.

Coordination with other stakeholders

Engagement between TongaHealth and the Ministry of Health's Health Promotion Unit (HPU) is much less than would be expected, given their shared focus on NCDs. There is a need for stronger communication between the two agencies, as

well as opportunities to realise synergies by pairing TongaHealth's funding with the HPU's significant technical and implementation expertise. More broadly, there is significant demand for TongaHealth to have a leading role in mobilising and engaging stakeholders to address NCDs, for example by supporting harmonised planning of NCD activities across GoT agencies, establishing working groups to advise on priority topics, and promoting learning and sharing between grantees and other actors.

Relevance of TongaHealth's work

The NCD Strategy describes TongaHealth as having six functions: Stakeholder engagement; Grant administration; Monitoring, evaluation and research; Resource mobilisation; Policy development, and Facilitation and coordination. TongaHealth currently has a disproportionate focus on grant administration, and is devoting relatively little attention to the other functions. While the team's lack of health expertise somewhat constrains their ability to deliver some of these functions, there is scope for TongaHealth to take on a convening/facilitation role to mobilise and support technical stakeholders to deliver priority activities.

GEDSI

TongaHealth has a strong focus on inclusion of residents outside Tongatapu, evidenced by establishing TongaHealth offices on five outer islands, and the high volume of grants awarded to outer islands in recent years. However, TongaHealth has made limited progress in other areas of inclusion, with very few grants targeted to promoting inclusion of people of all genders, people with disabilities, elderly people or other marginalised groups.

Recommendations

Recommendations are summarised below, and presented in full in Section 3.5. These recommendations are feasible within the existing TongaHealth budget, but some are likely to require re-allocation of resources within the existing budget envelope.

- TongaHealth should seek to strengthen its technical capacity by finalising and implementing an organisational capacity assessment, identifying sources of external technical assistance (e.g. volunteers, TASP), and strengthening the partnership with the HPU given their significant technical and implementation expertise in the health field.
- TongaHealth should seek to strengthen partnership and communication with MoH, particularly the HPU.
- TongaHealth should lead on identifying an alternative governance mechanism for NCDs.
- TongaHealth should reduce its grant administration workload, for example by simplifying grant application processes, introducing an annual grant management cycle, and reducing the overall number of grants.
- TongaHealth should revise the grant selection process to ensure grants are allocated to projects that are evidence-based, have a population-level focus, and cover a broader range of NCD risk factors.
- TongaHealth should transition away from a near-exclusive focus on grant administration, and reorient toward delivering other functions and activities mandated in the NCD Strategy. This should particularly involve TongaHealth positioning itself as a convenor and facilitator of multisectoral dialogue and collaboration to progress priority activities.
- TongaHealth should develop and implement a strategic approach to supporting stakeholder engagement and collaboration.
- TongaHealth should strengthen its internal M&E system, with a focus on generating evidence of TongaHealth's progress against the NCD Strategy and Statement of Corporate Intent, generating evidence of outcome-level change as a result of grants, and producing timely and quality progress reports.
- TongaHealth should adopt a stronger focus on GEDSI, including by building the capacity of the TongaHealth team, strengthening engagement of Organisations of People with Disabilities (OPDs) and other GEDSI-focussed organisations, and strengthening inclusiveness in grants.
- DFAT, as the major funder of TongaHealth, should provide stronger strategic oversight, and introduce stronger accountability for delivering against the NCD Strategy and Statement of Corporate Intent.

1 Introduction

1.1 Background

Tonga's response to the NCD crisis is guided by the *Tonga National Strategy for the Prevention and Control of Non-communicable Diseases (NCDs) (2021-2025)*, which was endorsed by the National NCD Committee in December 2021. An important participant in the delivery of the NCD Strategy is the Tonga Health Promotion Foundation (TongaHealth), which was established as an independent body by the Health Promotion Foundation Act 2007 (revised 2020), with a mandate to engage in a range of health promotion and policy activities and to coordinate and monitor implementation of national NCD strategies. TongaHealth's vision is for a "Healthy Tonga, where everyone is responsible for promoting health and everyone shares in the benefits of a healthy population".

While TongaHealth's most visible role is administering and financing grants for activities that support NCD prevention, the NCD Strategy notes that TongaHealth also plays a key role in mobilising and engaging stakeholders, particularly at the community and civil society levels, to support the Ministry of Health's (MoH) health promotion and disease prevention activities. This includes the facilitation and coordination of activities, meetings and dialogues among stakeholders. The NCD Strategy describes TongaHealth as having six functions: stakeholder engagement; grant administration; monitoring, evaluation and research; resource mobilisation; policy development, and facilitation and coordination.

The Government of Australia has been supporting TongaHealth since 2009 through the Tonga Health Systems Support Program (THSSP), most recently involving a combination of technical assistance and grants. Within the period of the current NCD Strategy, this has been via a Complex Grant Agreement for the period 2016 to 2021; and an AUD 0.3 million Interim Cash Grant from the Department of Foreign Affairs and Trade (DFAT) to TongaHealth for the period December 2021 to June 2023 (19 months) (to cover the gap between the end of THSSP Phase 2 in September 2021 and the signing of the THSSP3 Phase 3 funding agreement in June 2023). Under Phase 3 of THSSP, TongaHealth will receive AUD1.8 million in the period June 2023 to June 2025, with the option of absorbing up to an additional AUD 0.6 million over the life of the program should critical needs be identified and funding is available. Within the grant funding, resources are specifically allocated to fund the Monitoring and Evaluation (M&E) Manager and Finance Manager positions within TongaHealth. In addition, the THSSP3 NCD Adviser works within TongaHealth to provide technical expertise and promote institutional strengthening. Ongoing program management and oversight of THSSP3 is provided by the Tonga Australia Support Platform (TASP), including the THSSP3 Lead Adviser/Team Leader who is embedded in the Ministry of Health. TASP is the development delivery contractor mobilised by DFAT to support the Australian development program in Tonga. TASP also provides access to a Technical Adviser (TA) pool, which TongaHealth can draw on to support its work.

In addition to DFAT funding, TongaHealth receives recurrent Government of Tonga (GoT) funding of TOP 0.6 million per year (reduced to TOP 0.5 million for FY23/24).

1.2 Review Purpose

Given 2023 is the midpoint of the NCD Strategy, it is timely to review TongaHealth's progress and contributions. The Australian High Commission in Tonga has commissioned this review, to guide Australia's partnership with TongaHealth, and provide recommendations to maximise TongaHealth's impact in the final two years of the implementation of the NCD Strategy and beyond.

The purpose of the Review is to:

- Consider the effectiveness of TongaHealth's contribution to the implementation of the NCD Strategy;
- Recommend practical ways for TongaHealth to improve the effectiveness of its contribution to the Strategy specifically in the remaining two years, and beyond into the future; and
- Recommend practical ways for Australia to better support TongaHealth under its current partnership.

1.3 Review Scope

The Review is primarily focussed on TongaHealth’s technical work. DFAT requested the Review focus on four key areas: the **effectiveness** of TongaHealth’s technical work; TongaHealth’s **coordination and engagement** with other stakeholders; the **relevance** of TongaHealth’s work to the mandate articulated in the NCD Strategy; and TongaHealth’s approach to **gender equality, disability and social inclusion** (GEDSI).

2 Methodology

2.1 Key Review Questions

The Key Review Questions (KRQs) are listed below. Underneath each KRQ are more detailed sub-questions. These are provided in Annex 4.1 and used as sub-headings for presenting the findings.

- **KRQ1: Effectiveness:** To what extent is TongaHealth on track to deliver on its mandate under the NCD Strategy by 2025?
- **KRQ2: Coherence:** To what extent does TongaHealth effectively coordinate with and share learnings with other Tonga public health stakeholders?
- **KRQ3: Relevance:** To what extent does TongaHealth’s work remain relevant to deliver on its mandate?
- **KRQ4: GEDSI / Equity:** To what extent is TongaHealth actively and effectively addressing the needs of disadvantaged and marginalised groups?
- **KRQ5: Recommendations:** Noting all findings, what are strategic, practical and implementable actions that can be taken to strengthen TongaHealth’s impact and outcomes?

2.2 Data Collection and Analysis

The Review was conducted by Dr Erin Passmore, with logistical support and quality assurance provided by TASP. The Review drew on multiple data sources, including:

Document review: Program documents provided by TongaHealth, THSSP3 and DFAT were reviewed, including annual planning documents, progress reports, TongaHealth grantee reports, and financial acquittals (see Annex 4.2). The document review provided initial evidence for each KRQ and was used to guide the development of interview guides.

Stakeholder interviews: Interviews were conducted face-to-face in Tonga from November 6 to 23. Fifty stakeholders were interviewed. Interviewees were purposively selected, and included representatives from THSSP3, DFAT, TongaHealth, TongaHealth grantees, and Government of Tonga (GoT) agencies (see Annex 4.3). The Reviewer was supported by a member of the TongaHealth team, who introduced the Reviewer to interviewees and provided interpretation support if required. Interviewees were informed that participation was voluntary and confidential. The interview approach followed the Australasian Evaluation Society Code of Ethics. Quotes and data have been de-identified in this report.

Site visits: The Reviewer undertook the majority of stakeholder interviews in Tongatapu and travelled to the outer island of Ha’apai to conduct additional stakeholder interviews with the Outer Islands Project Officer and grantees. A visit to ‘Eua was also planned but could not proceed due to flight cancellations. Interviews of ‘Eua were conducted by Zoom instead.

Synthesis of evidence for each KRQ: Evidence from the interviews and document review, and the Reviewer’s observations and interpretation, were captured in an ‘evidence matrix’ mapping evidence, findings and recommendations against each KRQ. Triangulation was used to cross-check findings that emerged from different data sources, and by addressing the same topics with different respondents across key informant interviews.

Preliminary findings: Preliminary findings were presented to DFAT on November 24th 2023. This report incorporates feedback from the preliminary findings sessions, as well as additional feedback provided by TASP on an earlier draft of this report. The preliminary findings or draft report have not yet been shared with TongaHealth; DFAT will be responsible for sharing the report with TongaHealth and other stakeholders.

This report has been developed in adherence with DFAT’s Design and M&E Standards. An assessment of the report against Standard 10: Independent Evaluation Reports is provided in Annex 4.4.

2.3 Limitations

The following limitations apply:

Language barriers: Interviews were conducted in English, which is not the first language for some key informants, and there may have been difficulties in fully expressing their views. A representative from TongaHealth was available to provide interpretation if required, however no interviewees requested this.

Availability of key informants: Five interviews (four individual interviews, one joint interview with two interviewees) were conducted by Zoom/phone, due to stakeholders being unavailable during the in-country data collection, and the cancellation of the planned visit to ‘Eua. While this approach was successful (e.g. no interviews needed to be cancelled or shortened due to phone/internet drop-outs), the interview data may lack the nuance of information that can be gathered through face-to-face discussions (e.g. body language).

3 Findings

3.1 KRQ1: Effectiveness: To what extent is TongaHealth on track to deliver on its mandate under the NCD Strategy?

3.1.1 To what extent is TongaHealth on track to deliver against the objectives, Key Results Areas, outputs and activities under the NCD Strategy?

The NCD Strategy was endorsed by the National NCD Committee in December 2021, and aims to guide and consolidate Tonga’s efforts to prevent and reduce NCDs in the period 2021 to 2025. As a lead implementer of the NCD Strategy, TongaHealth has initiated action in several key areas. Notable achievements of TongaHealth since 2021 include:

- A high volume of grants have been delivered to partners including government departments, non-government organisations (NGOs), schools, churches and community groups;
- Physical activity programs have been delivered in community and workplace settings with high levels of participation;
- Seedling distribution and home gardening programs have been delivered, with a focus on reaching outer islands;
- TongaHealth offices have been established in five outer islands, with the intent of improving equitable access to grants and health promotion activities in these remote locations;
- A Monitoring and Evaluation (M&E) Taskforce has been established to lead monitoring of progress against the NCD Strategy.

The NCD Strategy has five Key Results Areas (KRAs), each with a corresponding objective (Table 1). The NCD Strategy also maps out a detailed set of outputs and activities under each KRA, including the timeframe and responsible stakeholders for each activity. TongaHealth, as one of the key stakeholders in the NCD Strategy, is responsible for delivering a range of activities and contributing (along with other stakeholders) to the Objectives of the NCD Strategy. This section briefly

describes TongaHealth’s contributions to each KRA of the NCD Strategy, drawn from TongaHealth progress reports to DFAT and THSSP3. TongaHealth’s progress against specific outputs and activities is provided in Annex 4.5.

Table 1: Key Results Areas and Objectives of the National NCD Strategy, and status of TongaHealth’s progress

Key Results Area	Objective	TongaHealth’s progress in this Key Results Area ¹
KRA 1: Effective governance and leadership	OBJECTIVE 1: Strengthen governance to guide effective implementation of the NCD prevention and control strategy	Not on track
KRA 2: Multisectoral stakeholder engagement and partnerships	OBJECTIVE 2: Strengthen multisectoral engagement and partnerships to accelerate and scale up the national response to NCDs	Slow progress
KRA 3: Health promotion and disease prevention	OBJECTIVE 3: Build the capacity of individuals, families and communities to make healthy choices by creating healthy environments	Mixed - good progress in settings-based health promotion, slow progress in other activities
KRA 4: Health system strengthening	OBJECTIVE 4: Strengthen health system to provide accessible, affordable and good quality care to all people with or at risk of NCDs	Not on track
KRA 5: M&E, surveillance, research and learning	OBJECTIVE 5: Establish sustainable monitoring, evaluation and surveillance systems	Slow progress

KRA 1: Effective governance and leadership

Under KRA 1, TongaHealth is responsible for administering and supporting the National NCD Committee. The TongaHealth Chief Executive Officer (CEO) is the Secretariat for the Committee. TongaHealth’s progress against this KRA is **not on track**.

The Committee has not fulfilled its mandate of guiding effective implementation of the NCD Strategy. Meetings are infrequent, with the Committee only meeting twice since 2021, rather than the quarterly meetings envisioned in the Strategy. Moreover, the focus of those meetings was to discuss operational matters (e.g. Terms of Reference for the Committee) and to endorse the TongaHealth Annual Statement of Corporate Intent (considered equivalent to an annual work plan), rather than providing more substantive technical oversight of implementation of the NCD Strategy. While external factors (e.g. the Strategy not being endorsed until December 2021, COVID-19 and the Hunga Tonga Hunga Ha’apai eruption) have impacted the frequency of meetings, this appears to be a long-standing issue, with the 2019 Mid Term Review of THSSP2 also finding the National NCD Committee was not meeting regularly or providing oversight. TongaHealth interviewees cited lack of stakeholder availability as the main reason the Committee has not met (the Committee comprises CEOs of several GoT Ministries and senior representatives from other organisations). However, other interviewees felt meetings have been infrequent because TongaHealth have not been sufficiently proactive in convening the Committee. Whatever reason the Committee is not functioning as intended, **there is a clear need for an alternative governance model** that provides oversight and accountability for the NCD Strategy.

¹ These ratings were made using the following rubric: *Not on track*: Major/foundational activities unlikely to be delivered within the NCD Strategy period. *Slow progress*: Some major/foundational activities have commenced, but behind the schedule proposed in the NCD Strategy. *Good progress*: Major/foundational activities have been delivered, broadly aligned to the schedule proposed in the NCD Strategy.

KRA 2: Multisectoral stakeholder engagement and partnerships

Under KRA 2, TongaHealth is responsible for a range of activities including convening an annual NCD forum, developing policy briefs/factsheets, mapping NCD stakeholder activities, and building CSO partnerships. TongaHealth is making **slow progress** against this KRA. Overall, despite strong stakeholder demand for TongaHealth to establish mechanisms for stakeholder engagement, few mechanisms are currently in place, and more concerted effort is required to strengthen multisectoral engagement on NCDs.

TongaHealth have commenced some **foundational activities to promote multisectoral engagement**, including drafting NCD factsheets and mapping NCD stakeholder activities, however these are not yet completed. In terms of convening multisectoral platforms, TongaHealth has convened one meeting of an Alcohol and Other Drugs Working Group, and has established multisectoral Healthy Island Committees on Ha'apai and Vava'u. However, these groups have only been convened recently, with few concrete outcomes or collaborations arising from these meetings as yet. TongaHealth has also successfully leveraged meetings coordinated by other GoT agencies, for example encouraging stakeholders to mainstream NCDs in annual corporate plans as part of sector engagement workshops led by the Prime Minister's Office.

KRA 3: Health promotion and disease prevention

Under KRA 3, TongaHealth is (in collaboration with other actors) responsible for with supporting settings-based health promotion, implementing the Tonga's Social and Behaviour Change Communication (SBCC) strategy, providing NCD training, supporting breastfeeding and First 1,000 Days initiatives, and conducting NCD awareness-raising. TongaHealth's progress against this KRA is mixed, with **good progress in settings-based health promotion, but slow progress in other activities** to create health promoting environments for individuals, families and communities.

TongaHealth has made substantial progress in supporting settings-based health promotion, by providing a large number of grants to GoT implementers, schools, churches, workplaces and community groups to implement health promotion activities. The effectiveness of these activities is explored in Section 3.1.4.

Progress has been slower on activities that rely on TongaHealth's internal capacity, rather than on grants. Examples of activities from KRA 3 of the NCD Strategy that were intended to be driven from within TongaHealth include the identification of community champions, provision of NCD training, and implementing the Tonga SBCC Strategy. While TongaHealth has made preliminary progress on some of these activities (for example, agreeing with MoH to implement an SBCC campaign commencing in 2024, and allocating budget for this), progress overall is well behind the timeframes included in the NCD Strategy. There has also been limited progress on early childhood activities intended to be delivered in partnership with MoH (First 1,000 Days, breastfeeding awareness).

KRA 4: Health system strengthening

This KRA primarily focusses on clinical service delivery by MoH and primary care providers, but does include one activity relevant to TongaHealth: to foster closer relationships between MoH and TongaHealth. TongaHealth's progress against this KRA is **not on track**, with limited collaboration and coordination between the MoH and TongaHealth. This is explored more in Section 3.2.2.

KRA 5: M&E, surveillance, research and learning

Under KRA 5, TongaHealth is responsible for establishing an M&E Taskforce to lead the development of robust accountability mechanisms to support M&E of progress against the NCD Strategy, and developing the capacity of local researchers. TongaHealth is making **slow progress** against this KRA.

The establishment of the M&E Taskforce is a significant achievement under this KRA, but this was only established by TongaHealth in mid-2023. TongaHealth is the Secretariat to the M&E Taskforce, and to date has convened two Taskforce meetings. Currently there is **no monitoring, reporting or accountability mechanisms for progress against the NCD Strategy**, this was intended to be driven by the M&E Taskforce.

The NCD Strategy also envisaged the M&E Taskforce and TongaHealth supporting **operational research and locally-led research**, to build the evidence base of ‘what works’ for NCD prevention and control in the Tongan context. This was reiterated in the 2019 Mid Term Review of THSSP2, which recommended that TongaHealth support local research to inform and evaluate health promotion approaches. In the lifetime of the current NCD Strategy, TongaHealth has commissioned an evaluation of the 2020 anti-tobacco mass media campaign (report finalised 2021), and have recently established a partnership with the Australian Centre for International Agricultural Research for a project focussed on local food environments. While these are valuable projects, there is significant scope for TongaHealth to have a stronger role in supporting research.

There were also several activities under this KRA for which the M&E Taskforce was responsible – including establishing mechanisms for monitoring and evaluating NCD interventions, and providing research training – that have not progressed. While these were the responsibility of the M&E Taskforce, not TongaHealth specifically, it would be reasonable to expect that TongaHealth as Secretariat of the M&E Taskforce would have played a lead role in driving these activities.

3.1.2 How well is TongaHealth monitoring, evaluating and learning about its effectiveness?

The TongaHealth M&E team primarily supports grant monitoring. The M&E team currently comprises four staff (M&E Manager, Senior M&E Officer, and two M&E Officers). Their role is to assist grant applicants to develop the M&E Framework required in their grant application; monitor grantee outputs (e.g. by conducting site visits to ensure activities are being delivered as per the grant proposal); review final reports submitted by grantees; and prepare a final evaluation report for each project. Interviewees for this Review reported that the grant monitoring process is working well. For example, reporting from the M&E team provides clear information on whether grantees are delivering activities as intended (which they are, for the most part); and grantees stated they were grateful for the support of the M&E team for grant monitoring and end-of-grant reporting.

While grant monitoring is an important function, there are some major gaps in TongaHealth’s M&E system. For example:

- TongaHealth does not have an M&E Plan. Development of an M&E Plan was included in the FY22/23 Statement of Corporate Intent but not delivered, and has now been postponed to 2024 as part of developing TongaHealth’s 10-year strategic plan.
- TongaHealth does not collect data or report against the TongaHealth Annual Statement of Corporate Intent or against TongaHealth’s allocated activities and outputs under the NCD Strategy. These are the two main strategic documents intended to guide TongaHealth’s work, and therefore reporting against these documents is critical to track TongaHealth’s outputs and progress.
- While the M&E team monitors grantee outputs, they collect very little evidence of outcome-level change from grantees, e.g. whether Zumba participants increase their overall physical activity levels, or whether beneficiaries provided with seedlings successfully grow them and consume more fruit and vegetables. These could be assessed quantitatively (e.g. by pre-post surveys) and qualitatively (e.g. using a ‘story of change’ methodology) to provide evidence of the effectiveness of TongaHealth’s activities.
- The M&E team does not systematically seek to build the capacity of grantees to monitor outputs; instead doing the monitoring themselves. For example, TongaHealth representatives attend Zumba sessions to coordinate registration of participants, rather than grant recipients being responsible for this. This represents a significant workload for the team.
- There are no structured learning and reflection events (e.g. annual reflection workshops) within TongaHealth.

In addition, implementation of KRA 5 (M&E, Surveillance, Research and Learning) of the NCD Strategy would logically be driven by the TongaHealth M&E team in their role as Secretariat of the M&E Taskforce, however as noted earlier in Section 3.1 there has been limited progress to date.

A key challenge for the M&E team is their lack of M&E skills and experience. The M&E Manager position was vacant from June 2021 to May 2023, due to difficulties finding a suitably skilled candidate for the role. While this position is now filled, neither the M&E Manager nor the three other members of the M&E team have M&E skills or experience, beyond

on-the-job learning in their current roles. It is therefore unlikely that TongaHealth have the internal capacity to develop and implement a comprehensive M&E system, and will require external TA and capacity building for this.

Reporting from TongaHealth is not meeting donor expectations. In interviews for this Review, representatives from THSSP3, TASP and DFAT expressed dissatisfaction with the quality, timeliness and accuracy of progress reports and financial reports, and extensive delays in TongaHealth responding to DFAT's requests for information. Regarding **timeliness of reporting**, annual reports to the TongaHealth Board and National NCD Committee have not been submitted since FY18/19; audit reports to the GoT Audit Committee have not been completed since FY18/19; and at the time of writing this Review (December 2023), the final report for the Interim Cash Grant (due July 2023) has not yet been submitted to DFAT.

Regarding **quality of reporting**, in the absence of annual reports since FY18/19, the main reporting mechanisms are monthly updates to the Board (which provide basic updates on grant status, e.g. whether milestone payments have been made), and quarterly reports by the NCD Adviser (which provide updates on grants and other activities e.g. networking, and an update against the THSSP3 workplan). These reports are output-focussed and provide very little evidence of outcome-level change; do not report against the NCD Strategy or Statement of Corporate Intent; and provide limited information on TongaHealth's broader activities beyond grants.

As a result of these limitations, there is **very little visibility of what TongaHealth is delivering against the NCD Strategy** (besides grant outputs), or what outcomes are being achieved as a result of TongaHealth's work. This also presented a significant challenge for this Review, as very little information was available about TongaHealth's activities and achievements beyond grant administration.

3.1.3 What is the quality of Behavioural Change Communications (BCC) / Information, Education and Communication (IEC) strategies, plans, messages, tools, materials and activities?

Tonga has a sound SBCC strategy and action plan. The *Social and Behaviour Change Communication Strategy and Action Plan to address Obesity and NCDs (2021-2025)*, developed by World Bank, presents a sound, comprehensive and evidence-based action plan for NCD-related SBCC. However, TongaHealth have not until recently taken an active role in implementation of the SBCC Strategy, despite it being in place since 2021.

TongaHealth does not directly implement any SBCC activities. The NCD Strategy tasks TongaHealth, along with MoH and media organisations, with developing mass media campaigns on NCD risk factors and health behaviour change. While TongaHealth invested significantly in SBCC under the last NCD Strategy (e.g. via grants to MoH to deliver mass media campaigns on sugar, salt and tobacco), limited progress has been made under the current NCD Strategy. There are plans for TongaHealth to collaborate with MoH in 2024 to deliver a 'Live Lighter' obesity prevention campaign, one of three SBCC campaigns proposed in the SBCC Strategy. TongaHealth's support to SBCC is financial only, with no technical input into campaign content – however this is appropriate as the HPU and World Health Organization (WHO) lead technical and implementation aspects of SBCC.

TongaHealth has an active Facebook page, which promotes healthy lifestyle messages, promotes TongaHealth grants and events, and includes engaging videos of previous TongaHealth-funded activities. The Facebook page has a large following (over 10,000 followers as of December 2023), and could be further utilised for SBCC messaging.

3.1.4 To what extent are grants and sponsorship activities effective?

TongaHealth administers two types of funding, referred to as grants (for amounts over TOP2,000, with applications accepted year-round) and sponsorships (for amounts up to TOP2,000, with applications accepted quarterly).² The grant administration process is as follows:

- 1. Proposal development:** TongaHealth work with potential applicants to develop or strengthen their proposal;

² In this report, the term 'grants' is used to cover both grants and sponsorship, unless otherwise specified.

2. **Assessment:** TongaHealth review applications against an assessment checklist, and make recommendations of whether applications should be approved or modified;
3. **Approval:** Grants under TOP10,000 are submitted to the Grants Subcommittee (comprising the TongaHealth CEO, TongaHealth Program Manager, and one Board Member) for approval. Grants over TOP10,000 are reviewed by Subcommittee, who make a recommendation to the Board to either approve or reject the application;
4. **Disbursement:** TongaHealth makes payments for goods and services on the behalf of grantees. For physical items, TongaHealth purchases the items on behalf of grantees, and either delivers the items or has the grantee collect them from the supplier;
5. **Monitoring:** The TongaHealth M&E team monitor outputs over the lifetime of the grant;
6. **Reporting:** At the end of the grant period, grantees submit a final report, and the M&E team prepare an evaluation report.

TongaHealth administers a very high volume of grants. From FY21/22 to present (i.e. the period of the current NCD Strategy), TongaHealth has administered 116 grants with a total budget of TOP645,501³. Grant recipients have included community groups (34% of recipients), NGOs (22%), church groups (21%), schools (15%) and government agencies (8%). Other characteristics of grants are summarised in Table 2. Grants are most commonly for:

- **Zumba and sports** (67 grants, 60%): e.g. grants to purchase sports equipment and Zumba speakers; payment for Zumba instructors; funds to run sports tournaments and workplace sports/wellness programs.
- **Seedlings and gardening** (25 grants, 22%): e.g. grants to nurseries to grow and distribute seedlings; grants to schools, churches and community groups for materials to establish small fruit and vegetable gardens.
- **TV/radio programs** (7 grants, 6%): e.g. cooking shows; radio programs on household budgeting, drugs and alcohol; Drop Everything and Shake physical activity breaks.
- **Other activities** (17 grants, 15%): include, but are not limited to, provision of healthy foods, building of school playgrounds, ‘fun day’ celebrations, Health Promoting Schools Awards.

From FY21/22 to present, **only four grants have been on topics other than physical activity and nutrition:** two programs to raise awareness about alcohol and other drugs (one on radio, one community-based; a radio program on household planning and budgeting (which includes messaging about healthy food choices); and funding to establish TongaHealth’s Outer Islands Offices.⁴

TongaHealth has invested heavily in promoting physical activity and healthy eating, with the vast majority of grants targeting these risk factors (112 of a total of 116 grants). Programs such as Fiefia Sports and Zumba classes are very popular, with high rates of attendance, and Fiefia Sports demonstrating year-on-year growth in participant numbers. However, monitoring reports for these activities mostly focus on participant numbers, rather than outcome-level measurements such as participants levels of physical activity, or the proportion of participants in a healthy weight

³ This figure is based on the budget approved for each grant, drawn from the TongaHealth Grants Database. Actual expenditure may differ (e.g. if grantees returned unspent funds). Donors are DFAT (TOP 530,328), GoT (TOP 107,834) and a one-off grant from Pacific Trade Invest for a chicken coop project (TOP 7,338).

⁴ While establishment of TongaHealth’s Outer Islands Offices could be considered an internal operations expense, for workplanning, financial and reporting purposes TongaHealth classifies this as an “activity” rather than an operations expense. For example, the establishment of Outer Islands Officers was covered by its own grant agreement, was funded through TongaHealth’s activity budget (rather than operations budget), and is reported by TongaHealth alongside other grant-funded activities. Under the Interim Cash Grant, DFAT funding (TOP 63, 290) was used to fund the recruitment of Outer Islands Officers and office set-up (e.g. purchase of laptops and office furniture for the five Outer Islands offices). The THSSP3 workplan also allocates budget to support Outer Islands Offices (Year 1 TOP 160,270, Year 2 TOP 200,000, Year 3 TOP 200,000). This budget is intended to cover office set-up and staff salaries in Year 1, and community grants and initiatives in Years 2 and 3, with staff salaries proposed to be covered by GoT in Years 2 and 3.

range.⁵ Multiple interviewees also commented that they have noticed some population-level changes they feel TongaHealth has contributed to. Interviewees commented that there are visible increases in the number of people engaging in physical activity, and also reported that TongaHealth’s funding has contributed to shifts in the social acceptability of engaging in physical activity (and for women, wearing sportswear e.g. leggings that are more conducive to physical activity).

TongaHealth’s initiatives to promote healthy eating have mostly been grants for seedling distribution and gardening equipment. While outcomes (e.g. increases in consumption of fruit and vegetables) are not measured, interviewees for this Review reported a range of positive outcomes, including people growing fruit and vegetables for home consumption, and generating additional income by selling fruit and vegetables at the market.

Table 2: Grants administered by TongaHealth, FY21/22 to FY23/24

Financial Year:	FY21/22	FY22/23	FY23/24 (to November 2023)	Total
Number of grants (over TOP 2,000)	23	9	8	40
Number of sponsorships (under TOP 2,000)	0	76	0	76
Budget (TOP)	334,579	229,872	81,050	645,502
Highest value grants	Internal spending for establishment of Outer Island Offices (TOP63,290) Ministry of Internal Affairs for Fiefia Sports (workplace-based physical activity) (TOP39,600) Construction of playground for Nuku’alofa Government Middle School (TOP39,413)	Nurseries project (fruit and vegetable seedling distribution) (TOP97,511) Ministry of Internal Affairs for Fiefia Sports (TOP31,500) Ministry of Health for Health Promoting Schools Awards (TOP14,600)	Construction of school canteen patio for Apifo’ou College (TOP21,500) Westside Sports Pickleball Tournament; Kingdom Media Limited for drug and alcohol awareness radio program; Life Impact Incorporated for Zumba; Dassah Nursery for seedlings (TOP10,000 each)	N/A
Number (%) of grants/sponsorship focussed on Outer Islands	4 (17%)	68 (80%)	1 (13%)	73 (63%)

Given the high volume of grants, it is beyond the scope of this Review to comprehensively consider the effectiveness of all TongaHealth grants. Moreover, without comprehensive evidence of outcome-level change, it is difficult to determine

⁵ There are a few exceptions to this, for example reports from Kolomotu’a Sports Committee (Zumba grantee) provide evidence of individual participants’ weight loss, and Fiefia Sports annual surveys show an increase in the proportion of workers participating in physical activity at least 5 days per week has increased from 16% in 2019 to 22% in 2021.

the extent to which TongaHealth grants result in meaningful, sustained healthy lifestyle changes. However, examples of outputs and outcomes arising from a selection of TongaHealth’s grants are provided in Box 1 below.

Box 1: Examples of outputs and outcomes from TongaHealth grants

Health Promoting Schools (HPS) Awards 2021 and 2022: The HPS Program is managed by the Ministry of Education (MoE) with technical support from MoH and WHO. TongaHealth provided prize money for schools achieving Bronze, Silver, Gold and Platinum status in the Health Promoting Schools framework. The prize money is used by schools to help implement their HPS Actions Plans, targeting the three key areas of the HPS Framework (diet and physical activity; water, sanitation and hygiene; mental health) by buying health-promoting items (e.g. cleaning products, sports equipment, garden tools). Prize money was awarded to 38 schools in 2021, and 46 schools in 2022. Interviewees for this Review stated that the TongaHealth grants contribute to noticeable improvements in the school environment, and have enabled schools to maintain and improve their performance in annual HPS assessments.

Fiefia Sports 2021 and 2022: Fiefia Sports is an annual workplace sports competition, held over 10 weeks (September to December) in Tongatapu, ‘Eua, Vava’u and Ha’apai). It is led by the Ministry of Internal Affairs (MIA) to promote employee participation in physical activity. The number of workplaces participating in the annual Fiefia Sports increases each year (e.g. 32 workplaces in 2021 and 35 in 2022) with over 400 employees participating. TongaHealth is the major sponsor of the event, with grants used to purchase or hire sports equipment, and to maintain the Committee who oversee the running of the competition. Interviewees for this Review reported that Fiefia Sports is a much-anticipated event which people find fun and enjoyable, and that participants increase their physical activity by training for, and participating in, the competition.

Zumba classes: TongaHealth funds a range of organisations to deliver Zumba classes. The funding is used to buy speakers and pay for Zumba instructors. The classes are free for anyone to join. Funded organisations include Sunia Mafileo Gym, who provided 6 Zumba classes for 13 weeks in FY21/22 in Nuku’alofa with 50-70 participants per class; and Breakthrough Nation Tonga who provided 6 Zumba classes for 12 weeks in FY21/22 in Hahake and Hihifo districts. Both organisations also trained new Zumba instructors to run Zumba classes beyond the grant period. End-of-project reports, and interviews for this Review, anecdotally report that regular participants increased their physical activity and lost weight as a result of the Zumba sessions.

Seedling distribution: To support national recovery efforts after the Hunga Tonga Hunga Ha’apai volcanic eruption, TongaHealth partnered with private sector nurseries to provide vegetables and fruit tree seedlings for households and community groups. A total of 10 private nurseries were supported by TongaHealth in FY21/22 and 22/23, and over 2,500 trays of fruit and vegetable seedlings were distributed to households, schools and community groups. Interviewees reported a range of positive outcomes, including people growing fruit and vegetables for home consumption, and generating additional income by selling fruit and vegetables at the market.

Mai e Nima: Mai e Nima is a school-based program delivered by the National Rugby League (NRL) in partnership with MoE, which aims to establish healthy lifestyle habits in children. It is a 10-lesson program delivered to all schools in Tongatapu, with a modified one-day session for outer islands. The program targets Year 5 students, and covers topics such as healthy lifestyles, food, hydration, sleep, bullying and physical activity. Mai e Nima also runs other activities including radio shows, school and community gardens and TV shows to complement their school-based work. While Mai e Nima is funded and delivered by NRL, TongaHealth grants from FY16/17 to FY20/216 provided funds for development of program resources, staff salaries, and funded staff travel to schools on Tongatapu and outer islands. In the grant period, Mai e Nima was delivered in 71 schools across Tongatapu, Vava’u, Ha’apai and ‘Eua, and school gardens were

⁶ While this is prior to the period of the NCD Strategy (which is the period of focus for this Review), Mai e Nima is included as it is an example of a high-profile program, and the only TongaHealth-funded program to the Reviewer’s knowledge to have robust pre-post assessments that have demonstrated quantitative changes in participants’ health-related knowledge and behaviour. TongaHealth’s last grant to Mai e Nima was in FY21/22.

established in 18 schools in Tongatapu. Pre-post assessments show participants increased knowledge about healthy eating and physical activity, and increased consumption of water and fruit and vegetables.

Compared to TongaHealth's quite narrow focus on grants for physical activity and healthy diet (mostly via sports programs/equipment and seedlings/gardening), under the previous Complex Grant Agreement (2016-2020) TongaHealth funded projects on a wider range of topics, and with a stronger population-level focus. While physical activity grants still featured heavily, they tended to have a stronger focus on funding GoT agencies (particularly the Ministry of Internal Affairs) for large-scale programs such as Fiefia sports, or on building capacity of volunteers to deliver these programs without ongoing funding. Under the previous Grant Agreement TongaHealth also supported media awareness campaigns (e.g. for sugar, salt and tobacco, including funding the evaluation of the 2020 tobacco mass media campaign), and provided much more support to tobacco and alcohol awareness than currently (e.g. supporting training on enforcement of tobacco and alcohol legislation, funding annual tobacco and alcohol awareness campaigns, supporting community-based drug and alcohol awareness outreach). It is recommended that TongaHealth revert to this previous approach of funding higher-value grants, on more diverse topics, with a stronger population-level focus - as well as with a stronger focus on complementing the work of GoT agencies.

Anecdotally, the most successful projects are those delivered in partnership with GoT agencies and others with strong technical expertise. **Partnering with GoT agencies allows TongaHealth to leverage the technical and implementation expertise of GoT agencies, and maximises population-level reach as GoT agencies typically implement country-wide programs.** Many stakeholders interviewed for this Review considered that the 'ideal model' is for TongaHealth funding to be allocated to large-scale projects driven by GoT agencies. Examples include TongaHealth funding the HPS Awards (complementing MoE and MoH's coordination and technical support to the HPS program); and funding the promotion of the Tonga Guidelines for Healthy Living via radio and television (complementing MAFF's technical leadership in developing the Guidelines).

Partnering with NGOs with technical and implementation expertise allows TongaHealth to support activities that complement GoT initiatives, as well as fostering innovation. For example, Mai e Nima commenced as a pilot project with TongaHealth funding in FY16/17, and has subsequently been scaled up to reach all primary schools in Tonga, becoming one of the main sources of healthy lifestyle education for primary school-aged children. A grant to Uluaki Faiako, one of very few agencies focused on early childhood development, was used in FY20/21 to raise parents' awareness of NCDs and support them to establish home gardens, as well as promoting positive play-based engagement between parents and children. A grant to LATA (an OPD) in FY20/21 to conduct a Disability Inclusive Health workshop with MoH, which was considered to have 'opened doors' for ongoing engagement between LATA and MoH. All of these organisations reported that without TongaHealth's financial support, these activities would not have been possible.

Conversely, several grant recipients interviewed for this Review described challenges related to a lack of technical expertise. For example, a common concern about TongaHealth's seedling/gardening projects was that many people who receive seedlings/gardening supplies do not have the expertise to grow and maintain gardens, resulting in seedlings dying or being eaten by insects. Several interviewees suggested that TongaHealth's seedling/gardening projects would be more effective if paired with advice or training on how to maintain gardens. Similarly, while TongaHealth has provided Zumba speakers for a high number of community groups, these groups do not necessarily have a trained Zumba instructor. While some grantees have pro-actively addressed this (e.g. by learning Zumba routines on YouTube, or seeking the support of the TongaHealth to run Zumba classes), it is likely that others are not making optimal use of the materials provided.

3.1.5 To what extent are effort and resources devoted having the impact intended?

TongaHealth faces ongoing challenges in identifying, commissioning and grant-managing high-impact health promotion investments. This section focuses on two key areas: the effort the TongaHealth team devotes to supporting grant applications; and shortcomings in the grant selection process that impair the selection of high-impact grants.

The TongaHealth team invest significant time and effort to supporting the grant application process, which could be streamlined significantly. An independent review of THSSP Phase 2 in 2019 recommended that TongaHealth's grant

administration processes be simplified, but this has not yet been actioned. Grant application forms are unnecessarily complex. For example, grant applicants are required to include a description of the project goal, objectives, intermediate and immediate outcomes, as well as a program logic and M&E Framework – all of which could be challenging for applicants with limited previous experience developing grant applications, and probably unnecessary for low-value grants. As a result, applicants require extensive support from TongaHealth to complete grant applications – to the extent that the TongaHealth program team report spending most of their time supporting development of grant applications, leaving no time to support other (arguably more important) functions such as supporting grantees to implement effective activities, or delivery of other non-grant activities. This is exacerbated by the high volume of grants, with 85 grants provided in FY22/23. It also appears there is no systematic process within TongaHealth to ensure grants applications are assessed in a timely manner, or a lead officer assigned to track the progress of grant applications and communicate with applicants about delays. While grantees described the TongaHealth team as very helpful and responsive in supporting proposal writing, many grantees complained of long delays learning the outcome of their application (reporting delays of 6 to 12 months in some cases), limited updates from TongaHealth about the status of their application, and “a lot of back and forth” to address multiple rounds of feedback on applications.

In addition to these administrative challenges, **there are limitations to the grant assessment process that compromise the selection of grants likely to have high impact.** The grant assessment process does not adequately consider the evidence base for proposed projects. While some processes are in place to consider the likely effectiveness of projects (see 3.3.3), there is no requirement for grant applicants to present evidence that their proposed project is likely to be effective, for example based on their previous work, research or international guidelines. There is also limited input from health experts or external stakeholders in grant assessment. Grants are reviewed by the TongaHealth team and approved by the Grants Subcommittee or Board. This means there is limited input from health experts (the TongaHealth team has only two staff from a health background, the Grants Subcommittee has no health representatives, and the Board has one). Several stakeholders interviewed for this Review suggested that the grant selection process could be strengthened by engaging key implementers in reviewing grants - particularly GoT agencies who have technical expertise, implementation experience, and pre-existing relationships with many grant applicants. The largely internal grant assessment process may also create real or perceived conflicts of interest.

A direct consequence of these limitations in the grant selection process is that **projects are sometimes funded which are unlikely to be effective or present value for money.** Stand-out examples include single-day ‘fun day’ celebrations for elderly people (which may be enjoyable, but are only tenuously linked to NCDs), the *Drop Everything and Shake* project, which used radio stations to promote 5-minute physical activity breaks twice-daily (which is well below the amount of activity required to improve participants’ health); and funding of gifts and prizes (e.g. prize money for a children’s Rugby League Tournament, hygiene packs for event attendees) (which may encourage participation in the event, but are unlikely to promote sustained behaviour change). Other examples are projects that benefit only a small number of people relative to the size of the investment, such as the construction of a playground at Nuku’alofa Government Middle School (TOP39,413) and construction of a school canteen patio at Apifo’ou College (TOP21,500) which while highly valued by grant recipients, do not align to the population-level focus of the NCD Strategy.

The grant application process is also essentially passive, rather than encouraging applications based on priority strategic issues. The THSSP2 Mid Term Review recommended that TongaHealth encourage grant applications based on strategic relevance. While this has been partially addressed by requiring grant applicants to demonstrate their project relates to the KRAs of the NCD Strategy, the KRAs are so broad that any project related to NCDs could be considered relevant. This is exacerbated by grant applications being accepted year-round, which means that each application is considered in isolation. There is significant scope for TongaHealth to more strategically identify high-impact projects, for example by implementing an annual grant cycle (with a single call for grants each year, and grants considered on their relative merit); or by TongaHealth identifying specific priority projects (e.g. from the NCD Strategy and international evidence) and actively seeking implementers to deliver these projects.

3.1.6 What are the barriers (if any) to effective delivery (internal and external)?

External barriers

There have been a range of external barriers to effective delivery. The COVID-19 pandemic, and the Hunga Tonga Hunga Ha'apai eruption and tsunami in January 2022, caused significant disruption throughout Tonga. This of course had personal impacts on the TongaHealth team, as well as impacting the ability of TongaHealth grantees to deliver grant activities. This resulted in delays implementing activities in the TongaHealth workplan and NCD Strategy, delays in some grant activities, and other grant activities being modified (e.g. to accommodate COVID-19 restrictions).

Delays in the THSSP3 design significantly disrupted TongaHealth's programming. THSSP Phase 2 ended in September 2021, but the Phase 3 design was not approved until June 2023. In the interim period, TongaHealth was funded through an Interim Cash Grant. While this allowed continuity of programming, the funds available to TongaHealth during this period were less than budgeted for. For example, TongaHealth's proposed budget for FY22/23 was TOP 1.1 million, but the Interim Cash Grant was for AUD 300,000 (TOP 479,939) for December 2021 to June 2023, requiring the TongaHealth team to operate on a small budget, and delaying many activities until the THSSP3 design was finalised and funding released to TongaHealth. As TongaHealth maintained a full staff complement during the Interim Cash Grant period, this could have been an opportunity to re-orient TongaHealth's focus away from grant administration towards other functions that are relatively low-cost (e.g. convening working groups to promote stakeholder coordination and collaboration, strengthening internal systems), or do preparatory work on priority activities so they could commence as soon as THSSP3 funding was available. However, this opportunity was missed, with TongaHealth leadership instead opting to focus on administering a high volume of sponsorships and low-value grants.

Internal barriers

While these external challenges have undoubtedly impacted TongaHealth, the most significant barriers are internal: namely the lack of staff capacity; the focus on grant administration rather than the broader suite of activities within TongaHealth's mandate; and the lack of functioning governance mechanisms.

The TongaHealth team are hard-working and passionate about health, but have significant gaps in capacity. Only two staff (out of 14 program and M&E staff) have a health background, and none have an M&E background. In interviews for this Review, the team identified a need for capacity-building in M&E, knowledge of NCDs, project management and (for finance staff) MYOB and Excel. These gaps in capacity compromise the team's ability to critically appraise grants from a health perspective, manage grants, and deliver TongaHealth's other functions as described in the NCD Strategy. An Institutional Strengthening Plan, initially due by October 2023 but not yet completed, is currently being drafted by the NCD Adviser, and is intended to identify priorities and approaches for capacity-building for the team. **The THSSP3 NCD Adviser adds significant technical capacity to the team** with a focus on food security and nutrition, which is highly valued by GoT partners and grantees. However, the NCD Adviser is largely absorbed in back-filling the capacity gaps in the TongaHealth team, leaving limited time to support strategic work or capacity-building. **There have been some efforts to build capacity through formal training**, including M&E training provided by the Pacific Community (SPC) and, more recently TASP – but these trainings are high-level and theoretical, rather than building the team's skills to fulfil specific aspects of their roles. TongaHealth has also accessed assistance, including through TASP and MFAT, to strengthen their financial reporting obligations; however it is unclear whether this was capacity substitution or has increased TongaHealth's capacity for financial reporting.

Interviewees felt that TongaHealth previously had much stronger technical capacity. Previous sources of technical capacity included having a CEO with a health background; access to health technical support from SPC's NCD team during TongaHealth's establishment phase; and hosting volunteers focused on strengthening internal systems (e.g. previous volunteers developed the TongaHealth website, and developed templates and processes for grants and reporting). The departure of volunteers due to the COVID-19 pandemic was a sudden drop in capacity for the TongaHealth team, with the remaining team not able to maintain the systems strengthening work the volunteers started. The NCD Adviser has

made some steps towards re-instating TongaHealth's access to Volunteer Services Abroad volunteers, however the application has not been finalised.

TongaHealth's accountability mechanisms – the National NCD Committee and TongaHealth Board – are not functioning optimally. As a result, there is a lack of strategic oversight of TongaHealth's work, and limited mechanisms for holding TongaHealth accountable for delivering against the NCD Strategy or the TongaHealth Statement of Corporate Intent. The **National NCD Committee**, in addition to its role overseeing the NCD Strategy, is also an oversight and accountability mechanism for TongaHealth. It is intended to meet quarterly, but has only met twice since 2021. The TongaHealth CEO is responsible for providing the Committee with quarterly updates on TongaHealth's progress against the NCD Strategy, but these have not been delivered. Concerningly, the Committee continues to approve TongaHealth's Annual Statement of Corporate Intent, despite TongaHealth not providing any annual performance or financial reporting since FY18/19 to demonstrate whether it has delivered on the previous year's Statement of Corporate Intent. Similarly, the **TongaHealth Board** did not meet between November 2022 and August 2023 due to membership changes and delays with onboarding new Board members. This contributed to delays in approving grant proposals and staff performance reviews. The TongaHealth CEO is the Secretariat for the Board, and needs to be more proactive in convening more regular meetings, onboarding new Board members, and appropriately utilising the Board as a mechanism for governance, accountability and strategic oversight.

3.2 KRQ2: Coherence: To what extent does TongaHealth effectively coordinate with and share learnings with other Tonga public health stakeholders?

3.2.1 How are TongaHealth's activities inter-related and coordinated to maximise the long-term development impact?

This Review was not able to identify any examples of TongaHealth's activities being intentionally inter-related or coordinated. However, nor did the Review find significant duplication or overlap between TongaHealth's activities. While DFAT interviewees raised concerns about potential duplication of effort (e.g. between TongaHealth and other stakeholders, or between TongaHealth grantees), only one interviewee raised this as an issue, citing some challenges with TongaHealth funding more than one Zumba group to operate in the same location, resulting in some duplication of effort and confusion amongst community members. While DFAT expressed concerns about potential overlap of TongaHealth's seedling distribution work with other stakeholders (e.g. MAFF and the NGO Mainstreaming of Rural Development Innovation (MORDI)) who produce and distribute seedlings, interviewees from MAFF indicated this was not the case. Rather, MAFF interviewees felt that TongaHealth's seedling distribution work complements their own. MAFF interviewees reported that there is high community demand for seedlings, that MAFF alone is unable to meet. TongaHealth, by funding private sector nurseries to grow and distribute seedlings, was considered to help expand the reach of seedling distribution, particularly to outer islands that MAFF are unable to reach.

3.2.2 What is the status of engagement and learning between TongaHealth and the Health Promotion Unit of Ministry of Health?

Engagement between TongaHealth and the HPU is less than would be expected, given their common focus on NCDs. There have been only two meetings between TongaHealth and the HPU in 2023 to date, focussed on identifying areas for collaboration. While this is positive, it is well below the level planned in the THSSP3 workplan (which sets an Output target of monthly meetings between TongaHealth and the HPU to discuss cross-cutting issues).

Several interviewees identified a need for stronger communication and collaboration between the two agencies. In particular, HPU representatives expressed a desire for more regular meetings, and for stronger engagement in the grant application process. Specifically, HPU representatives requested to be able to review grant proposals that overlap with the HPU's work in health promoting schools, workplaces and churches, in order to provide technical input based on their experience working with the applicants (who often also receive technical support from the HPU) and their technical

knowledge of ‘what works’ for settings-based health promotion. Engaging the HPU in reviewing grant applications would also create opportunities for synergy, by focussing TongaHealth funding and HPU technical support on the same grantees.

Interviewees reported the relationship between the HPU and TongaHealth was previously much stronger, with interviewees describing that the HPU and TongaHealth previously had joint annual planning sessions, monthly meetings to monitor progress on joint activities, and TongaHealth frequently sharing grant proposals with the HPU for their awareness and feedback. Interviewees suggested that the main reason for the drop-off in collaborative efforts was staff changes in TongaHealth, with current TongaHealth staff being less proactive in maintaining a relationship with the HPU.

3.2.3 To what extent is there an overlap of mandates between TongaHealth and the Health Promotion Unit of Ministry of Health, and what are the implications of this?

TongaHealth and the HPU both feel there is clear role delineation between their organisations, with the HPU providing technical expertise and supporting implementation, and TongaHealth providing funding. While both parties agreed there was previously some overlap of mandates – particularly around TongaHealth’s role in direct implementation – this is no longer a major concern, with both parties in agreement that TongaHealth should not be doing direct implementation. While there are some occasions on which TongaHealth still does direct implementation (e.g. running Zumba classes, providing cooking demonstrations), TongaHealth leadership expressed that this was only as a ‘last resort’ when no implementers were available, and that TongaHealth intends to fully withdraw from this implementation role in future.

3.3 KRQ3: Relevance: To what extent does TongaHealth’s work remain relevant to deliver on its mandate?

3.3.1 To what extent is TongaHealth delivering on its six functions outlined in the NCD Strategy and to what extent is the current balance of effort between those functions appropriate?

The NCD Strategy describes TongaHealth as having six functions: Grant administration; Stakeholder engagement; Monitoring, evaluation and research; Resource mobilisation; Policy development, and Facilitation and coordination⁷.

Grant administration relates to administering and financing grants for activities that support NCD prevention. As described in Section 3.1.5, TongaHealth is almost exclusively focussed on grant administration, and making limited progress in relation to the other five functions.

Stakeholder engagement relates to mobilising and engaging stakeholders to address NCDs, particularly at CSO and community level. As described in Section 3.1.1 (under KRA 2), TongaHealth has made very little progress in engaging stakeholders at CSO and community level, besides engaging with grantees on their specific projects, and promoting awareness of the availability of grants e.g. via Facebook posts. Similarly, in terms of **facilitation and coordination**, TongaHealth’s role in the coordination of activities, meetings and dialogues among stakeholders to promote multisectoral action on NCDs has been limited (see Section 3.1.1, KRA 2).

The **monitoring, evaluation and research** function relates to supporting M&E of progress against the NCD Strategy, and supporting locally-led research. As noted in Section 3.1.1 (under KRA 5), TongaHealth has made slow progress in these areas. While TongaHealth invests significant effort in grant monitoring, there are also major gaps in TongaHealth’s internal M&E system (see Section 3.1.2).

⁷ The NCD Strategy does not include definitions or specific examples under these functions, nor does it articulate specific activities under each of these functions. For the purpose of this report, a description of each function is inferred based on the activities allocated to TongaHealth elsewhere in the NCD Strategy. As several of these functions overlap with the KRAs of the NCD Strategy, or with other KRQs or sub-questions for this review, this section of the report has been kept brief to avoid repetition.

TongaHealth has made some progress in **resource mobilisation**, successfully attracting funds from a range of donors. Examples include:

- Obtaining funding from the Church of Jesus Christ of Latter-Day Saints for the purchase of vehicles and renovations to the TongaHealth office;
- Obtaining funding from Pacific Trade Invest for provision of chicken coops to Ongo Niua in FY21/22;
- Obtaining European Union funding for Zumba instructors in FY21/22.

TongaHealth's work in **policy development** have been limited – however this is understandable given the team's lack of health expertise. TongaHealth's most significant contribution in the period of the current NCD Strategy has been for the Tonga Guidelines for Healthy Living, for which TongaHealth funded promotional materials. The NCD Adviser also provided technical input on the Guidelines which was highly valued by MAFF.

Interviewees near-unanimously agreed that TongaHealth has a disproportionate focus on grant administration, and should devote more attention to its other mandated functions. Realistically, given the limited health and M&E expertise in the TongaHealth team, their capacity to support the *Policy Development* and *Monitoring Evaluation and Research* functions is limited. However, there is scope for TongaHealth to play a much more significant role in *Stakeholder Engagement* and *Facilitation and Coordination*, by taking on the role of convenor/facilitator – a role for which interviewees expressed significant demand, has minimal overlap with the mandates of other agencies, and does not require technical expertise.

There are a range of areas in which TongaHealth could take a **stronger role in supporting collaboration and coordination**. Several are listed in the NCD Strategy (see Annex 4.5, KRA 2), including convening an annual NCD forum, preparing policy briefs/factsheets, engaging Parliamentarians, mapping stakeholder NCD activities, and establishing and strengthening CSO alliances. Other opportunities include:

- **Supporting harmonised planning of NCD activities between GoT agencies:** Interviewees noted that under previous leadership, TongaHealth convened GoT agencies to conduct joint planning of NCD activities, a process which supported coordination, sharing of technical expertise, and minimised duplication. Several interviewees suggested reinstating these joint planning exercises.
- **Reinstating technical working groups on priority topics:** As noted in Section 3.1.1, many interviewees suggested reinstating the various technical Subcommittees (e.g. for Tobacco, Physical Activity) that TongaHealth previously convened, as a platform for technical-level coordination and a source of technical expertise.
- **Promoting learning and sharing across grantees and other actors:** TongaHealth could play a lead role in convening forums for technical experts and implementers to share 'what works' to address NCDs, for example based on emerging research, international guidance, local evaluations, and lessons learned from grants.
- **Supporting policy updates and legislation reform:** While technical aspects of policy and legislation reform are beyond TongaHealth's current technical expertise, there is scope for TongaHealth to convene and coordinate relevant stakeholders to progress policy and legislation reform, including convening advisory groups, and bringing in TA (e.g. legal advisers) as required.
- **Supporting better consideration of GEDSI in NCD activities:** Across all of the examples listed above, TongaHealth in its role as convenor/facilitator can also promote more inclusive practices, for example by advocating for representation of GEDSI-focussed organisations in governance mechanisms, and ensuring GEDSI-focussed organisations are consulted in policy development.

3.3.2 To what extent are the outputs and activities annexed to the NCD Strategy still relevant to achieving the Strategy's objectives?

The outputs and activities of the NCD Strategy are still highly relevant to addressing NCDs in Tonga, and broadly align with global good practice, such as WHO recommendations for cost-effective interventions for NCDs.⁸

However, **they are unlikely to be achievable in the short time period of the Strategy.** There are several reasons for this. First, while the Strategy is for the period 2021 to 2025, it was only approved in December 2021 and formally launched in mid-2022 – meaning it was behind schedule from the outset. Second, the first few years of implementation have been significantly disrupted by COVID-19 and natural disasters. Thirdly, the Strategy is highly ambitious, presenting a high volume of work to be delivered in a short timeframe. The TongaHealth FY23/24 Statement of Corporate Intent – which aligns closely to the NCD Strategy – is similarly over-ambitious, seeking to implement the activities for the first two years of the Strategy (2021 and 2022) within a single financial year; as is the TongaHealth section of the THSSP3 workplan which is now seeking to implement a high volume of work in FY23/24 to 'catch up' after slow progress while the THSSP3 design was being finalised.

Consideration should be given to extending the timeframe for the NCD Strategy; and revising the Statement of Corporate Intent and THSSP3 workplan to reflect a more reasonable volume of work given TongaHealth's capacity and past performance.

While a range of activities in the NCD Strategy have not progressed on schedule, there are some that this Review considers to be higher priority, for example on the grounds that they present major gaps in TongaHealth's strategic focus, and because they are identified by WHO as priority policy options and cost-effective interventions, such as:

- Supporting accountability mechanisms for monitoring progress against the NCD Strategy, including supporting periodic surveys (e.g. Global School-based Student Health Survey, STEPS NCD risk factor surveillance) and reporting progress against the implementation plan and M&E Framework of the NCD Strategy;
- Supporting implementation of the SBCC Strategy (planned to commence in 2024);
- Supporting the review of relevant legislations e.g. for tobacco, alcohol, sugary drinks, breastmilk substitutes. (While revising legislation and implementing reform is outside TongaHealth's remit, the THSSP workplan includes budget for TongaHealth to establish a multisectoral working group to review NCD-related legislation, which should be progressed);
- Supporting cost-effective early childhood approaches (First 1,000 Days initiatives, Baby Friendly Hospitals, Exclusive Breastfeeding Campaigns)

3.3.3 What evidence underpins the design and delivery of activities⁹ implemented by TongaHealth?

TongaHealth has some measures in place to increase the likelihood that grants will be effective, including:

- Grant applicants are required to demonstrate that their proposed project aligns to the priorities of the NCD Strategy, and present an evidence-based description of the problem the project seeks to address;
- TongaHealth staff provide extensive input into draft grant applications, which both ensures application requirements are met, and allows TongaHealth staff to provide suggestions based on their experience with similar programs;
- The grant assessment process explicitly considers whether the project aligns to the NCD Strategy, addresses a significant health need, whether the proposed activities are likely to be effective and meet the health need, and whether the organisation has the capacity to implement the project as described. In addition, the entire program team participates in the assessment process and jointly discusses applications, providing an opportunity to share lessons learned from previous grants;

⁸ World Health Organization (2022). Updated Appendix 3 of the WHO Global NCD Action Plan 2013-2030 https://cdn.who.int/media/docs/default-source/ncds/mnd/2022-app3-technical-annex-v26jan2023.pdf?sfvrsn=62581aa3_5

⁹ Given TongaHealth's limited progress on activities other than grants, this section focuses on measures to improve the evidence base for grants.

- The team keeps good records of grantee compliance with grant requirements (e.g. reporting obligations, whether activities were delivered as planned); and non-compliant grantees are excluded from future funding rounds.

While these measures are good, there are several instances of TongaHealth funding activities that are unlikely to be effective (see Section 3.1.5), and **more could be done to ensure that activities funded by TongaHealth are evidence-based**. This could include, for example:

- Requiring grant applicants to present evidence that their proposed project is likely to be effective, for example based on their previous work, research or international guidelines.
- Preferentially allocating funding to projects that are either evidence-based, or have a robust M&E framework that will contribute to the evidence base.
- Strengthening TongaHealth’s M&E system to collect more robust evidence of outcome-level changes as a result of grants, to build the evidence of what grants are effective and inform future grant decision-making. Given that the vast majority of TongaHealth’s grants are to support physical activity or healthy eating, there is scope for the M&E team to develop simple measurement tools (e.g. pre-post surveys) that could be used to measure health outcomes in a consistent way across different grants.
- Commissioning evaluations of TongaHealth-funded interventions.
- Engaging health experts and key implementers in reviewing grant applications related to their areas of work – including GoT agencies who have technical expertise, practical implementation experience, and often have well-established relationships with grant applicants.

3.4 KRQ4: GEDSI/Equity: To what extent is TongaHealth actively and effectively addressing the needs of disadvantaged and marginalised groups?¹⁰

3.4.1 To what extent is there fair and equitable access to activities across different segments of the population, including age, gender, disability and geography?

TongaHealth has a strong focus on inclusion of residents outside Tongatapu. The high number of grants to outer islands in FY22/23 (68 grants, 80% of all grants that year) affirms TongaHealth’s commitment to inclusion of outer islands. TongaHealth has invested significant resources to establish offices on the islands of ‘Eua, Vava’u, Ha’apai, Niufo’ou and Niuatoputapu. The offices were established in the period August 2022 to February 2023, with the aim to improve and strengthen TongaHealth’s connections to remote island groups. The role of Program Officers in the outer islands is to assist community groups with their grant proposals, monitor grant implementation, and follow up on outstanding grant reports. Some Outer Islands Program Officers also provide direct implementation support, e.g. delivering Zumba classes when there is no trained instructor available to do so, and delivering NCD awareness presentations – which while not strictly in scope for TongaHealth, is probably appropriate on outer islands where there are few implementers to draw on for support. Grantees on outer islands spoke very positively about the support provided by the Outer Islands Program Officers. There is potential for Outer Island Program Officers to be more impactful in their roles by strengthening collaboration with GoT Ministries stationed in the Outer Islands. The establishment of Health Promoting Committees on each island is likely to support stronger collaboration and coordination.

Despite good progress in inclusion of outer islands, TongaHealth has made limited progress on other areas of inclusion. There have been few GEDSI-focused grants in recent years. There was a “Health Equity” themed round of grants in FY19/20, with plans to have a similar equity-focused call for proposals in 2024. However, in the period FY21/22 to present, the only GEDSI-focused grants have been for a healthy food program at a Special Needs School (encouraging

¹⁰ In the Terms of Reference for this Review, KRQ4 included an additional sub-question *To what extent are Behavioural Change Communications (BCC) / Information, Education and Communication (IEC) strategies, plans, messages, tools, materials and activities targeted and adapted for different segments of the population?* This sub-question has been excluded from the report because, as noted in Section 3.1.4, TongaHealth does not directly implement BCC/IEC activities

children with disabilities to try new, healthy foods); two ‘fun day’ celebrations for elderly people; and a grant to a women’s group for backyard gardening.

There is limited consideration of GEDSI in grant approval processes. The THSSP2 Mid Term Review recommended that grant approval processes better consider the extent to which applications address GEDSI, however this has only been addressed by asking grant applicants to describe how the project will meet the needs of vulnerable groups. There is no requirement for projects to take positive steps to be more inclusive, and GEDSI is not considered as a criterion when assessing grant applications.

The TongaHealth team have limited GEDSI expertise, which hinders their ability to promote greater inclusion. For example, when asked about the extent to which TongaHealth’s work is inclusive of women and people with disabilities, almost all TongaHealth interviewees responded that “Everyone is free to participate in our activities” – reflecting limited awareness of the need to make pro-active efforts to promote inclusion.

The portfolio-wide GEDSI Strategy currently in development will provide greater clarity on DFAT’s expectations and approach to inclusion across its different investments in Tonga – with the intent that the portfolio-wide GEDSI Strategy will inform TASP’s development of a program-specific GEDSI Strategy, which in turn could guide TongaHealth’s approach to GEDSI. There may also be opportunities for TongaHealth to access GEDSI expertise via TASP.

3.5 KRQ5: Recommendations: Noting all findings, what are strategic, practical and implementable actions that can be taken to strengthen TongaHealth’s impact and outcomes?

In conclusion, TongaHealth is not on track to achieve its mandate under the NCD Strategy. While TongaHealth has made significant contributions to promoting healthy lifestyles via its grants program, TongaHealth’s current focus on grant administration is not in line with the broader strategic vision for TongaHealth articulated in the NCD Strategy, which envisioned TongaHealth providing a broader suite of functions including policy development, multisectoral engagement, and M&E and research.

While this has partially been driven by external challenges (e.g. COVID-19 and delays in receiving THSSP3 funding), the main drivers are internal capacity constraints. Key challenges include the high workload of TongaHealth’s current approach to grant administration; the team’s lack of expertise in critical areas such as health, grant management, M&E, GEDSI and reporting; and weak internal systems for grant management, M&E, financial management and reporting. Building TongaHealth’s capacity to deliver on its mandate will require substantial external technical assistance; as well as stronger governance mechanisms to drive accountability for actioning recommendations, delivering against the NCD Strategy and for timely, quality reporting.

Given TongaHealth has maintained a narrow focus on grant administration for several years, it is unlikely that TongaHealth will take on a broader range of functions unless a donor or overarching governance mechanism requires TongaHealth to do so. In the absence of a functioning National NCD Committee, DFAT as the main donor may be better placed to support a ‘strategic reset’ of TongaHealth to expand its focus beyond grant administration and deliver on its mandate, and to hold TongaHealth accountable for doing so.

The following recommendations are for TongaHealth and DFAT for the remaining period of the current NCD Strategy. These recommendations are feasible within the existing TongaHealth budget, but some (particularly Recommendations 1 and 6) are likely to require re-allocation of resources within the existing budget envelope.

- 1. TongaHealth should seek to strengthen its technical capacity by finalising and implementing an institutional strengthening plan, identifying sources of external technical assistance (e.g. volunteers, TASP, SPC), and**

strengthening the partnership with the HPU given their significant technical and implementation expertise in the health field.

There are significant skills gaps in the TongaHealth team, which need to be addressed in order for TongaHealth to operate more effectively and achieve its mandate under the NCD Strategy (see Section 3.1.6). Priority areas for capacity-building and systems strengthening include grant administration, project management, M&E, reporting, and financial management. The NCD Adviser is currently undertaking an Institutional Strengthening Plan, which will describe these capacity gaps in more detail, and should include a comprehensive plan and timeline for capacity-building. Given the low baseline capacity of the team, it is likely that external TA will be required to build, and in some cases substitute, capacity.

TongaHealth should proactively identify sources of external TA to support systems strengthening. This could include hosting skilled volunteers (e.g. through New Zealand's Volunteer Service Abroad program, and Australian Volunteers International); drawing on TASP's internal capacity and allocated TA budget; requesting support from other technical agencies (e.g. SPC) where feasible; and reallocating internal budget towards commissioning external TA if required.

It is not recommended that TongaHealth invest heavily in building the general NCD or health promotion knowledge of the TongaHealth team, beyond building a basic understanding of these topics – and instead draw on the technical expertise of other organisations.

2. TongaHealth should seek to strengthen partnership and communication with MoH, particularly the HPU.

The HPU, as the lead technical and implementation agency for health promotion, has significant technical expertise, implementation experience and stakeholder relationships. However, TongaHealth's engagement with the HPU is currently limited (see Section 3.2.2). TongaHealth should strengthen engagement with the HPU, to better realise synergies between the two agencies. This could include engaging the HPU in reviewing grant applications, reinstating joint annual planning processes, and having monthly meetings.

3. TongaHealth should lead on identifying an alternative governance mechanism for NCDs.

The National NCD Committee is not providing the intended strategic oversight of the National NCD Strategy, and has not functioned in this role for several years (see Section 3.1.1, KRA 1). A change of governance mechanism would require extensive stakeholder consultation. TongaHealth, as Secretariat of the NCD Committee, should lead on stakeholder consultation and establishment of an alternative governance mechanism.

4. TongaHealth should reduce its grant administration workload, for example by simplifying grant application processes, introducing an annual grant management cycle, and reducing the overall number of grants.

The TongaHealth team currently devotes an excessive amount of time to grant administration; leaving little time for other activities (see Section 3.1.5). Measures to reduce the grant administration should be implemented, and could include:

- Simplifying the grant application form, with a focus on simplifying or removing elements that are unnecessarily complex.
- Introducing an annual grant management cycle, with applications accepted in a fixed time period rather than year-round. This would assist in expediting the grant review process, support forward-planning, and would make the grant process more competitive, as grants will be selected based on their relative merit.
- Conducting briefing sessions for potential applicants, to provide greater clarity about application requirements.
- Reducing the overall number of grants managed by the team, by putting a lower cap on the number of sponsorships available each year, and reorienting towards providing a smaller number of grants of higher value.

5. TongaHealth should revise the grant selection process to ensure grants are allocated to projects that are evidence-based, have a population-level focus, and cover a broader range of NCD risk factors.

Key limitations of the current grant selection process include limited consideration of the evidence base for proposed projects, limited involvement of health experts or external stakeholders in selecting grants, and an essentially 'passive'

grant application process where TongaHealth makes open calls for grants that broadly align to the NCD Strategy (see Section 3.1.5). The grant selection process should be refined to give preference to projects that are supported by a robust evidence base (e.g. from international literature or previous internal evaluations); give greater preference to implementers with demonstrated technical expertise (including GoT agencies and NGOs); have a population-level focus or specifically promote inclusion; and that strongly align to the NCD Strategy and international guidance. TongaHealth should also be more pro-active in seeking applications for specific priority topics, e.g. by directly approaching technical agencies to deliver specific activities selected from the NCD Strategy, and should also establish mechanisms for stronger external technical input into grant decision-making, particularly by health experts and GoT implementers.

6. TongaHealth should transition away from a near-exclusive focus on grant administration, and reorient toward delivering other functions and activities mandated in the NCD Strategy. This should particularly involve TongaHealth positioning itself as a convenor and facilitator of multisectoral dialogue and collaboration to progress priority activities.

TongaHealth is currently primarily focussed on grant administration, which is only one of the six functions allocated to TongaHealth in the NCD Strategy (see Section 3.3.1). While there is a clear need for TongaHealth to reorient towards delivering a broader range of functions, this reorientation needs to be mindful of TongaHealth's capacity constraints, as well as the very broad and ambitious scope of the NCD Strategy. To support TongaHealth to reorient its focus, it is recommended that TongaHealth, DFAT and GoT jointly review the outputs and activities allocated to TongaHealth in the NCD Strategy, and identify shared priorities for TongaHealth to focus on. Priority areas identified by this Review, based on stakeholder feedback and alignment to international guidance, include monitoring progress against the NCD Strategy outputs and objectives; supporting implementation of the SBCC Strategy; supporting the review of NCD-related legislations; and supporting cost-effective early childhood approaches. While TongaHealth does not have capacity technical capacity to implement these activities, TongaHealth can position itself as a facilitator of multisectoral dialogue and collaboration – both to progress specific activities from the NCD Strategy, and support multisectoral action more broadly. Where required, TongaHealth should reallocate funds from their internal budget towards commissioning external TA to deliver priority activities.

7. TongaHealth should develop and implement a strategic approach to supporting stakeholder engagement and collaboration.

There is a clear need for stronger collaboration and coordination between NCD stakeholders (see Section 3.3.1), and TongaHealth is well-placed to lead on convening and facilitating this. It is recommended that TongaHealth develop and implement a Stakeholder Engagement Plan, mapping out a strategic approach to supporting multisectoral collaboration. This could include supporting harmonised planning of NCD activities between GoT agencies, reinstating technical Subcommittees/working groups to promote coordination and advise on technical issues, and convening forums for promoting learning and sharing across grantees and other actors.

8. TongaHealth should strengthen its internal M&E system, with a focus on generating evidence of TongaHealth's progress against the NCD Strategy and Statement of Corporate Intent, generating evidence of outcome-level change as a result of grants, and producing timely and quality progress reports.

The TongaHealth M&E team should reorient away from basic monitoring of grantee outputs, toward implementing a more comprehensive M&E system (see Section 3.1.2). However, given the lack of M&E expertise in TongaHealth, it is likely that external TA is required to establish an M&E system, and build the capacity of the TongaHealth team to implement the system. The suite of services provided by the TongaHealth M&E team should, as a first priority, include collecting evidence and reporting on TongaHealth's progress against the NCD Strategy, Statement of Corporate Intent and THSSP3 annual workplan; generating evidence of outcome-level change as a result of grants; and supporting timely and quality progress reporting.

Key reporting products should include annual financial and narrative progress reports to the TongaHealth Board and National NCD Committee, and quarterly financial and narrative progress reports to the HSSIG that address the activities in the THSSPS3 workplan and demonstrate how these activities contribute to the implementation of the NCD Strategy.

Once these are in place, other areas for improvement include building capacity of grantees to do basic monitoring; driving/coordinating reporting against the NCD Strategy by multiple stakeholders; convening the M&E Taskforce and driving priorities identified by the Taskforce; creating mechanisms for internal learning and reflection; and sharing evidence of TongaHealth's successes and 'what works' for NCD prevention, to help inform the work of grantees and other stakeholders.

9. TongaHealth should adopt a stronger focus on GEDSI, including by building the capacity of the TongaHealth team, strengthening engagement of OPDs and other GEDSI-focussed organisations, and strengthening inclusiveness in grants.

While TongaHealth currently has a strong focus on inclusion of outer islands, TongaHealth's progress in other areas of GEDSI is limited (see Section 3.4). A country-wide DFAT GEDSI Strategy is currently in development, which in turn will inform TASP and TongaHealth's approach to GEDSI. As an interim measure while the GEDSI Strategy is in development, it is recommended to provide basic GEDSI awareness training to the TongaHealth team, with a focus on principles of inclusion, and practical strategies to make grantee projects more inclusive. TongaHealth should also strengthen engagement of OPDs and other GEDSI-focused organisations in TongaHealth processes. This should include mechanisms for GEDSI organisations to be included in the process of reviewing grant applications, as well as any future activities implemented by TongaHealth (e.g. stakeholder forums). TongaHealth should also consider options for strengthening consideration of GEDSI in grant applications, for example by requiring applicants to indicate what practical actions they will take to ensure their project is inclusive, and by making more targeted calls for grants that specifically promote inclusion.

10. DFAT, as the major funder of TongaHealth, should provide stronger strategic oversight, and introduce stronger accountability for delivering against the NCD Strategy and Statement of Corporate Intent.

TongaHealth is currently not on track to deliver against several aspects of the NCD Strategy and Statement of Corporate Intent (see Section 3.1.1). However, in the absence of a functioning NCD Committee, there are limited accountability mechanisms in place to prompt TongaHealth to expedite progress (see Section 3.1.6), and stronger oversight from DFAT is likely required. Options for DFAT's consideration include:

- As described in Recommendation 6 above, engaging in a joint priority-setting activity with GoT and TongaHealth to review and prioritise the outputs and activities allocated to TongaHealth in the NCD Strategy, Statement of Corporate Intent and THSSP3 workplan;
- Requesting TongaHealth to submit a revised workplan to end of FY24/25 which aligns to these priorities, and is feasible based on past performance and technical capacity of the TongaHealth team;
- For high-priority activities that TongaHealth is unable to deliver, requiring that TongaHealth reallocate a portion of its budget towards commissioning an external organisation or short-term adviser to deliver these activities;
- Introducing stronger accountability requirements for delivering planned activities, demonstrating evidence of improved internal systems, and delivering quality progress reporting, e.g. linking tranche payments to completion of specific activities from the workplan, or to DFAT's approval of progress reports; and requiring TongaHealth to provide regular updates on progress addressing the recommendations from this Review and other sources;
- Commissioning a light-touch end-of-program review of TongaHealth in early 2025, to independently assess TongaHealth's progress against the revised workplan and capacity-building priorities, in order to guide decision-making about ongoing funding to TongaHealth beyond 2025. If TongaHealth is unable to make adequate progress against the revised workplan, consideration should be given to a partial or full withdrawal of DFAT funding from TongaHealth, which could instead be reallocated to directly funding the HPU, other organisations and short-term advisers to deliver priority projects from the NCD Strategy.

4 Annexes

4.1 Key review questions and sub-questions

Key review question	Sub-question
1. Effectiveness: To what extent is TongaHealth on track to deliver on its mandate under the Tonga National Strategy for the Prevention and Control of NCDs by 2025?	<ul style="list-style-type: none"> - To what extent is TongaHealth on track to deliver against the objectives and Key Result Areas under the National NCD Strategy, particularly in regards to: Objective 2: Multisectoral engagement and partnerships, Objective 3: Building the capacity of individuals, families and communities to make healthier choices and Objective 5: M&E, surveillance and learning - To what extent has TongaHealth delivered against the outputs and activities annexed to the NCD Strategy?¹¹ - How well is TongaHealth monitoring, evaluating and learning about its effectiveness? - What is the quality of Behavioural Change Communications (BCC) / Information, Education and Communication (IEC) strategies, plans, messages, tools, materials and activities? - To what extent are grants and sponsorship activities effective? - To what extent are effort and resources devoted having the impact intended? - What are the barriers (if any) to effective delivery (internal and external)?
2. Coherence: To what extent does TongaHealth effectively coordinate with and share learnings with other Tonga public health stakeholders?	<ul style="list-style-type: none"> - How are TongaHealth’s activities inter-related and coordinated to maximise the long-term development impact? - What is the status of engagement and learning between TongaHealth and the Health Promotion Unit of Ministry of Health? - To what extent is there an overlap of mandates between TongaHealth and the Health Promotion Unit of Ministry of Health, and what are the implications of this?
3. Relevance: To what extent does TongaHealth’s work remain relevant to deliver on its mandate?	<ul style="list-style-type: none"> - To what extent is TongaHealth delivering on its six functions outlined in the NCD Strategy and to what extent is the current balance of effort between those functions appropriate? - To what extent are the outputs and activities annexed to the NCD strategy still relevant to achieving the Strategy’s objectives? - What evidence underpins the design and delivery of activities implemented by TongaHealth Promotion Foundation?
4. GEDSI / Equity: To what extent is TongaHealth actively and effectively addressing the needs of disadvantaged and marginalised groups?	<ul style="list-style-type: none"> - To what extent is there fair and equitable access to activities across different segments of the population, including age, gender, disability and geography? - To what extent are Behavioural Change Communications (BCC) / Information, Education and Communication (IEC) strategies, plans, messages, tools, materials and activities targeted and adapted for different segments of the population?
5. Recommendations: Noting all findings, what are strategic, practical and implementable actions that can be taken to strengthen TongaHealth’s impact and outcomes?	<ul style="list-style-type: none"> - What capacity requirements does TongaHealth have to enable it to strengthen delivery? - How can Australia further support TongaHealth to achieve its role and responsibilities under the NCD strategy by 2025? - What can TongaHealth change to strengthen its impact and outcomes?

¹¹ For conciseness, this sub-question has been merged with the sub-question above in this report.

4.2 List of documents reviewed

TongaHealth documents

TongaHealth (2019) Stakeholder satisfaction survey report (draft)

TongaHealth Acquittal reports to DFAT (Quarter 2 FY16/17 to Quarter 4 FY18/20)

Tonga Health (2022) Final report for Complex Grant Agreement 2016-2020 (2022)

Tonga Health (2023) Organisational Chart

TongaHealth Annual Statements of Corporate Intent (FY20/21 to FY23/24)

TongaHealth (2023) M&E Taskforce Terms of Reference (draft)

TongaHealth Interim Cash Grant Agreement #77023 Progress reports to DFAT (Jul-Dec 2022, Jan-Mar 2023, Apr-Jun 2023)

TongaHealth (2023) National NCD Committee meeting minutes, August 2023 meeting

TongaHealth (2023) grant administration documents: grant proposal template, grant proposal assessment form, narrative report template, progress and financial acquittal report template, grant reporting approval form, sponsorship guidelines and application form

TongaHealth grants database – list of grantees FY21/22 to November 2023

TongaHealth Reports to Board (May-Aug 2023, Sept-Oct 2023)

TongaHealth (2023) Interim Cash Grant #77023 End of Agreement Report (Dec 21 – Jun 23) (draft)

TongaHealth (2023) Annual Business Plan and Budget FY23/24

DFAT and THSSP3

Complex Grant Agreement between DFAT and TongaHealth #78186 May 2023

THSSP3 (2023) Quarterly report to Health Systems Support Implementation Group Jul-Sept 2023

DFAT (2023) THSSP3 Investment Design Document

THSSP3 (2023) M&E Plan (2023)

THSSP3 (2023) Risk Register

THSSP3 (2023) Work Plan

THSSP3 (2023) Health Systems Support Implementation Group Terms of Reference

Government of Tonga

Government of Tonga (2007) Health Promotion Act

Government of Tonga (2020) Public Health Act (revised)

Ministry of Health (2021) National Strategy for the Prevention and Control on Non-communicable Diseases (2021-25)

Other

Civil Society Forum of Tonga (2020) An evaluation of the Tuku Ifi Levu 2020 anti-tobacco mass media campaign in the Kingdom of Tonga

World Bank (2021) Tonga Social Behavior Change Communication Strategy and Action Plan

Mai e Nima (2021) 5-year Strategic Plan

Mai e Nima (2022) Report to school principals

Specialist Health Service (2019) THSSP2 Mid Term Review

4.3 List of interviewees

DFAT, TASP and THSSP3

- Shelly Thompson, First Secretary, Development, Individual
- Ms Latu Fusimalohi, Program Manager, Health & WASH, Individual
- 'Ofa Mafi, Finance Manager AHC, Individual
- Clare Whelan, THSSP3 Team Leader/Lead Adviser, Individual

TongaHealth - Tongatapu based staff

- 'Ofaina Filimoehala, CEO, Individual
- Joana Fili, Program Manager, Individual
- Losaline Fonua, Finance Manager, Individual
- Viliami Mahe, Senior M&E Officer, Individual
- Tu'ilautala Ma'u, Program Officer, Individual
- Tupou Ma'asi, Program Officer, Individual
- Karen Fukofuka, NCD Adviser/THSSP3 TASP Health Pillar, Individual
- Linda Helu, TH Officer, 'Eua, Individual
- Silivia Tukutau, TH Officer, Ha'apai, Individual

TongaHealth Board Members

- Elder Sione Tuione (Chair), LDS Church Leader, Individual
- Sr. Tilema Cama, Dean Health Science Faculty, Tonga National University (Health Expert Representative, TongaHealth Board), Individual

MoH Key Counterparts

- Dr Ofa Sanft Tukia, Acting Chief Medical officer, Public Health, Individual
- Tinalasa Vunipola, Senior Health promotion Officer, Individual
- Dr Reynold Ofanoa, CEO MoH, and former TongaHealth Board Member, Individual

Grantees (group interviews)

- Dr Viliami Manu, CEO, Ministry Agriculture, Food and Forestry
- Annelise Halafili, Food Division, MAFF
- Asena Foliaki-Fa'anunu, Food Division, MAFF
- Charles Kato, Livestock Division, MAFF
- Poasi Ngaluafe, Acting CEO, Ministry of Fisheries
- Sioeli Afu Fisheries Officer
- Domidilla Batidreu, HPS Coordinator, Ministry of Education
- Makeloti Afu, HPS Program, Ministry of Education
- Tavake Fangupo, Mai-e-nima and NRL in-country rep
- Minoru Nishi, Managing Director, Nishi Trading
- Holly Coulter, NRL Volunteer
- Leone Vi, Mai-e-Nima Program Officer
- Lord Fakafanua, Mai-e-Nima Board Chairman
- Mary and Talaiasi Nau, Breakthrough Nations Sports
- Siaoisi and Alisi Afu, Dassah Nursery
- Manu Vihekite, CEO Uluaki Faiako
- Meleane Fifita, Health Promotion Officer, Uluaki Faiako
- Loleta Falevai, Finance Officer, Uluaki Faiako
- Joseph 'Aho, Chair, Palace Office Wellness Committee (Private Secretary to His Majesty)
- Rhema Misa, LATA (Organisation of People with Disabilities), Individual
- Mele Prescott, Salvation Army, Individual

'Eua grantees

- Lesieli Takai, Soa Nursery, Individual (Zoom)

- Silipa Lanumata, Niueiki Hospital Sports Committee, Individual (Zoom)
- Maili Buster, Kulupu Toakase-Eua Bible Baptist, Individual (Zoom)
- Sitiveni Vaise, Lautohi Fakasapate SUTT Houma, Individual (Zoom)

Ha'apai grantees

- Taipaleti Fangufangu, Houmale'eia rugby club, Individual
- Tepola Siale, Fat2fit Ha'apai, Individual
- Matafonua Tu'itakau, GMS Fotua, Individual

Other stakeholders

- Rev. Viliami Polota, Secretary to Church leaders Council/ NNCCDC member, Individual
- Dr. Viliami Puloka, University of Otago, Individual

4.4 Assessment of review report against DFAT Design and M&E Standards (Standard 10: Independent Evaluation Reports)

The following points reflect elements of a strong Evaluation Report.

No.	Element	Comments
10.1	The executive summary provides all the necessary information to enable primary users to make good quality decisions	See Executive Summary
10.2	The introduction provides a brief summary of the investment or program	See Section 1.1
10.3	A brief summary of the methods employed is included	See Section 2.2
10.4	Key limitations of the methods are described, and any relevant guidance provided to enable appropriate interpretation of the findings	See Section 2.3
10.5	The Report addresses all key evaluation questions	Section 3 is structured against the Key Review Questions and sub-questions
10.6	The overall position of the author is clear, and their professional judgments are unambiguous	Clear judgments are provided in bold text throughout Section 3.
10.7	There is a clear line of sight from the key evaluation questions to the evidence presented, the findings, conclusions, and recommendations	In Sections 3.1-3.4 data, analysis, and findings are arranged against the key review questions, with cross-references to relevant recommendations in Section 3.5.
10.8	The Report identifies the strength of evidence that supports the conclusions and judgments made	References to sources of evidence provided throughout Sections 3.1-3.4, including identification of areas where evidence is particularly weak e.g. grant effectiveness.
10.9	The relative importance of the issues communicated is clear to the reader	Important findings are bolded in Sections 3.1-3.4.
10.10	There is a good balance between operational and strategic issues	In line with the KRQs, findings span operational issues like grant administration processes and strategic issues like relevance of activities to NCD strategy.

No.	Element	Comments
10.11	Alternative points of view are presented and considered where appropriate	Where key stakeholders presented divergent points of view, this is noted (e.g. in Section 3.1.1 KRA 1, and Section 3.2.1)
10.12	Complicated and complex issues are adequately explored and not oversimplified	The report canvasses multiple internal and external factors explaining the level of progress achieved rather than posing simplistic explanations. For example, see section 3.1.6 on barriers to delivery.
10.13	The role of context and emergent risks to program performance are analysed	As above, contextual impacts on TongaHealth are well-canvassed, especially COVID-19 pandemic, the Hunga Tonga Hunga Ha'apai eruption and tsunami in January 2022.
10.14	It is possible to trace the factors, over time, that have led to the current situation	As above, a range of factors are explored that account for the current situation, including budget impacts of delays to the THSSP3 design, and changes in TH's level of technical capacity e.g., see section 3.1.6.
10.15	Robust evidence and neutral language are used to communicate findings, not emotive arguments	Section 3.1-3.4 adopts a professional tone, avoiding emotive language or unsubstantiated claims.
10.16	The implications of key findings are fully explored	Implications of key findings are noted throughout Sections 3.1-3.4 as well as in Section 3.5 as part of the justification for each recommendation.
10.17	There is a limited number of feasible recommendations	Ten recommendations are provided (Section 3.5) spanning the broad range of concerns identified in the report. Effort has been made to make these as realistic as possible, and for these to be implementable within the existing TongaHealth budget envelope.
10.18	Individual positions have been allocated responsibility for responding to recommendations	Recommendations are allocated to TongaHealth or DFAT. These partners will allocate responsibilities for actioning these recommendations in line with their own processes and guided by the management response to the review.

No.	Element	Comments
10.19	Where there are significant cost implications of recommendations, these have been estimated	The recommendations are intended to be feasible to implement within the existing TongaHealth budget envelope. Where a re-allocation of existing budget may be required, this has been noted.
10.20	The circumstances under which any important lessons are transferable are described	Identification of transferrable lessons was not a focus of the KRQs.

4.5 TongaHealth’s progress against outputs of the NCD Strategy

This table maps TongaHealth’s progress against the outputs and activities allocated to TongaHealth in the NCD Strategy. The table also includes activities allocated to the M&E Taskforce, which TongaHealth is responsible for establishing and convening. Note that for some activities, responsibility was jointly allocated to TongaHealth and other stakeholders.

Key Result Area and Outputs (from NCD Strategy)	Activities (from NCD Strategy)	Who is responsible (from NCD Strategy)	21	22	23	24	25	Corresponding activity number in THSSP3 3-year workplan)	Progress as of November 2023 ¹²
1.1 Effective governance of the NNCCDC supports implementation of the Tonga NCD Strategy	1.1.1 Finalise the NNCCDC Charter and submit for endorsement	NNCCDC TongaHealth	x	-	x	-	x	N/A	Planned for FY23/24
1.1 Effective governance of the NNCCDC supports implementation of the Tonga NCD Strategy	1.1.2 Review the MoU_2015 between the NNCCDC and TongaHealth and communicate findings to stakeholders	NNCCDC TongaHealth	x	x	x	x	x	N/A	No progress
1.1 Effective governance of the NNCCDC supports implementation of the Tonga NCD Strategy	1.1.3 Convene quarterly NNCCDC meetings	NNCCDC TongaHealth	x	x	x	x	x	N/A	NNCCDC has met twice since 2021 – in May 2022 to endorse TongaHealth Statement of Corporate Intent for FY22/23, and in August 2023 to endorse SCI for 23/24. NNCCDC meetings were

¹² This column describes TongaHealth’s progress only – not the progress of other stakeholders. Drawn from Tonga Health Promotion Interim Assistance Grant Agreement 77023 Quarterly Reports to DFAT for Jul-Dec 22, Jan-Apr 23, Apr-Jun 23 and draft Final Report covering the whole grant period, with additional inputs from TongaHealth.

Key Result Area and Outputs (from NCD Strategy)	Activities (from NCD Strategy)	Who is responsible (from NCD Strategy)	21	22	23	24	25	Corresponding activity number in THSSP3 3-year workplan)	Progress as of November 2023 ¹²
									supposed to occur quarterly under current NCD Strategy.
1.1 Effective governance of the NNCCDC supports implementation of the Tonga NCD Strategy	1.1.4 Review NNCCDC performance against the Charter and revised memorandum of understanding (MoU)	NNCCDC TongaHealth	x	x	x	x	x	N/A	No progress
1.1 Effective governance of the NNCCDC supports implementation of the Tonga NCD Strategy	1.1.5 Appoint an independent secretariat for the NNCCDC and develop TORs for it	NNCCDC TongaHealth	x	-	-	-	-	N/A	The TongaHealth CEO is the Secretariat for the NNCCDC
1.2 NNCCDC members trained on effective governance and leadership, health promotion and NCD issues	1.2.1 Provide training to NNCCDC members on governance, leadership, health promotion and NCDs	Prime Minister's Office (PMO) MOH TongaHealth	-	x	-	x	-	N/A	No progress
2.1 Effective NCD prevention and control interventions promoted among stakeholders	2.1.1 Convene and hold annual NCD forum with stakeholders	NNCCDC TongaHealth	-	x	x	x	x	5.1.2 Host annual national NCD stakeholder conference	Postponed to 2024
2.1 Effective NCD prevention and control interventions	2.1.2 Prepare policy briefs and/or factsheets for stakeholders to guide and support their NCD prevention and control activities	TongaHealth MOH	-	x	-	x	-	5.1.5 Prepare policy briefs on NCDs for stakeholders;	NCD factsheets drafted in FY22/23 but not completed

Key Result Area and Outputs (from NCD Strategy)	Activities (from NCD Strategy)	Who is responsible (from NCD Strategy)	21	22	23	24	25	Corresponding activity number in THSSP3 3-year workplan)	Progress as of November 2023 ¹²
promoted among stakeholders								5.1.16 Developing /adapt NCD factsheets	
2.1 Effective NCD prevention and control interventions promoted among stakeholders	2.1.3 Engage parliamentarians to garner support for NCD actions	NNCDC TongaHealth MOH	-	x	-	x	-	N/A	No progress
2.2 Mechanisms for multisectoral collaboration and partnerships established	2.2.1 Map stakeholder NCD activities and identify opportunities for collaboration	TongaHealth NNDC	x	-	-	x	-	5.1.6 Conduct stakeholder mapping of NCD activities	Desktop review commenced FY22/23, verification visits postponed to FY23/24
2.2 Mechanisms for multisectoral collaboration and partnerships established	2.2.2 Establish and strengthen CSO alliances	TongaHealth	-	x	-	-	-	5.1.7 Establish and strengthen CSO alliances for NCDs	No progress
2.2 Mechanisms for multisectoral collaboration and partnerships established	2.2.3 Create and maintain a registry of technical experts	TongaHealth	x	-	x	-	x	N/A	Modified approach – under the previous NCD Strategy there were Subcommittees for each NCD risk factor, TongaHealth now reaches out to former Subcommittee members as required
2.2 Mechanisms for multisectoral collaboration and	2.2.4 Cultivate innovative partnerships for NCD actions	TongaHealth, development partners	-	x	x	x	x	5.3.1 Strengthen partnerships with SPC, WB, the Health Promotion Foundation	In 2023, formalised agreement with VicHealth for TongaHealth staff to visit VicHealth office in 2024 for learning exchange.

Key Result Area and Outputs (from NCD Strategy)	Activities (from NCD Strategy)	Who is responsible (from NCD Strategy)	21	22	23	24	25	Corresponding activity number in THSSP3 3-year workplan)	Progress as of November 2023 ¹²
partnerships established								and Vic Health – and review partnership arrangements and establish MOUs/Written agreements as Necessary; 5.3.3 International network for NCD - paid by Tonga Government	
2.2 Mechanisms for multisectoral collaboration and partnerships established	2.2.5 Create and maintain a platform for inter-ministerial collaboration	NNCDC TongaHealth	-	x	x	x	x	N/A	No progress
2.2 Mechanisms for multisectoral collaboration and partnerships established	2.2.6 Advocate for health-in-all policies to be incorporated into all government policy development processes	NNCDC PMO TongaHealth	-	x	x	x	x	N/A	Supported the sector engagement workshops led by PMO, by facilitating engagement with government and non-government stakeholders on mainstreaming NCD actions into annual corporate plans. Contributed to the consultation process by the Ministry of Trade & Economic Development to review and update the list of regulated

Key Result Area and Outputs (from NCD Strategy)	Activities (from NCD Strategy)	Who is responsible (from NCD Strategy)	21	22	23	24	25	Corresponding activity number in THSSP3 3-year workplan)	Progress as of November 2023 ¹²
									goods with a particular focus on unhealthy foods.
3.1 Health promoting actions targeting the four key NCD risk factors (unhealthy diet, physical inactivity, alcohol misuse and tobacco use) are implemented in key settings – schools, workplaces, churches, villages, communities and islands – and reported on	3.1.1 Work with the Ministry of Education to implement, strengthen, evaluate, report and expand health promoting actions in all schools in Tonga	Ministry of Education MOH Health Promotion Unit (HPU) TongaHealth Schools CSOs Private sector	x	x	x	x	x	5.1.10 Health promoting school's Initiatives	<p>Grants¹³ for FY21/22:</p> <ul style="list-style-type: none"> Healthy diet program for special education class, Government Primary School Ngele'ia Health Promoting Schools Awards <p>Grants for FY22/23:</p> <ul style="list-style-type: none"> Health Promoting Schools Awards Construction of Nuku'alofa Government Middle School playground <p>Grants for FY23/24:</p> <ul style="list-style-type: none"> Construction of Apifo'ou School Canteen Patio
3.1 Health promoting actions targeting the four key NCD risk factors (unhealthy diet, physical inactivity, alcohol	3.1.2 Work with CEOs to implement, strengthen, evaluate, report and expand health promoting actions in the workplace	Public Service Commission (PSC) MOH HPU TongaHealth Private sector	x	x	x	x	x	5.1.12 Health promoting workplaces	<p>Grants for FY21/22:</p> <ul style="list-style-type: none"> Palace Office Health and Wellness Program <p>Grants for FY22/23:</p>

¹³ Excludes sponsorships (i.e. below TOP2000)

Key Result Area and Outputs (from NCD Strategy)	Activities (from NCD Strategy)	Who is responsible (from NCD Strategy)	21	22	23	24	25	Corresponding activity number in THSSP3 3-year workplan)	Progress as of November 2023 ¹²
misuse and tobacco use) are implemented in key settings – schools, workplaces, churches, villages, communities and islands – and reported on									<ul style="list-style-type: none"> Ministry of Internal Affairs for Fiefia Sports
3.1 Health promoting actions targeting the four key NCD risk factors (unhealthy diet, physical inactivity, alcohol misuse and tobacco use) are implemented in key settings – schools, workplaces, churches, villages, communities and islands – and reported on	3.1.3 Work with church leaders to implement, strengthen, evaluate, report and expand health-promoting actions in churches	Council of Churches MOH HPU TongaHealth Private sector	x	x	x	x	x	5.1.11 Health promoting churches;	<p>Grants for FY21/22:</p> <ul style="list-style-type: none"> 'Aho kau Toulekeleka social fun day SDA Niuatoputapu elderly fun walk and social day <p>No grants for FY22/23 or FY23/24</p>
3.1 Health promoting actions targeting the four key NCD risk factors (unhealthy diet, physical inactivity, alcohol	3.1.4 Work with community leaders and town councils to implement, strengthen, evaluate, report on and expand health-promoting actions in communities and villages	Town Councils and Officers CSOs MOH HPU TongaHealth Private sector	x	x	x	x	x	5.1.13 Health promoting communities	<p>Grants for FY21/22:</p> <ul style="list-style-type: none"> Production of cooking videos Drop Everything and Shake (radio physical activity break) Grants to five nurseries for seedling distribution

Key Result Area and Outputs (from NCD Strategy)	Activities (from NCD Strategy)	Who is responsible (from NCD Strategy)	21	22	23	24	25	Corresponding activity number in THSSP3 3-year workplan)	Progress as of November 2023 ¹²
misuse and tobacco use) are implemented in key settings – schools, workplaces, churches, villages, communities and islands – and reported on									<ul style="list-style-type: none"> ▪ Breakthrough Nation Zumba ▪ Maui Fusi Fonua Rugby tournament ▪ Household budgeting radio program ▪ Sunia Mafileo Gym Zumba ▪ Kolomotu’a Sports Festival <p>Grants for FY22/23:</p> <ul style="list-style-type: none"> ▪ Eva Mafi Zumba ▪ Grants to four nurseries for seedling distribution ▪ Breastfeeding Awareness Month promotional materials <p>Grants for FY23/24:</p> <ul style="list-style-type: none"> ▪ Grant to one nursery for seedling distribution ▪ Kolomotu’a Zumba ▪ Radio awareness program on life planning and healthy habits ▪ Kingdom Media Limited drug and alcohol radio awareness program
3.1 Health promoting actions targeting the four key NCD risk	3.1.5 Pilot Healthy Promoting Island initiative in ‘Eua, including	‘Eua MP and Town Council MOH HPU	-	x	x	x	-	5.1.14 Health promoting islands (set up and staffing Year 1-	<p>Grants for FY21/22:</p> <ul style="list-style-type: none"> ▪ Chicken coops for Ongo Niua

Key Result Area and Outputs (from NCD Strategy)	Activities (from NCD Strategy)	Who is responsible (from NCD Strategy)	21	22	23	24	25	Corresponding activity number in THSSP3 3-year workplan)	Progress as of November 2023 ¹²
factors (unhealthy diet, physical inactivity, alcohol misuse and tobacco use) are implemented in key settings – schools, workplaces, churches, villages, communities and islands – and reported on	establishing a multisectoral committee	TongaHealth Private sector						community grants and initiatives; year 2 & 3 staffing to transfer to GOT); 5.1.4 Establish multisectoral committees in the outer islands - Meeting fees	<ul style="list-style-type: none"> Establishment of TongaHealth Outer Island Offices <p>Grants for 23/24:</p> <ul style="list-style-type: none"> Be Fit Vava’u (Zumba sessions) <p>Other progress:</p> <ul style="list-style-type: none"> Multisectoral committees established in Ha’apai and Vava’u
3.1 Health promoting actions targeting the four key NCD risk factors (unhealthy diet, physical inactivity, alcohol misuse and tobacco use) are implemented in key settings – schools, workplaces, churches, villages, communities and islands – and reported on	3.1.6 Identify champions in the different settings who model and actively demonstrate health promoting behaviours	TongaHealth	-	-	x	x	x	5.1.3 Identify community champions to drive implementation of NCD actions	Postponed to FY23/24
3.2 Cost-effective measures (e.g. legislative measures)	3.2.4 Provide training on salt reduction interventions to food	TongaHealth MOH HPU CSOs	-	x	x	x	-	5.1.17 Build capacity of implementers - CSOs, restaurant owners,	Postponed to FY23/24

Key Result Area and Outputs (from NCD Strategy)	Activities (from NCD Strategy)	Who is responsible (from NCD Strategy)	21	22	23	24	25	Corresponding activity number in THSSP3 3-year workplan)	Progress as of November 2023 ¹²
adapted, implemented and reported on	handlers, caterers, restaurant owners and bakeries							street vendors, community groups on NCDs (note this is broader in scope than the NCD Strategy's focus on salt reduction)	
3.2 Cost-effective measures (e.g. legislative measures) adapted, implemented and reported on	3.2.5 Provide assistance to stakeholders to support the implementation of the Social Behaviour Change Communication Strategy to Address Obesity and NCDs in Tonga 2021–2026	TongaHealth World Bank Media	-	x	x	x	x	5.1.9 Implement the Tonga SBCC strategy (campaigns on risk factors)	Planned for FY23/24 and FY24/25. Campaign will focus on obesity prevention (Live Light campaign).
3.2 Cost-effective measures (e.g. legislative measures) adapted, implemented and reported on	3.2.6 Provide assistance to stakeholders to support implementation of the Healthy Living Guidelines for Tonga	MAFF MOH TongaHealth	-	x	x	x	x	5.1.19 Support implementation of the Tonga Guidelines for Healthy Living	Grants in FY22/23: <ul style="list-style-type: none"> Grant to MAFF to develop promotional materials for the Guidelines (Guidelines launched April 2023).
3.3 Cost-effective life course approaches (1,000-Days initiatives, Baby Friendly Hospital, Exclusive Breastfeeding Campaigns) developed,	3.3.2 Strengthen and expand the implementation of First 1,000 Days initiatives (e.g. Baby Friendly Hospital and workplaces)	MOH TongaHealth	-		x	x	x	5.1.18 Implement first 1,000 days initiatives, exclusive breastfeeding	Exploring opportunity to work with Uluaki Faiako to implement first 1,000 Days initiative as well as breastfeeding awareness among young mothers. Uluaki Faiako is an NGO working with vulnerable families, especially those with children with disabilities.

Key Result Area and Outputs (from NCD Strategy)	Activities (from NCD Strategy)	Who is responsible (from NCD Strategy)	21	22	23	24	25	Corresponding activity number in THSSP3 3-year workplan)	Progress as of November 2023 ¹²
implemented and reported on									
3.3 Cost-effective life course approaches (1,000-Days initiatives, Baby Friendly Hospital, Exclusive Breastfeeding Campaigns) developed, implemented and reported on	3.3.3 Support breastfeeding awareness week activities	MOH TongaHealth	-	-	x	x	x	N/A	Grants in FY22/23: Grant to MOH for Breastfeeding Awareness Month. (Resources developed but not distributed due to cancellation of MOH Breastfeeding Awareness event, but will be distributed to Health Centres in FY23/24.)
3.4 Awareness raised on all aspects relating to NCD prevention and control	3.4.1 Engage media and communications agencies to raise awareness on the importance of making healthy behaviour changes	TongaHealth Media MOH	x	x	x	x	x	5.1.15 Engage media collaborations and initiatives to raise awareness on importance of making healthy behaviour changes	Several grants have used media to raise awareness of healthy behaviour, including: <ul style="list-style-type: none"> ▪ Radio awareness program on life planning and healthy habits ▪ Kingdom Media Limited drug and alcohol radio awareness program ▪ Drop Everything and Shake (radio physical activity break) ▪ Household budgeting radio program

Key Result Area and Outputs (from NCD Strategy)	Activities (from NCD Strategy)	Who is responsible (from NCD Strategy)	21	22	23	24	25	Corresponding activity number in THSSP3 3-year workplan)	Progress as of November 2023 ¹²
									TongaHealth also promotes healthy lifestyle messages via the TongaHealth Facebook page
3.4 Awareness raised on all aspects relating to NCD prevention and control	3.4.2 Develop a mass media campaign to raise awareness of the four NCD risk factors	TongaHealth Media MOH		x	x	x	x	N/A	Planned for FY23/24 and FY24/25. Campaign will focus on obesity prevention ('Live Lighter' campaign).
3.4 Awareness raised on all aspects relating to NCD prevention and control	3.4.3 Communicate and sensitise all key stakeholders to the Tonga NCD Strategy	TongaHealth MOH NNCDC Media	x	x	x	x	x	N/A	
4.2 Comprehensive packages of essential services (PEHS) and WHO PEN delivered and reported on	4.2.4 Foster closer relationships between MOH and TongaHealth	MOH TongaHealth	x	x	x	x	x	N/A	No regular meetings in place. Two meetings held in 2023, in which HPU and TongaHealth identified areas for collaboration. Current collaboration is mainly through grants (e.g. Health Promoting Schools Awards)
5.1 National M&E Taskforce established and operational	5.1.1 Establish National M&E Taskforce with clear TORs to monitor, evaluate and report on the progress of NCD actions against agreed targets	NNCDC TongaHealth Statistics Department PMO	x	x	x	x	x	5.2.2 Establish National M&E Taskforce (8) & develop TORs for the taskforce (meet quarterly)	Taskforce convened in mid-2023, two meetings to date, TORs finalised.

Key Result Area and Outputs (from NCD Strategy)	Activities (from NCD Strategy)	Who is responsible (from NCD Strategy)	21	22	23	24	25	Corresponding activity number in THSSP3 3-year workplan)	Progress as of November 2023 ¹²
5.1 National M&E Taskforce established and operational	5.1.2 Communicate the M&E framework to all stakeholders to facilitate and enhance a shared understanding of reporting requirements against agreed targets	M&E Taskforce TongaHealth National Statistics Office	x	x	x	x	x	N/A	M&E Framework was socialised at first NCD Taskforce meeting in mid-2023
5.2 Robust accountability mechanisms developed, maintained and reported on	5.2.1 Conduct annual national-level surveys to monitor the targets and indicators	M&E Taskforce SPC WHO	x	x	x	x	x	5.1.20 Support MOH to conduct STEPS survey	Planned for FY23/24, TongaHealth to provide financial support
5.2 Robust accountability mechanisms developed, maintained and reported on	5.2.2 Establish quality assurance structures and mechanisms for monitoring and evaluating NCD interventions	M&E Taskforce MOH	x	x	x	x	x	N/A	No progress
5.2 Robust accountability mechanisms developed, maintained and reported on	5.2.3 Conduct annual National NCD Health Facility Survey or integrate health system performance indicators into existing health facility surveys	M&E Taskforce MOH	x	x	x	x	x	N/A	<i>(Not in scope for TongaHealth)</i>
5.2 Robust accountability mechanisms developed, maintained and reported on	5.2.4 Conduct periodic school-based health surveys	M&E Taskforce MOH MOE	-	-	-	x	-	5.1.21 Support MOH to conduct Tonga Global School-based Student Health Survey (GSHS)	Planned for FY23/24, TongaHealth to provide financial support

Key Result Area and Outputs (from NCD Strategy)	Activities (from NCD Strategy)	Who is responsible (from NCD Strategy)	21	22	23	24	25	Corresponding activity number in THSSP3 3-year workplan)	Progress as of November 2023 ¹²
5.3 Research capacity of local researchers developed	5.3.1 Advocate for funding support for locally led research initiatives	M&E Taskforce TongaHealth Ethics Committee Research institutions	-	-	x	x	x	N/A	<p>Commissioned the CSO Forum of Tonga to conduct an evaluation of the 2020 anti-tobacco mass media campaign, with the report finalised in December 2021.</p> <p>Partnering with the Ministry of Agriculture and the Australian Centre for International Agricultural Research (ACIAR) for a 4yr project - Our food futures – Pacific young people co-creating healthy, sustainable and fair food futures in Fiji and Tonga which aims to empower young people to be advocates for change - with a focus on local food environments.</p> <p>Have discussed other potential research opportunities in meetings, but none formalised.</p>
5.3 Research capacity of local researchers developed	5.3.2 Conduct and publish operational and policy research initiatives on NCD prevention and control	M&E Taskforce MOH TongaHealth External research organisations	-	-	x	x	x	5.1.22 Conduct and publish NCD research and develop business cases for NCD prevention	No progress

Key Result Area and Outputs (from NCD Strategy)	Activities (from NCD Strategy)	Who is responsible (from NCD Strategy)	21	22	23	24	25	Corresponding activity number in THSSP3 3-year workplan)	Progress as of November 2023 ¹²
5.3 Research capacity of local researchers developed	5.3.3 Conduct training on research methodology, advanced data analysis skills, proposal writing and project management	M&E Taskforce SPC	-	x	x	x	x	N/A	No progress

TongaHealth have also planned additional activities as part of the THSSP3 3-year workplan, which are not included in the NCD Strategy but align with its intent. These are:

- Undertake a Multisectoral Action Study (a concise analysis of the GOT and civil society participation in multisectoral action as a baseline of engagement across the whole of government and civil society against the forthcoming NCD Strategy) (planned for FY23/24); and
- Review relevant legislations for tobacco, alcohol, SSBs, Code on Marketing of Breastmilk substitute & enforcement. The THSSP workplan includes budget for TongaHealth to establish a multisectoral working group to review NCD-related legislation and agree on recommended actions. This aligns to NCD Strategy Output 3.2 Cost-effective measures adapted, implemented and reported on. While implementing reform is the responsibility of other stakeholders (e.g. Customs and Revenue), the NCD Strategy provides a clear mandate for TongaHealth to drive coordination of policy and legislation reform.

The THSSP3 workplan also includes a range of organisational strengthening activities for TongaHealth, including funding for TongaHealth M&E team to conduct M&E workshops with grantees, funding the Finance and M&E Manager positions, developing and implementing an Institutional Strengthening Plan with TongaHealth and selected strategic partners, developing health promotion competencies for TH staff, repairs to the TongaHealth office floor, and funding a vehicle to support TongaHealth’s M&E and community engagement work.