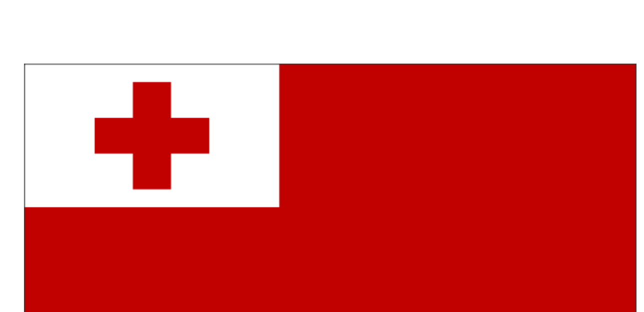


Kingdom of Tonga

National Integrated Sexual and Reproductive Health Strategic Plan (2014-2018)

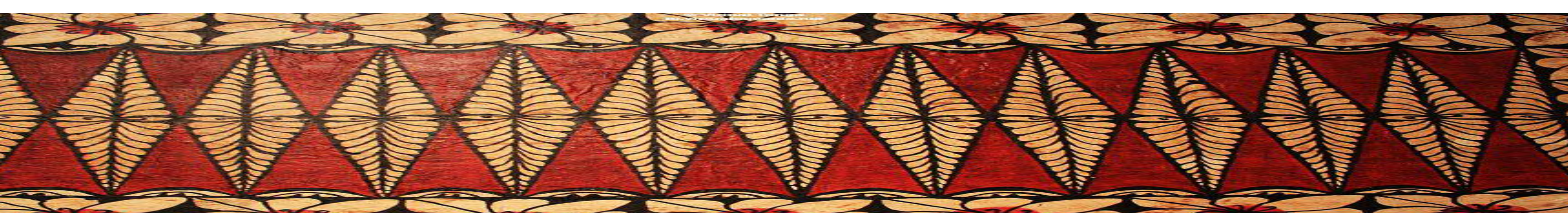
with

M&E Frameworks and

National Implementation Plan

Finalized Harmonized Draft

August 8th, 2014



"E 'ikai fa'a malava ke 'ausia e taumu'a he fononga tokotaha; kae 'e lava ke ikuna'i ia he fononga fakataha"

"When we walk alone we never reach our goal, but when walk together we surely reached our target"

Lord Tu'i'afitu.
The Honorary Minister of Health and CCM Chairman
June 2014.

The development of this

Tonga National Integrated Sexual and Reproductive Health Strategic Plan is jointly supported by both the United Nations Population Fund (UNFPA) and the Secretariat of the Pacific Community (SPC)

VISION	"Attainment of high standard of health and quality of living through improved sexual and reproductive health care services for all the people of the Kingdom of Tonga at all levels, irrespective of status, sex, age or creed so as to enhance people's capabilities to live free and healthy lives in dignity and unity in a peaceful and prosperous Tonga"

GOAL

Sexual and Reproductive Health	Reproductive Health Focus Sub-Goal
"The people of the Kingdom of Tonga will enjoy the highest standard of sexual and reproductive health and quality of life; with focus on optimal maternal and foetal outcomes; and the reduction of the spread and impact of HIV and other STIs"	"Making a positive difference for all women, men and adolescents respectful of their beliefs and individual rights by ensuring that they have access to quality RH services and information that is available, acceptable, and affordable and be provided by skilled health personnel who will be accountable for the provision and outcomes of these services"

TONGA NATIONAL INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH STRATEGIC PLAN

FOCUS AREAS AND OBJECTIVES

FOCUS AREA 1: PREVENTION	
1a	Strategic Health Communications
1b	Prevention of Parent (Mother) to Child Transmission
1c	Prevention of Biomedical Transmission (Infection Control)
1d	Abstinence for targeted groups
1e	Condom distribution
1f	Linkage of SRH to NCD
FOCUS AREA 2: REPRODUCTIVE HEALTH	
2a	Maternal and Neonatal Health
2b	Reposition Family Planning
2c	Adolescents Sexual and Reproductive Health
2d	Control of HIV/STIs and integration with other SRH programs
2e	Health Sector management of Gender Based Violence (GBV)
2f	Detection, Treatment and Prevention of Reproductive Health System cancers
2g	Immunization Program integrated with SRH
2h	Men as equal partners in Reproductive Health
FOCUS AREA 3: DIAGNOSIS, TREATMENT CARE AND SUPPORT	
3a	Counseling and Testing
3b	HIV & STI Care & Management including Supply Chain Logistics (SCL)
3c	Care and Support for people Living with HIV/AIDS (PLHIV)
3d	Addressing Stigma Discrimination and Confidentiality in Health Care Settings
3e	Strengthening the Health Surveillance System
FOCUS AREA 4: RIGHTS, EMPOWERMENT AND INTEGRATED SERVICES FOR KEY POPULATIONS	
4a	Partnership and Networking
4b	Advocacy on HIV & STIs
4c	Involvement of PLHIV and Affected Communities in SRH Programming and in Protection of Rights and Empowerment
4d	Protection of Children, vulnerable and marginalized groups
FOCUS AREA 5: STRATEGIC INFORMATION, MANAGEMENT & COORDINATION	
5a	Expand the role of CCM and strengthen its functionality
5b	Strengthened capacity of CCM and the M&E of implementing agencies
5c	Improved strategic Information and processes

Table of Contents

Acknowledgements iv
Foreword v
Abbreviations vi
List of Tables vii
List of Figures viii
PART 1: BACKGROUND 1
1 Introduction 2
2 TNISRHSP Process 4
2.1 End Term Review of HIV/STIs Control, May 2013 5
2.2 Data Management Training, June 2013 7
2.3 Development of Reproductive Health Policy and Strategy, 2014 – 2017 8
2.4 Finalization of new Integrated NSP, November 2013 9
2.5 Tonga Response Fund End of Project Evaluation, December 2013 10
2.6 Integration of RH and HIV & STIs Control Strategies, June 2014 10
3 Reproductive Health Situation 12
3.1 Organization of Reproductive Health Services 12
3.2 Challenges and the role of Policy Direction and Support 15
4 HIV and other STIs Situation 16
4.1 Prevalence 16
4.2 Diagnosis and Management 17
4.3 Key Populations at Higher Risk, Vulnerability and Risk Factors 19
4.4 Stigma and Discrimination 20
4.5 Gender, Rights and Gender Based Violence 20
4.6 Donor and Regional Development Partners Support 21
4.7 Governance and Management 23
4.8 Monitoring and Evaluation 24
PART 2: TNISRHSP CORE & STRATEGIC OBJECTIVES 27
5 TNISRHSP Vision, Goals and Principles 28
5.1 The National Response 2014 – 2018: The Vision 28
5.2 The National Response 2014 – 2018: The Goals 28
TNISRHSP Goals Impact Indicators associated with MDG Goals and Targets 29
5.3 The National Response 2014 – 2018: Guiding Principles 30
5.3.1 National, Regional and International Declarations and Commitments 30

5.3.2 Shared Aspirations and Values of the people of the Kingdom of Tonga 31
5.3.3 Core Values of the Ministry of Health 32
5.3.4 Applicable Laws and Acts governing SRH services 32

6 Focus Areas, Strategic Objectives and Key Activities 33

The National Response 2014 – 2018: TNISRHSP Structure 33

FOCUS AREA 1: PREVENTION 34

1a. Strategic Health Communication 34
1b. Prevention of Parent to Child Transmission 35
1c. Prevention of Biomedical Transmission (Infection Control) 36
1d. Abstinence for targeted groups 37
1e. Condom distribution 37
1f. Linkage of SRH to NCD 38

FOCUS AREA 2: REPRODUCTIVE HEALTH 38

2a. Maternal and Neonatal Health 38
2b. Repositioning Family Planning 40
2c. Adolescent Sexual and Reproductive Health 42
2d. Control of HIV/STIs and on Integration with other SRH Programs 43
2e. Health Sector Management of Gender-Based Violence (GBV) 44
2f. Detection, Treatment and Prevention of Reproductive Health System Cancers 45
2g. Immunization Program integrated with SRH. 46
2h. Policy Statement on men as equal partners in reproductive health 47

FOCUS AREA 3: DIAGNOSIS, TREATMENT, CARE AND SUPPORT 48

3a. Counseling and Testing 48
3b. HIV & STI Care & Management including Supply Chain Logistics (SCL) 49
3c. Care and Support for People Living with HIV/AIDS (PLHIV) 50
3d. Addressing Stigma Discrimination and Confidentiality in the Workplace 51
3e. Strengthening the Health Surveillance System 51

FOCUS AREA 4: RIGHTS, EMPOWERMENT, AND INTEGRATED SERVICES FOR KEY POPULATIONS52

4a. Partnership and networking 52
4b. Advocacy on HIV & STIs 53
4c. Involvement of PLHIV and Affected Communities in SRH Programming and in Protection of Rights and Empowerment 53
4d. Protection of Children, vulnerable and marginalized groups 54

FOCUS AREA 5: STRATEGIC INFORMATION, MANAGEMENT & COORDINATION 55

5a. Expand the role of CCM and strengthen its functionality 55
5b. Strengthened capacity of CCM and the M&E of Implementing Agencies 55
5c. Improved strategic information and processes 56

PART 3: MONITORING & EVALUATION 58

7 M&E Matrix 59

7.1 Performance Framework 60

7.2 National Implementation Plan and Costing 73

7.3 Integrated Implementations Costed as Joint Activities 124

7.3.1 Integrated Guidelines and Standards Development.......... 124
7.3.2 Integrated Cross-Cutting Training Workshops.......... 127
7.3.3 Integrated SHC media messages.......... 128

Appendix I: Participants.......... 129

Appendix: Stakeholders Self Assessment Feedbacks.......... 136

Country Coordinating Mechanism Committee (CCM) as of June 2013.......... 138

REFERENCES.......... 140

Key TNISRHSP Development Documents.......... 140

Other References.......... 140

Acknowledgements

Foreword

(Foreword from Minister of Health as CCM Chairman)

Abbreviations

ABC	Abstinence, Be faithful, use Condoms
AHD	Adolescent Health and Development
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
ASHR	Adolescent Sexual and Reproductive Health
AusAID	Australian Agency for International Development
BCC	Behavior Change Communications
C&T	Counseling and Testing
CCM	Country Coordinating Mechanism (for HIV/STIs Control)
CD	Communicable Diseases
CD4 count	Result of a blood test to measure the state of the immune system (A CD4 count measures the number of T cells expressing CD4)
CDO	Capacity Development Organization
CoC	Continuum of Care and support for Person/People Living with HIV and AIDS
CSO	Civil Society Organisation
CTR	Counseling, Testing and Referrals
FA	TNISRHSP Focus Area
GAPR	Global AIDS Progress Report (annual report prepared by UNAIDS)
GFATM	Global Fund to Fight AIDS Tuberculosis and Malaria
HAI	Hospital Acquired Infections (HAI), also known as nosocomial infections
HIV	Human Immunodeficiency Virus
IBBS	Integrated Bio-Behavioral Surveys (IBBS).
ICPD	International Conference on Population Development
ICPD-PoA	International Conference on Population Development-Programme of Action
INSP	Integrated National Strategic Plan
JCS	Joint Country Strategy
KPHR	Key Populations at Higher Risk (formerly known as MARPs)
MARPS	Most at Risk Populations
M&E	Monitoring and Evaluation
M&EF	Monitoring and Evaluation Framework
MDG	Millennium Development Goal
MFNP	Tonga Ministry of Finance and National Planning
MIA	Tonga Ministry of Internal Affairs
MPS	Making Pregnancy Safer
MoET	Ministry of Education and Training
MoH	Tonga Ministry of Health
MSM	Men who have Sex with Men
NAC	National AIDS Committee
NFM	Global Fund New Funding Model
NCM	National Coordinating Mechanism
NGOs	Non-Governmental Organisations
NIP	National Implementation Plan
NSP	National Strategic Plan
NZAID	New Zealand Agency for International Development
PHD	Public Health Division, Secretariat of the Pacific Community
PIC	Pacific Island Country
PICTs	Pacific Island Countries and Territories

PLHIV	Person/People Living with HIV and AIDS
PLWHA	People Living With HIV/AIDS
PPTCT	Prevention of Parent (or Mother) to Child Transmission
PQMS	Pharmacy Quality Management System
PRHP	Pacific Regional HIV and AIDS Project
PRISP II	Pacific Regional Strategy on HIV and other STIs Implementation Plan (2009-2013)
PS	TNISRHSP Policy Statement
PwP	Package of Prevention with PLHIV
QA	Quality Assurance
QSSN	Queen Salote School of Nursing, Nuku'alofa, Tonga
RBM	Results Based Management
RDP	Regional Development Partners (sometimes also referred to as International NGOs)
RH	Reproductive Health
SA	TNISRHSP Strategic Area
SCL	Supply Chain Logistics
SGS	Second Generation Surveillance
SH	Sexual Health
SO	TNISRHSP Strategic Objective
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
SPC	Secretariat of the Pacific Community
STIs	Sexually Transmitted Infections (sometimes also called Sexually Transmitted Diseases)
TB	Tuberculosis
TCCM	Tonga Country Coordinating Mechanism
TFHA	Tonga Family Health Association
TFM	Global Fund Transitional Funding Model
TLA	Tonga Leiti Association
TNDC	Tonga National Disability Congress
TNISRHSP	Tonga National integrated Sexual and Reproductive Health Plan
TNYC	Tonga National Youth Congress
TNYP	Tonga National Youth Policy
UNAIDS	Joint United Nations Program on HIV/AIDS
UNESCO	United Nations Education, Scientific and cultural Organisation
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session (on HIV/AIDS, in June 2011)
UNICEF	United Nations Children's Fund
VCCT	Voluntary Confidential Counseling and Testing
WHO	World Health Organization

List of Tables

#	Title
1	Population distribution by Island division, Preliminary Result 2011
2	Events and Developments leading to the TNISRHSP
3	Key National Development Indicators
4	Key MDG 5 Indicators
5	Other Key Reproductive Health Indicators 2006-2011
6	HIV Incidence in Tonga, 1987 - 2013
7	Overview of STIs in country 2012

8 STIs seen at the CDU in 2012 by age and gender, 2012
9 VCCT Accredited Facilities in Tonga in 2013
10 Status of Trained VCCT Counsellors in Tonga, June 2014
11 HIV and AIDS Knowledge and Prevention among young people aged 15 – 24 years in Tonga, 2012
12 Main Donors and Regional Development Partners supporting SRH in Tonga (2009 – 2013)
13 Key Tonga DHS Indicators 2012 (Source: SPC)
14 TNISRHSP Goals Impact Indicators associated with MDG Goals and Targets
15
16
17
18

List of Figures

#	Title
1	Map of Tonga
2	Current Use of Contraceptive by Women Aged 15-49 years
3	Women's Reported Reasons for Not Accessing Health Care
4	Curable STIs at the Communicable Disease Section, 1997 - 2012
5	Comprehensive STI Control in Tonga
6	Structure of TNISRHSP
7	
8	
9	
10	
11	
12	
13	
14	
15	

PART 1: BACKGROUND

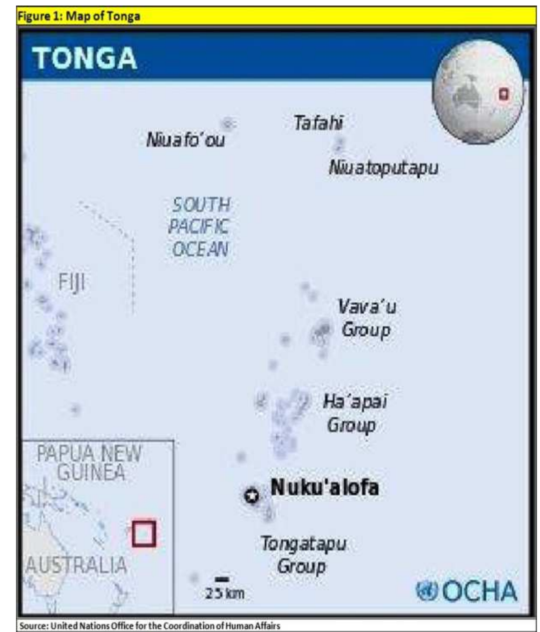
1 Introduction

The Kingdom of Tonga (also referred to as Tonga) is a Polynesian sovereign archipelago of 176 islands with only 36 of them inhabited. These islands spread over 700,000 square kilometres in the South Pacific Ocean about two-thirds of the way from Hawaii to New Zealand, west of Samoa, and south east of Fiji in latitude 20°00'S and longitude and 175°00'W; and constitute a total land area of 750 square kilometers. In addition, the Tonga islands are on the Pacific Ring of Fire, and are beside the 10,000-metres deep Tonga Trench with about 26 volcanoes within its ocean floor.

Tonga is a Constitutional Monarchy headed by King Tupou VI and governed through three arms which are the Executive (Cabinet), Legislature and Judiciary. Tonga has a population of about 103,036 (2011 est.) and administratively, it is divided into four main Island groups which are: The Tongatapu Tongatapu (the main island), Vava'u, Ha'apai, 'Eua and the Niuas (consisting of Niua Toputapu and Niua Fo'ou) [1].

With the wide ocean spread of Tonga Islands and inhabitants shown in *Figure 1* and outlined in *Table 1*, geographic and demographic[2] factors of importance that challenges universal access to Health Services that needs to be addressed in national planning and strategies are: A broad based pyramidal population with 39% younger than 15 years of age; high fertility rate but high emigration rate; rural to urban population drift; a tropical climate with occasional hurricanes; and relative lack of nation-wide access to infrastructure (water and sanitation); and inadequate shipping in outer islands. Furthermore, Tonga by tradition is a Christian nation. Therefore, "The Christian Church plays a significant role in every facet of Tongan life, influencing culture and society and also impacting on attitudes to sexuality and sexual practices, producing a cautious and considered approach. This is borne out by Tonga having one of the lowest adolescent (age 15 to 19 years) fertility rates in the Pacific" (UNFA, 2013).

Figure 1: Map of Tonga



Source: United Nations Office for the Coordination of Human Affairs

Table 1: Population distribution by Island division, Preliminary Result 2011

Island Division	Household			Population		
	Private House	Institution	Total Households	Male	Female	Total Persons
TONGA	**18,053**	**68**	**18,162**	**52,001**	**51,035**	**103,036**
Tongatapu	12,829	47	12,917	37,816	37,342	75,158
Vava'u	2,817	11	2,828	7,594	7,342	14,936
Ha'apai	1,260	8	1,268	3,426	3,224	6,650
'Eua	865	2	867	2,500	2,511	5,5011
Ongo Niua	282	0	282	665	616	1,281

Source: Statistics Department of Tonga, 2011

Notwithstanding these challenges, Tonga has over the last decade increasingly demonstrate strong commitment to assuring safe motherhood with good neonatal outcomes; addressing sexual health

[1] *Tonga 2011 Census of Population and Housing: Preliminary Result*. Tonga Department of Statistics
[2] *2012 Tonga Demographic and Health Surveys: Key Tonga DHS Indicators*. Secretariat of the Pacific Community

issues; and combating Human Immunodeficiency Virus (HIV), Autoimmune Deficiency Syndrome (AIDS), and other Sexually Transmitted Infections (STIs). In addition, over the decade, Tonga continues to maintain their HIV/STI Control Program and Reproductive Health Programs as national health priorities.

In May 2013, the Tonga Ministry of Health (MoH) and Tonga Country Coordinating Mechanism (CCM) carried out an End Term Review (ETR) of the National Strategic Plan (NSP, 2009-2013) to assess national responses to challenges posed by HIV/other STIs. This was coupled with simultaneous development of a new Integrated National Strategic Plan for HIV/STI (2014-2018) in the broader context of Sexual and Reproductive Health (SRH) services. The ETR and new NSP processes were carried out in May and November 2013 and were technically assisted by the Secretariat of the Pacific Community (SPC).

In October 2013 (about the same period of the ETR), the Tonga MoH also received technical assistance from the United Nations Population Fund (UNFPA) for the Review of the Reproductive Health Policy and Strategy (2008 -2011) and the development of an updated Reproductive Health (RH) Policy (2014-2017).

As with both separate developments above; policies and strategies for nationwide RH services and HIV/STIs control interventions has traditionally been independent of each other up until November 2013. In the same manner, RH and HIV/STIs services and implementations, though interrelated, had operated in silos with apparent overlaps, and sometimes, conflicts of interventions in both domains.

Upon review and advice as an immediate execution of one of the recommendations of the ETR, the Tonga MoH and CCM in November 2013 made a pragmatic move to integrate the control of STIs including HIV and RH services under a single harmonized Integrated Sexual and Reproductive Health Strategic Plan with harmonized National Implementation Plan (NIP). This move was additionally backed by an immediate re-organization that brought together HIV/STI control and RH programmes as joint initiatives led by the government (MoH), and supported by key CSOs such as the Tonga Family Health Association (TFHA) and the Tonga Leitis Association (TLA). A final integration stakeholders meeting was then scheduled for March 2014, which due to logistics reasons was carried out this June 2014.

This document, ***Tonga National Integrated Sexual and Reproductive Health Strategic Plan*** (*TNISRHSP, 2014 -2018*) is the key deliverable of a cascade of six policies and strategies development phases. The RH Policy phase of the process was financially and technically supported by UNFPA. Otherwise, all other phases were financially supported by the Response Fund (RF) grant with the exception of the June 2014 harmonization consultations resourced through the Tonga MoH Global Fund (GF) portfolio. Technical supports of all other phases except that of the RH phase were provided by the Secretariat of the Pacific Community (SPC) under the Kingdom of Tonga and SPC Joint Country Strategies' Activity Codes: TO-H4, TO-H6 and TO-H11. TNISRHSP *Chapter 2* details the six key development process phases with their highlights and objectives to avail reference and road map approaches for future strategies.

Given that TNISRHSP is an amalgamation of the RH Policy and Strategy (2014-2017)[3] with the Integrated HIV & STIs Control National Strategic Plan; the lead Technical Adviser and Editor[4] of this final document, supported by contributing members of the Tonga Core SRH Team[5], in consultation with national stakeholders, and with the endorsement of the Tonga MoH/CCM has to the extent feasible and sensible; retained ***just as it is*** all applicable aspects of the RH Policy and Strategy.

---

[3] The Tonga Reproductive Health Policy and Strategy, 2014-2017 was technically supported by the UNFPA (Credits: Dr Wame Baravilala UNFPA and Tonga RH Team)

[4] Dr Olayinka Ajayi, Monitoring and Evaluation Officer, Public Health Division, Secretariat of the Pacific Community

[5] Tonga Core SRH Team members: Ms Angela Fineanganofo, Dr Louise Fonua, Ms Amelia Hoponoa, Dr Seini Kupu, Ms Katherine Mafi, Dr Ofa Tukai, Sr. Afu Tei and (Late) Dr Malakai Ake.

2 TNISRHSP Process

The Pacific Regional Strategy and Implementation Plan 2009-2013, (PRSIP II) has been the backbone of control initiatives in Pacific Islands Countries and Territories (PICTs) in the last five years to mitigate HIV and other STIs. Over the period, several PRSIP related objectives were carried out nationally in Tonga and cross-nationally by regional partners in PICTs. Majority of these interventions were jointly funded by the Response Fund (2009-2013) and Global Fund Round 7 (2008-2013). One of the important dictates of PRSIP is a need for PICTs to periodically review and update their National HIV and other STIs Control Strategic Plans (NSPs). Hence, the revision of the old Tonga NSP and development of a new Tonga National Integrated Sexual and Reproductive Health Strategic Plan (TNISRHSP, 2014-2018) based on:

(i) The PRSIP II *Objectives 5 & 6*[6] specifically aimed at improving informed decision making and effective management of multi-sectoral responses and resources at national and regional levels;
(ii) The End of Term Review (ETR) of national responses to HIV and STIs challenges in Tonga;
(iii) Lessons learnt from HIV and STIs control implementations between 2009 and 2013 in Tonga[7] and also in the Pacific Region[8]; and
(iv) The Tonga RH Policy 2014-2017 (as the key document for integration with Reproductive Health).

Events leading to completion of the Tonga National Integrated Sexual and Reproductive Health Strategic Plan (TNISRHSP) encompass a cascade of five workshops that involved extensive consultations and discussions from May 2013 till June 2014 (*Table 2*). The events drew a wide range of stakeholders including key program staff and managers from local multi-disciplinary teams and regional development partners (RDP) as documented in *Annex I*. Local stakeholders were from the Tonga Ministry of Health, other non-health government ministries, civil society organizations (CSO), and faith based organizations (FBO); RDP stakeholders were from the Secretariat of the Pacific Community (SPC), the United Nations Population Fund (UNFPA), and the International Planned Parenthood Federation (IPPF). Financial support of the process and events were from multiple donor grants. The Response Fund (RF) supported four phases, UNFPA supported the RH phase, and Global Fund the final harmonization phase.

Table 2: Events and Developments leading to the TNISRHSP				
#	Date	Event/Focus	Technical Assistance	Financial Support
1	7 – 17 May 2013	Vava'u Island (community)l Stakeholders) consultation End Term Review and Development of NSP (2014 – 2018)	SPC	Response Fund
2	12 – 19 June 2013	Data Management Training (DMT) workshop	SPC	Response Fund
3	October 2013	Development of the Reproductive Health Policy and Strategy, 2014 – 2017	UNFPA	UNFPA
4	18 – 22 November 2013	Finalization of new Integrated NSP (HIV, STIs & SH) Commencement of Integration of RH with HIV & STIs Control	SPC	Response Fund
5	December 2013	Tonga Response Fund 2009 -2013 End of Project Evaluation	NA	Response Fund
6	2 – 13 June 2014	Harmonization and Integration of RH and HIV &STIs Control Strategies and Monitoring and evaluation Frameworks	SPC	Global Fund

[6] **PRSIP Objective 5**: "*To strengthening planning, monitoring, surveillance, research and informed sharing at the national and regional levels*". **PRSIP Objective 6**: "*PICTs have improved capacity to plan, fund, manage, implement and monitor their multi-sectoral response to the HIV epidemic and other STIs, in accordance with the "Three Ones' Principles*"
[7] Kupu S. (2013, December) Tonga: The Response Fund End of Project Evaluation. Nuku'alofa. Tonga CCM
[8] Ross, M. & Malefoasi, G. (2014). Response Fund Global End of Project Evaluation

2.1 End Term Review of HIV/STIs Control, May 2013

The first TNISRHSP draft was the outcome of a two weeks stakeholders' End of Term Review (ETR) of national responses and development of new NSP for HIV/other STIs carried out both in Vava'u and Nuku'alofa. The commencement of the ETR in Vava'u was a novel national endeavor to promote wider involvement of outer islands and rural communities in national planning processes.

The ETR was carried out as a critical process in assessing the NSP overall and priority areas gains (and lapses) with respect to the prevailing NSP (2009 – 2013) Goal, Strategic Objectives and Key Interventions against respective indicators and targets for determining effectiveness of HIV/STI Control activities being undertaken by national key stakeholders. The conduct of the ETR piggy backed on the October 2011 Mid Term Review (MTR) of the national response to HIV/STI (2009-2013) that was technically supported by the Burnet institute of Melbourne Australia, and its findings and recommendations that was operationalized in an ensuing development of the NSP for HIV/STIs Monitoring and Evaluation Framework in November 2011 and March 2012 technically supported by the Secretariat of the Pacific Community (SPC).

The ETR served as the main basis that proffered directions of the new NSP for HIV/STIs (2014-2018) in a broader context of national health areas priorities taking into account changes in the epidemiological landscape of HIV and other STIs in Tonga as well as social and behavioural factors that underpin and/or may affect future control of STIs including HIV. As a process in itself, the specific objectives of the ETR that were achieved during the workshop were:

- An assessment of the current situation/burden of HIV and Other STIs in Tonga
- An assessment of the changes in key groups within the population that are being affected by STIs including HIV
- An assessment of changes in social and behavioral factors contributing to HIV/STI epidemiology
- An assessment of the effectiveness of the priority areas interventions and national responses and appropriate use of the current strategy
- A repositioning of the goal objective and strategic interventions to advance control HIV and other STIs in Tonga in the next period NSP (2014-2018) and/or broader health plan.

As in integral processes of the ETR, the development of the next period NSP was commenced so as to immediately leverage findings and recommendations of the ETR, as well as engage stakeholders at a single point in time to maximize stakeholders' involvement and shorten development timelines. The ETR/development of new NSP followed a thorough PARTICIPATORY consultative development process with various in-country groups supported by regional technical expertise provided by the Secretariat of the Pacific Community (SPC) Public Health Division (PHD) with additional inputs from IPPF Regional Partner staff that was in Tonga during the ETR.

The various in-country groups and participants (*Appendix 1*) engaged were:

- **Tonga MTR/M&EF Core Development Team**
- **Tonga M&E Cross Cutting Team**: Existing team members including those with core HIV/STI Coordination, Policy and Planning, Clinical Management functions and Representatives from Populations at higher Risk of Exposure
- **Tonga CCM for HIV and Other STIs**

- **Key Stakeholders**: A larger inclusive group of CCM Members and stakeholders consisting of implementers, regional partners and key public-non implementers (that can influence health decision making) drawn from:
    - Government and Non-government sectors
    - Health multidisciplinary and Non-health multi-sectoral contributors
    - Community and Grassroots leaders
- **Key Staff involved in Data Collection**

The ETR steps taken were:

1. **Review of key Documents** (Current NSP, M&EF, other program monitoring reports or documents, MTR 2012 findings, HIV/STI Epidemiological profile, and GARPR)
2. **Audit focus** - 'What happened?' - Supported by an **open inquiry focus** - 'Why did that happen? What else could happen?' and
3. **Quality Assessment Tool** – assessing the strengths and weaknesses of the current National Strategic Plan as a framework for guiding the response, and identifying any changes in light of the evaluation of the response for the next NSP period.

At the end of the ETR process, stakeholders were able to reached consensus on:

- Refinement of former NSP five Priority Areas with the **incorporation of a new Priority Area for Reproductive Health**. Thus establishing a new integrated NSP with the following five Priority Areas, now designated as **Focus Areas** as follows:
    1. Prevention
    2. Reproductive Health
    3. Diagnosis, Treatment Care and Support
    4. Rights, Empowerment and Integrated Services for Key Populations
    5. Strategic Information, Management and Coordination
- Maintenance of most Objectives from previous NSP (2009-2013) that were to be carried forward into the new period (2014-2018)
- Deletion of few Objectives from previous period that were deemed ineffective, no longer applicable and/or unrealistic
- Addition of new objectives or revision of some previous NSP objectives necessitated by changes in local situation, broadening of responses and/or integration, or new/recurrent challenges

Significant challenges identified during the ETR are as follows:

- Ineffective CCM coordination of the government, CSO, FBO, and private sectors national responses worsened by significant proportion of inactive members
- Inadequate knowledge of the NSP Objectives and interventions and associated program data required for quality reporting among key implementing staff
- Lack of access to VCCT in outer islands, and reproductive system cancers screening services nation-wide
- Reluctance to share HIV and STIs data, information and reports with local partners and the National HIV/STIs Control focal point

- Weak focus on gender mainstreaming and the access to SRH services for Leitis and transgenders
- Lack of robust STIs surveillance, and the monitoring and evaluation of HIV/STIs national responses

The consensus for all objectives except those of the new Reproductive Health Focus Area 2 were reached in May 2013 and further refined in November 2013. The objectives for Reproductive Health Focus Area 2 were initially defined during the development of the new RH Policy (2014-2017) in October 2013 supported by UNFPA, and then refined, finalized and integrated in June 2014 supported by SPC.

2.2 Data Management Training, June 2013[9]

A Data Management Training (DMT) workshop facilitated by the Tonga MoH Health Planning and Information Division was carried out as an immediate subsequent exercise to the ETR. It engaged key stakeholders from both the Tonga MoH and CSOs that are operational staff and managers of HIV and STIs control interventions. The materials, technical guidance, and RF financial resourcing for the DMT were provided by the SPC PHD M&E Team. The DMT achieved its workshop objectives to:

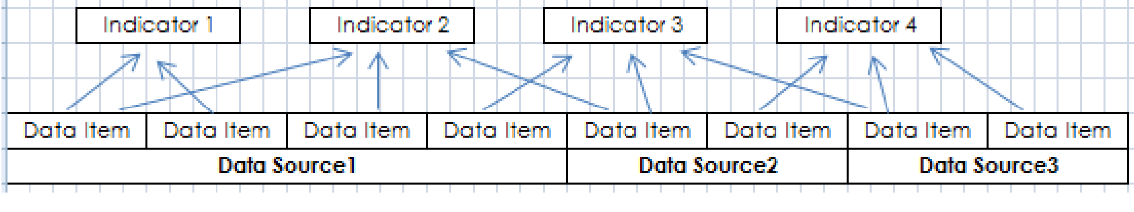
a) Introduce basic concepts in Health Information System to participants.
b) Assess the effectiveness of the overall data system for the HIV/STIs Database and its implication on M&E and Data Reporting System.
c) Re-aligning data variables and data tools to be better positioned to generate quality data for improved reporting, information sharing and sound evidence based decision making.
d) Carry out exercises aimed at optimising the current data flow and collection process.

By the end of the workshop, participants agreed that one of the main challenges faced by stakeholders were the lack of detailed knowledge about the roles of the NSP and associated M&E frameworks as pivotal documents in guiding implementations and the monitoring and evaluation of the effectiveness of interventions. The Data management training therefore focussed on the ETR findings/new NSP directions with particular attention to *Program Logic Modelling* and *Data Quality* with respect to the availability of appropriate, timely, complete and accurate bearing in mind data quality gains and gaps identified during the ETR to recommend new data forms/tools and orient/train key staff on their use.

As a key recommendation/outcome of the DMT (which was assured during TNISRHSP finalization), participants recommended that:

" It is advisable that the revised NSP would

- *target the M&E indicators*
- *consider possibility of cascading down to locate most relevant data sources*
- *provide relevant supports and mentor to those data sources that are highly vulnerable to severe data loss etc.*



….."

[9] Ministry of Health (2013, June) *Data Management Training Workshop report*. Nuku'alofa. Health Planning and Information Division, Tonga MoH

2.3 Development of Reproductive Health Policy and Strategy, 2014 – 2017[10]

Purpose of the Policy Document

The purpose of this Policy & Strategy document is to outline policy statement of the Ministry of Health and its partners in support of Reproductive Health (including maternal, neonatal and adolescent health and family planning), demonstrating its contribution to the achievement of improved and sustainable health and well-being in Tonga. This document maps out a framework of key strategic areas and activities to be implemented and identifies mechanisms for improving the effectiveness and efficiency of programmes and services. The policy document represents national commitments by various agencies (including the Ministry of Health, other Government ministries, women's organisations and non-government organizations) to support reproductive health care at the highest level and calls for responsive action at all levels of health care delivery.

The development of the 2014-2017 Reproductive Health Policy provides a unique opportunity to redefine common vision and mission, revisit goals and objectives, identify programme priorities, assess emerging issues, reprioritise areas for action; and to establish a roadmap for strengthening the delivery of a results-based programme. The policy reaffirms the need for adequate resources in order to implement an effective programme and deliver quality services. It also emphasizes the importance of strengthening the management and coordinating mechanisms to facilitate the achievement of both curative and preventive aspects of reproductive health as reflected in the vision and mission of the programme.

Structure of the Policy Document

This policy document was developed through a 3-day workshop conducted at the end of October, 2013. The list of participants (*Annex 1*) shows that apart from the various sections of the Ministry of Health – NCD section, the Queen Salote Nursing School, Laboratory Services, the HIV/STI Section, Paediatrics, Obstetrics, the Nursing Section, Communicable Diseases – there were representatives from the Ministry Of Internal Affairs, Ministry of Education and NGOs such as TFHA, the Women and Children Crisis Centre and Tonga National Crisis Centre. UNFPA provided technical support. Over the three days of the workshop the first draft policy statements in 6 KSRAs were formulated and discussed thoroughly. Over the three days draft action plans were also proposed but several of the groups were not able to focus in on strategic areas for concentration.

In the weeks following the workshop most of the work plans were exchanged between the main co-facilitators and fine-tuned. As previously mentioned the KSRAs and action plans have been produced with full knowledge of the results of the 2012 DHS. This document includes seven (7) component areas aligned to the priority RH action areas for Tonga. Each area has a policy statement which expands into a number of key strategic areas. A number of key activities are outlined under each strategic area.

[10] *The Tonga Reproductive Health Policy and Strategy, 2014-2017*: Sections 1.1 Purpose of the Policy Document and Section 1.5 Structure of the Policy Document

2.4 Finalization of new Integrated NSP, November 2013

This phase was carried out as a two weeks workshop in Nukualofa that brought together a wide range of cross cutting multi-sectoral key stakeholders from:

- **Tonga MoH**: Communicable Diseases Unit and Reproductive Health Unit
- **Tonga non-health government sectors**: Defence, Education and Training, Internal Affairs, Labour and Commerce, Police (Prison Department), Tourism, and Women Affairs
- **Civil Society Organizations**: Civil Society Forum of Tonga, Pacific Sexual Diversity Network, Salvation Army, Tonga Family Health Association, Tonga Leitis Association, Tonga National Centre for Women and Children, Tonga National Disability Congress, Tonga National Youth Congress, and Women & Children Crisis Center
- **Faith Based Organizations**: Forum of Church Leaders
- **Rural and Outer Islands Representatives**: Nukualofa Grassroot Community, Vav'au Family Health Centre, Vav'au High School Youth Friendly Services, and Vav'au Youth Congress,
- **Private Sector**: Education (Mailefihi & Sio'ilikutapu College), Hospitality/Business, Local Health Consultant/Physician, and the Tonga Trust
- **The Media**: Brodcom Broadcasting, Tonga Broadcasting Commission

One of the highlights of the workshop was the implementation of a key ETR recommendation to integrate sexual and reproductive health interventions in Tonga. Hence, the November workshop witnessed the championing of integrating RH with HIV and other STIs control by the MoH internal re-organization that fostered collaboration between the MoH Communicable Diseases Unit (CDU) and Reproductive Health (RH) program services. This necessitated the need to harmonize the RH Policy (2014-2017) developed and technically supported by UNFPA in October 2013, with the evolving NSP for HIV, other STIs and broader sexual health being supported by SPC. The workshop therefore continued with its focus on HIV, other STIs and broader sexual health objectives and interventions mindful of a future schedule to refine, harmonize and unify these objectives with RH Policy dictates under a single integrated national sexual and reproductive health strategic plan with harmonized M&E frameworks and national implementation plan. Overall, the November workshop once again re-addressed the following parameters to guide refinement:

- Changes in local epidemiology of HIV/STIs and implications for Control and prevention
    - Review of health reports including hospitals, health centres, TFHA Counselling and Testing sites and other point of care experiences
    - Review of the 2012 Tonga Demographic and Health Survey (supported by SPC)
    - Review of current laboratory HIV and other STIs Testing and Diagnosis outcomes
    - Identification of key Key populations at higer riskor most likely to transmit HIV
    - Focused group session with local MoH, CSO and private hospital staff involved in HIV and STIs control
- Responses so far – are they efficient and if so, are they effective
- Sustain interventions deemed effective in current NSP and define new ones for next NSP
- Lessons learnt – what strategies, interventions and practices to keep, enhance, or drop
- Critical HIV/STI challenges that have not been addressed so far
- Implications on Measures, Indicators and Targets

- Implications on M&E and Data Reporting Systems
- Positioning for using ETR findings and next period NSP for resourcing HIV/STI Control in lieu of
    - Internal health budget allocation
    - External Grants and Funds

As a key outcome of the workshop, the final draft M&E framework for all control and intervention objectives to address HIV, AIDS, other STIs and sexual health issues was endorsed by the Tonga MoH/CCM with a re-schedule of the final harmonization phase with RH because of time needed to allow release of the concurrent Reproductive Health policy so as to be able to streamline and avoid duplication of narratives in the final harmonized integrated documents.

2.5 Tonga Response Fund End of Project Evaluation, December 2013[11]

An independent country initiated End of Project Evaluation (EPE) of Response Fund (RF) grant supported PRSIP II and NSP interventions carried out by RF Sub-Recipients (SR) in Tonga and SPC as Principal Recipient (PR). The EPE was carried out by a local public health consultant/physician Dr Seini Kupu.

The Tonga NSP for HIV & STis (2009-2013) and its 5 focus areas objectives and indicators as well as the Tonga national impact UNGASS/GARPR indicators served as the basis for the evaluation. The evaluation found that overall about 70% of its objectives and outcomes targets were met during RF supported implementations between 2009 and 2013. These implementations were also additionally complimented by Global Fund (GF) support in most cases; hence outcomes cannot be attributed to RF only. The evaluation of outcomes assessed five (5) elements namely Relevance, Effectiveness, Efficiency, Sustainability and Impact. In summary, RF supported projects in Tonga were found to be very relevant, highly effective in achieving outcomes and likely to have sustained benefits. However, RF projects were deemed only partially efficient in achieving outcomes and outputs with varied impacts. Among the key lessons learnt to be carried over into next phase strategic plans are the need to sustain *"…wide community/country consultation and relevant capacity mapping to ascertain absorptive and technical capacity, engage country commitment at highest level before and during the design phase …"* as well as maintain cross-donor "*Cost sharing initiatives between partner organizations,…*".

With respect to the final phase of development of TNISRHSP in June 2014, the Tonga RF EPE ratings by objective areas and key interventions, lessons learnt and best practices also served as additional key criteria that informed final consensus on objectives/interventions' (and targets) sustenance, refinement, deletion and/or additions.

2.6 Integration of RH and HIV & STIs Control Strategies, June 2014

The sixth and final phase of the TNISRHSP development process to harmonize, integrate and unify HIV, AIDS, and other STIs control, and sexual health with reproductive health strategies was initially scheduled for March 2014, but for logistic reasons was undertaken in June 2014. The central objective of the final phase is to realize a single **Tonga National Integrated Sexual and Reproductive Health Strategic Plan (TNISRHSP)** and associated Monitoring and Evaluation Frameworks (M&EF) and National Implementation Plan (NIP).

The two key documents harmonized and merged as already noted, are the endorsed HIV/STI Integrated National Strategic Plan (2014 -2018) realized in November 2013 technically supported by SPC; and the Reproductive Health Policy and Strategy (2014-2017) technically supported by UNFPA.

[11] Kupu, S. (2013, December) *Tonga: The Response Fund end of project evaluation*. Nuku'alofa. Tonga CCM

The key focus of this final phase included the followings:

- A thorough review of the Reproductive Health Policy and Strategy (2014-2017) by both MoH Communicable Diseases Section, RH, CSO key staff and other stakeholders to address M&E gaps and define objectives with appropriation of indicators for RH services performance monitoring and evaluation, and then consolidation of all TNISRHP objectives.
- A review of additional new documents over and above those already listed during the June 2013 ETR and the November 2013. These include:
    - 2nd National Millennium Development Goals Report, Tonga 1990 – 2010[12] and the most current MDG Progress in Tonga[13] released by Tonga Ministry of Finance and National Planning (MFNP)
    - Tonga Response Fund 2009 -2013 End of Project Evaluation, and
    - The Tonga Global AIDS Response Progress Report, March 2014 (supported by UNAIDS)
- A revisit of all TNISRHSP objectives, interventions and indicators that were defined during the November 2013 phase, if indicated refined.
- Definition of objectives' indicators with baselines and targets; and key interventions for each objective.
- For each intervention, a definition of implementation sites, quantity, timelines, and estimated costs for TNISRHSP Monitoring and Evaluation (M&E) Plan, frameworks (M&EF) and the National Implementation Plan (NIP).

The harmonization and integration workshop achieved its objectives to:

- Incorporate and harmonize HIV and other STIs strategies with RH Policy focus and priority areas
- Revise, unify and develop a single integrated M&E Framework
- Develop a harmonized costed SRH National implementation Plan (NIP)
- Obtain endorsement of the CCM/MoH of the TNISRHSP finalized strategic objectives, interventions and implementation plan.
- Engage stakeholders on the GF Country Dialogue process required for Global Fund New Funding Model

Altogether, the final consensus for TNISRHSP in terms of Vision, Reproductive Health and Sexual Health Goals, and Integrated Objectives are presented in *TNISRHSP Part 2 on Strategic Objectives*.

[12] Tonga MFNP (2010) *2nd National Millennium Development Goals Report*, Tonga.
[13] Tonga MFNP (2011) *MDG Progress in Tonga*. Accessed June 25,2014 at: http://www.finance.gov.to/mdg/progress

3 Reproductive Health Situation[14]

Tonga ranks 90 out of 187 countries on the Human Development Index (HDI) and above average for countries in the Region 16[15]. Health outcomes are among the best in the East Asia and Pacific Region and there is little absolute poverty. Tonga's key development indicators are presented in *Table 3*.

Table 3: Key National Development Indicators

Indicator	Value	Year
Adult literacy rate (%)	99.0	2010
Total health expenditure (% of GDP)	8.0	2009
Proportion of population living below the poverty line (%)	22.5	2009
Life expectancy at birth (years)	67	2010
Crude birth rate (per 1,000 population)	26.0	2010
Crude death rate (per 1,000 population)	5.3	2010
Maternal mortality ration (per 100,000 live births)	21.5	2010
Infant mortality ration (per 1,000 live births)	37.1	2010

Source: International Human Development Indicators Tonga Country Profile 2011, WPRO CHIPS 2011

Maternity Services in Tonga are fairly well developed. While antenatal care coverage has reached more than 95% and many women access more than four (4) visits per pregnancy, ensuring better antenatal care quality in terms of early booking (less than 10% of women booking in the first trimester) and more goal oriented antenatal care remains a priority.

3.1 Organization of Reproductive Health Services

The vision of Tonga's Ministry of Health is that Tonga will be the healthiest country in the Pacific by 2020, compared to its neighbors, and judging by international benchmarks. The key strategic results areas (KSRAs) and goals of the long term plan are split into four main themes:

1. Healthy communities and populations through improved services;
2. Health sector development;
3. Staff training and development, and
4. Service partnerships

The key strategic results areas of the 2014-2017 Reproductive Health Strategy falls neatly into line with the existing four themes and in some cases the planned activities that will support the strategy cuts across more than one theme.

Tonga has a well-developed health care system and infrastructure backed by its most precious resource – its health staff. In Reproductive Health the public health nurses, who conduct outreach activities throughout the kingdom, are responsible for delivering many services, including Family Planning, neonatal and infant vaccination, an area in which Tonga is the best performer globally. These outreach services are complemented by clinical nursing, midwifery and obstetrics and gynaecological services from the main referral hospital – Viola - in Nuku'alofa, three community hospitals, 14 health centres and 34 reproductive and child health clinics. Reproductive healthcare, like all other types of health care in Tonga, is available freely to Tongan girls, women, boys and men. Several NGOs, such as Tonga Family

[14] Extracted as is from the: Tonga Reproductive Health Policy and Strategy 2014-2017: Chapter 1

[15] *Human Development Report 2013*. United Nations Development Program

Health Association, provide specific vital services in Nuku'alofa and other provincial centres, such as Vava'u.

Reproductive Health has a well-defined clinical/curative component and a public health/preventative component. The government of Tonga acknowledges the contribution of the Reproductive Health programme in the achievement of the Millennium Development Goals, in particular the health-related MDGs 4, 5, and 6. Tonga's performance in terms of meeting the MDG 5 indicators are shown in *Table 4*. It can be seen that virtually all women in Tong are delivered by a skilled birth attendant. There are strong societal, communal and health pressures to ensure that this takes place as often as possible throughout the Kingdom. *Table 4* also shows the variation in maternal mortality ration since 1995 against the actual numbers of maternal deaths. With a total population of just over 100,000 people a single digit change to the numbers of maternal deaths can make for significant changes to the maternal mortality ratio. There have been calls from some circles for countries with total populations of less than 250,000 people (i.e. most of the small countries in the Pacific) to only publish data on the absolute number of maternal deaths each year.

Table 4: Key MDG 5 Indicators

Indicator	1995	2000	2005	Latest	MDG Target
5.1a Maternal Mortality ratio (per 100,000 births)	204.7	81.4	22.7	37.1 (2010)	51
5.1b Number of Maternal death	5	2	6	1	
5.2 Proportion of births by skilled health personnel	96 (1999)	95 (2001)	96	99 (2010)	100

Source: Ministry of Health, Tonga 2013

Table 5 displays other Reproductive Health Indicators from 2006 to 2011. It can be appreciated that while the crude birth rates and the total fertility rates have been essentially static from 2006 there has been an appreciable improvement in the contraceptive prevalence rate (CPR) as the Ministry of Health and partners have mounted an effort to improve access to and the availability of modern contraceptives. An important indicator that is not displayed in the previous table is unmet need for contraception, defined as the percentage of women between the ages of 15 and 49 years who are not actively using a modern method of contraception, but would like to.

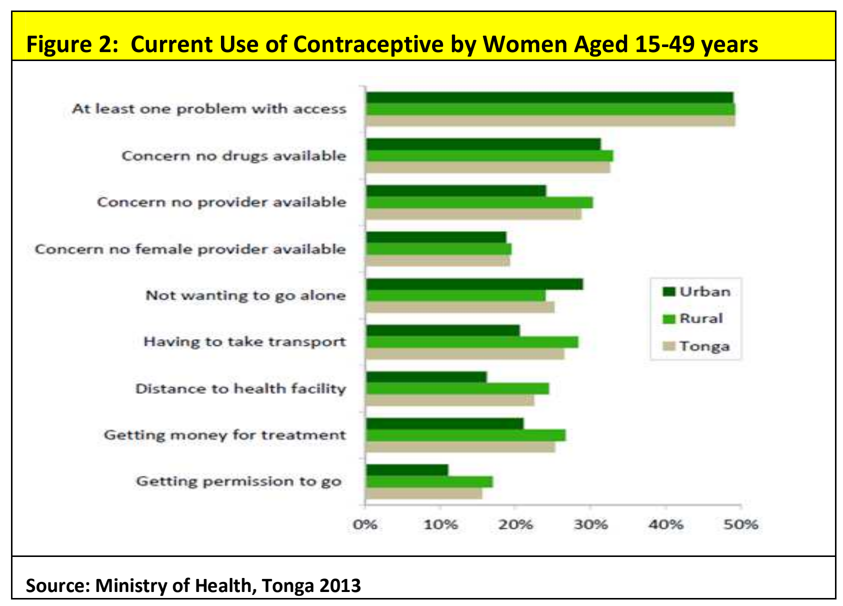
Table 5: Other Key Reproductive Health Indicators 2006-2011

	2006	2007	2008	2009	2010	2011
Crude Birth Rate (per 1,000 pop)	26.5	26.5	26.7	25.4	26	
Total Fertility Rates		3.7	3.7	3.7	3.8	3.7
Contraceptive Prevalence Rate	23.9	27.2	27.0	29.8	31.5	33.3
% of married couples practicing contraception		27.7	27.0	29.8	28.4	33.3
Reproductive health Cancer**	20	5	27	22	20	17
STI*	33	14	23	47	14	72
% of population with access to appropriate health care services with regular supply of essential drugs within one hour walk		100	100	100	100	100

Source: Ministry of Health, Tonga 2013

The Tonga Demographic Health Survey (DHS) of 2012 (awaiting publication at the time this document is being launched) revealed that unmet need in Tonga was 25%. Furthermore the 2012 DHS showed that 80% of women in the survey reported not using any modern method of contraception, although 8% had been sterilized (*Figure 2*).

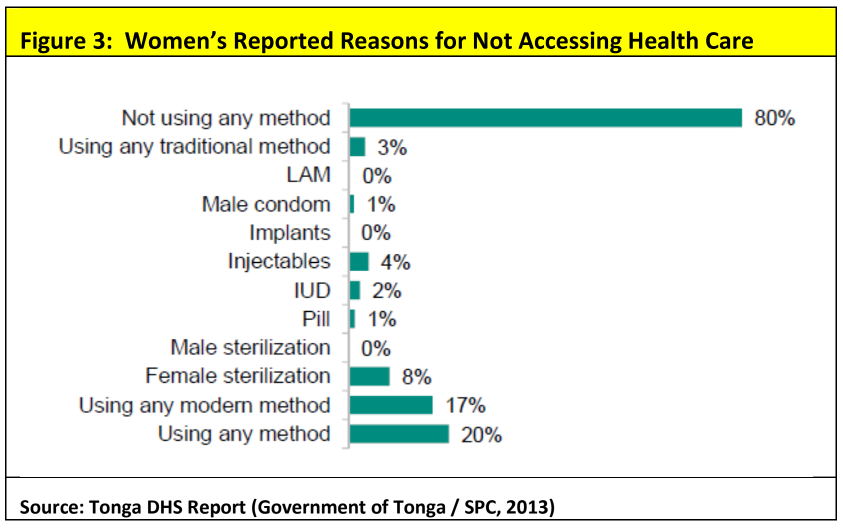
Figure 2: Current Use of Contraceptive by Women Aged 15-49 years



Source: Ministry of Health, Tonga 2013

In addition the DHS also highlighted the reasons impeding Tongan some women's access to health (see Figure. 3). Almost half of Tongan women (49%) reported experiencing at least one problem in accessing health care, including reproductive health. The most common concerns raised were that no drugs or no health care provider would be available at the facility. Not wanting to go alone was a problem commonly raised by young women, those who were unmarried, those with no surviving children, urban residents and those who had received only primary education. A small but significant percentage of women mentioned the need to get permission to go as an impediment. These are important issues for consideration because in Tonga, in theory, all persons should have access to the health services they require.

Figure 3: Women's Reported Reasons for Not Accessing Health Care



Source: Tonga DHS Report (Government of Tonga / SPC, 2013)

RH services are also provided by the private sector, mainly in Nuku'alofa, by Government doctors during their off-duty hours, outside the hospital. It is not known if these services extend to private deliveries at Vaiola Hospital or to the provision of private gynaecological services there as well. As previously alluded to several NGOs also provide reproductive health services, including the Tonga Family Health Association (Family Planning and Adolescent Sexual Reproductive Health Services) and the Women and Children Crisis Centre (protection for women and children and advocacy against GBV).

Reproductive health services in Tonga covers a wide area of health care, the main ones include:

- Safe Motherhood – encompassing maternal care and neonatal care
- Infant and child care
- Adolescent health care
- Family Planning and prevention of abortion
- STI-HIV prevention and management, and basic infertility services
- Management of gynaecological morbidity – including reproductive tract cancers & infections.

This policy does not mean that these services are going to be overhauled or undergo a major shift in direction. The fact that some of Tonga's RH indicators are average, others good and some excellent just means there is always room for improvement. However realigning or operationalizing policies and strategies, introducing new ideas or changing current structures needs to be managed with their potential effects on staff, resources and budgets fully accounted for and shared for all partners to see. Resources may become stretched and this often compromises quality and therefore adequacy of health services.

3.2 Challenges and the role of Policy Direction and Support

Tonga continues to face some challenges and constraints that impede the delivery of consistently high quality reproductive health services at all levels of the health care system (especially on outlying islands). These may be related to staffing and workforce shortages or movements, inadequately equipped facilities and inadequate coordination and management of programmes and services. Lack of consistent on-going reviews and assessments related to reproductive health can contribute to inadequate evidence-based programming and poorly-informed policy formulation.

Fortunately for Tonga the recent DHS has identified or pointed towards some of the issues that need to be addressed so theses have informed the current round of discussions leading to this policy and strategy document. This policy document calls for action to address these challenges and constrains. Two main action areas for policy direction to support the implementation and delivery of RH programmes and services are:

(i) Provision of adequate resources, and;

(ii) Reinforcement and continual improvement of effective management, coordination and supervisory systems.

4 HIV and other STIs Situation

4.1 Prevalence

The first case of HIV in Tonga was diagnosed in 1987. Since then, the number of HIV cases in Tonga as in the rest of the Pacific (except Papua New Guinea) remains low with only 19 people (M=12:F=7) ever having been diagnosed with HIV as of the March 2014. The predominant known mode of transmission of HIV in Tonga remains heterosexual contact. *Of the **19** reported HIV cases, **11** had died, **5** had returned to their countries of origin, **1** migrated overseas, and **2** remained in Tonga* (GARPR, 2014)[16]. Tongans are highly mobile both within the country, as well as internationally including the emigration of a significant proportion of nationals mostly to Australia, New Zealand and the United States. However, the estimated number of Tongans overseas who have HIV (and possible impact on transmission if they return home undisclosed), as well as potential of transmission of infections due to transnational commutes by visitors and transient residents are unknown. An overview of the HIV/AIDS situation is presented in *Table 6*.

Table 6: HIV Incidence in Tonga, 1987 - 2013

Year	Sex		Age Group					Total
	Male	Female	<15	15-19	20-24	25-49	50	
1987	1	0				✓		1
1989	2	0		✓		✓		2
1992	1	0				✓		1
1996	2	1				✓✓✓		3
1998	0	2			✓	✓		2
1999	1	1				✓✓		2
2000	1	0				✓		1
2002	1	0				✓		1
2005	0	1		✓				1
2007	1	0			✓			1
2008	1	1				✓✓		2
2009	1	0				✓		1
2012	0	1				✓		1
Total	12	7		2	2	15		19

Source: Communicable Diseases Unit, Tonga MoH

While HIV prevalence is very low, the prevalence of other STIs, particularly Chlamydia, Gonorrhea and co-infections are high with the relatively higher rates of diagnosed STIs in the 15-19, and 20-24 years age groups continuing to be a concern. Therefore, given commonalities of predisposing and behavioral factors for HIV and other STIs, Tonga continues to maintain a strong HIV & STIs Control Program with comprehensive Continuum of Care (CoC) support of People Living with HIV/AIDS (PLHIV) as national health priorities. A summary of the STI situation is presented as *Table 7*, *Table 8* and *Figure 4*.

[16] Tonga Global AIDS Response Progress Report: 2014. UNAIDS.

Table 7: Overview of STIs in country 2012

Test	Total Test	Total Detected	% Positive
Chlamydia	2111	402	19.04
RPR	5510	7	0.13
HIV	6069	1	0.02
Trichomonas	79	2	2.53

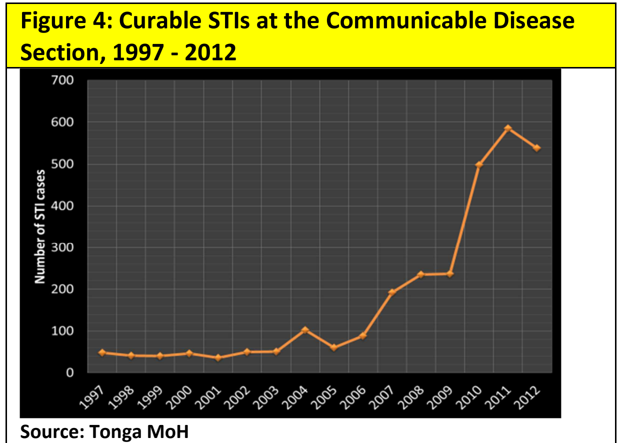
Source: Communicable Disease Section, MoH

Table 8: STIs seen at the CDU in 2012 by age and gender, 2012

Age Groups	Gonorrhoea		Chlamydia		Both Chlamydia and Gonorrhoea		Others Including Those Treated Syndromically		TOTAL
	M	F	M	F	M	F	M	F	
0-14	0	0	0	0	0	0	0	0	0
15-24	42	2	35	159	12	4	51	7	312
25-34	10	0	19	96	4	2	47	14	192
35-44	6	0	2	9	0	0	9	1	27
45-54	2	1	0	0	0	0	3	1	7
55-64	0	0	0	0	0	0	0	0	0
65+	0	0	0	0	0	0	0	0	0
TOTAL	60	3	56	264	16	6	110	23	538

Source: Communicable Disease Register

Figure 4: Curable STIs at the Communicable Disease Section, 1997 - 2012



Source: Tonga MoH

4.2 Diagnosis and Management

Testing for HIV and other STIs usually in the context of Voluntary Confidential Counseling and Testing (VCCT) is routinely available in Tonga for all Antenatal Clinic (ANC) mothers, potential blood donors, identified cases of TB and STIs, persons seeking visas to emigrate overseas, and as an occupational requirement to seafarers attending the Tonga Maritime School. Over the last NSP period, Tonga has successfully expanded access to accredited VCCT facilities (*Table 9*) and pool of VCCT practitioners (*Table 10*) from only 9 sites in just the Tongatapu and Vava'u island groups in 2009 to 14 current sites including new ones in Ha'apai and 'Eua both in MoH managed facilities (Hospitals, ANC and STI clinics, and Health Centers), as well as TFHA managed sites outlined below.

- **Tongatapu**:
  - Viola Hospital: CDOP (Communicable Disease) STI Clinic and ANC Clinic
  - Health Centres: Fua'amotu, Houma, Kolonga, Nukunuku, Tatakamotonga and Vaini
  - Kolofo'ou Reproductive Health Clinic
  - Tonga Family Health Association (TFHA) Clinic
- **Vava'u**:
  - ANC Clinic, Prince Ngu Hospital
  - Vava'u Family Health Clinic (TFHA managed facility)
- **Ha'apai**:
  - ANC Clinic, Niu'ui Hospital
- **'Eua**:
  - ANC Clinic, Niu'eiki Hospital

Table 9: VCCT Accredited Facilities in Tonga in 2013							
Location by Island Group	Facility Type					Total # of Facilities	# VCCT Accredited
	Hospital	Health Centre	MCH (RH) Clinic	ANC	TFHA		
Tongatapu	1	6	1	1	1	10	10
Vava'u				1	1	2	2
Ha'apai,				1		1	1
'Eua				1		1	1
Niuas	0					0	
Total	1	6	1	4	2	14	14

Source: Communicable Diseases Section, Tonga MoH

Table 10: Status of Trained VCCT Counsellors in Tonga, June 2014					
Year of Training	Female	Male	Total	# in Outer Islands	# in Active Practice
2009	14	8	22	3	8
2012	15	3	18	0	6
2013	9	0	9	3	5
TOTAL	38	11	49	6 (12%)	19 (38%)

Source: Communicable Diseases Section, Tonga MoH
Note: Active Practice refers to actually routinely conducting VCCT counselling in accredited VCCT sites based on the Pacific Regional VCCT Standards. The 19 active VCCT practitioners are mostly from the ANC clinics and the STIs clinics.
However most non-active VCCT trained practitioners are still carrying out some form of counselling at their respective workplaces because majority of those trained do not have accredited VCCT sites at the workplaces.

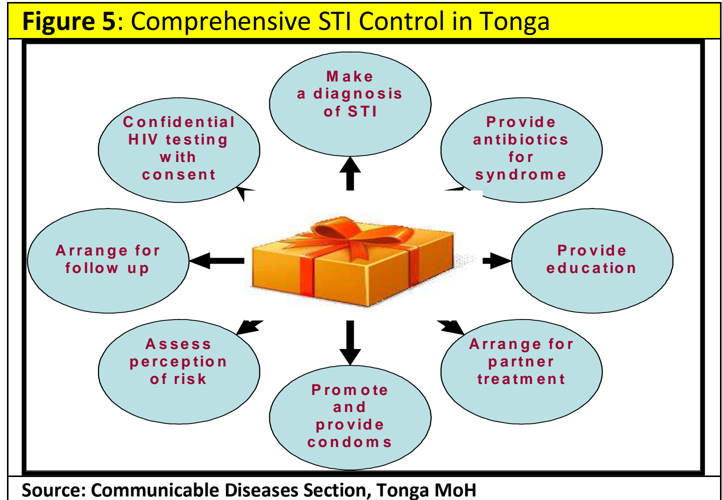
All HIV and STIs test specimens are referred to the main Hospital Vaiola laboratory in Tongatapu. With respect to HIV testing, Tonga has made progress with the ability to carry out HIV confirmatory testing in the country by using Uni, Gold and Insti under the new Pacific Regional HIV Testing Algorithm adopted by Tonga MoH in November 2011. This has both tremendously cut down the cost of overseas referral of specimens for HIV confirmatory tests as well as the turnaround time for results. However, CD4 and Viral Load tests for HIV are still not available locally and has to be sent overseas.

With respect to HIV management, Tonga follows the Pacific Regional Continuum of Care (CoC) standard. The two current PLHIV are maintained in care and, the only one eligible for ART continues to be maintained on ART with appropriate CD4 count monitoring. As regards the overall management of all STis (including HIV), Tonga follows the Pacific Regional Comprehensive Sexually transmitted Infections Management Guidelines[17] based on eight components as shown in *Figure 5*.

As in the previous NSP period, Tonga continues to meet the cost of control and treatment of HIV and other STIs through its national health budget allocation supplemented by donor funding. Additionally, in the last NSP period, technical support for prevention and control were sponsored for regional partners' involvement by both the Response Fund (2009-2013) as well as the Global Fund Round 7 in same period, but unfortunately these funds have come to their end. However, the cost of ART is still being supported through the Global Fund for AIDS, Tuberculosis and Malaria (GFTAM) Transitional Funding Mechanism (TFM) and accessible through the Fiji Pharmaceutical Services in Suva till the end of 2015.

[17] *Comprehensive Sexually Transmitted Infections Management Guidelines*. (2012) Secretariat of the Pacifc Community

Figure 5: Comprehensive STI Control in Tonga



Source: Communicable Diseases Section, Tonga MoH

4.3 Key Populations at Higher Risk, Vulnerability and Risk Factors

While there has not been any specific survey in Tonga to affirm key populations at higher risk/KPHR (formerly referred to as Most At Risk Populations/KPHR) or vulnerable groups and associated risk factors, heightened attention couple with focused interventions will be maintained for key populations deemed to be at higher risk of exposure based on pacific regional and global experiences, as well as known socio-economic and/or cultural determinants.

- **Young women and men between ages 15 and 24** years as already shown in *Table 8* constitute nearly 60% of all diagnosed cases of STIs in 2012. Furthermore, according to the 2012 DHS preliminary findings (see *Table 11*), the low knowledge of how to prevent HIV (and other STIs by implication) among youths worsened by their low adoption of healthy sexual behaviours is very concerning. In addition to youths in general, focused attention would be paid to females and all out of school youths.

Table 11: HIV and AIDS Knowledge and Prevention among young people aged 15 – 24 years in Tonga, 2012

HIV and AIDS knowledge and prevention among young people aged 15–24 years old	Women	Men
Comprehensive knowledge of AIDS	12%	14%
Knowledge of condom source	53%	61%
Used condom during first sex	4%	20%
Percentage who had sex in past 12 months and had higher-risk sex	19%	61%
Percentage who reported using a condom during higher-risk sex	(5.3%)[1]	23%

[1] *To ensure statistical reliability, percentages and rates based on 25–49 unweigthed cases are shown within parentheses.*

Source: 2012 Tonga Demographic and Health Surveys, Secretariat of the Pacific Community

- **Men who have sex with men** are known to be usually at higher risk of getting HIV and other STIs than heterosexuals of the same age. With this group focused interventions will also be continued to be maintained for all transgender.
- **Fakaleitis** who are biological males but raise as females by a few families as a cultural practice are noteworthy. In general, Tongan Leitis have a higher sense of perception of sexual risks and much higher adoption of healthy behaviours compared to other local transgenders. As a non-

coerced choice, members of the Tonga Leitis Association (TLA) undergo routine periodic tests for HIV and other STIs, and till date, there is no known case of HIV among the Leitis. In addition, the TLA maintain peer support meetings to encourage adherence to safe sexual practices, and is very involved as a CSO in strategic health communications (SHC) interventions to mitigate HIV/other STIs as well as address stigmatization, marginalization and disproportionate lesser access to SRH services. It is also noteworthy and should be applauded that the TLA continues and have played active roles and participation in all phases of the development of TNISRHSP.

- **Sex Workers** (**Teniti fakafeangai**) are known to exist but there is neither any data to inform the magnitude of this practice nor any research on the characteristics of sex workers because sex work is illegal in Tonga, and therefore remains informal and underground. In addition, it is believed that both local and foreign women and children are sometimes forced into sex-work either in entertainment bars or on foreign fishing vessels with 2011 witnessing the prosecution of two Chinese victims of forced prostitution[18].
- **Mobile groups** such as seafarers, uniformed personnel (including the Defence Forces and Police) and overseas travellers, including tourists, extended family and business travellers
- **People with disabilities** and/or mentally handicapped are known to sometimes be taken advantage of, and abuse sexually due to their dependency on others if severely disabled or diminished sense of judgement due to a mental disorder.
- **People who abuse alcohol** and/or people who inject drugs are generally known to be at higher risk of exposure to HIV and other STIs giving the association of this behaviour with unprotected sex coupled with increase in multiple and concurrent partners.
- **TB and HIV co-infection** would remain on the watch list of focussed interventions based on the first (and only) case of co-infection of TN and HIV reported in 2005. As a standard practice, MoH will continue to screen all cases of TB for HIV, and all HIVs will be screened for TB.

With the lack of data to affirm and quality vulnerable groups and risks, the need for population estimation to optimize direction of interventions has been set as an objective in this TNRISHSP period.

4.4 Stigma and Discrimination

The attitude of the public to PLHIV and their families in Tonga as in most PICTs continues to be poor acceptance with significant high level of stigma, discrimination and severe adverse social and economic consequences. Based on the DHS 2012 findings, 86% of surveyed women and men still express strong stigma and negative attitude towards PLWHIV. These range from eviction from their homes/community; denial of access to gainful employment with loss of income and productivity; to threats to their children in schools and families in the community.

4.5 Gender, Rights and Gender Based Violence

The 1875 Constitution of Tonga Declaration of Rights orders a number of civil and political rights and freedom, with latter amendments and reforms including some key rights for women such as the right to vote. In addition, Tonga has also adopted and ratified global commitments/conventions on rights of the child (CRC), persons with disabilities, and the elimination of all forms racial discrimination (CERC).

[18] United States Department of State, *2011 Trafficking in Persons Report - Tonga*, 27 June 2011, available at: http://www.refworld.org/docid/4e12ee3e32.html [accessed 21 July 2014]

However, Tonga along with Palau is one of the only two PICTs (and seven in the world) that is yet to ratify the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) as some aspects of the convention stipulations are deemed to be culturally incompatible with "the Tongan way". Notwithstanding, Tonga has made progress with advancing the rights of women[19] such as with the recent passage of the Domestic Violence Bill of 2012. Furthermore, in recent moves to further empower women, youths and disabled people; the current Speaker of the Tongan parliament announced the launch of a nationwide public awareness program called '*Practice Parliament for Women*' to encourage interested women, from age 21 upward to apply for a seat out of the 30 in parliament, and also the setting aside of two seats for youths and people with disabilities (Tonga Daily News, 2014, August 7)[20].

However, the rate of gender violence is still a concern with one in three and up to three in four women having experienced physical or sexual violence. So, while the proportion of *currently married women who participate in household decisions* (and by inference, hopefully access to SRH services and products) is encouragingly reported in the 2012 DHS as 74% in *Table 12*); in the same report, one out of every five men surveyed unfortunately agreed that abuse against a female partner is justified on domestic grounds. This unwarranted stance by male perpetrators is substantiated by the recent Tonga GARPR 2014 Report[21]that showed that one in three (33%) ever-married or partnered women in Tonga have experienced one form of partner violence with 19% of partnered women aged 15-49 years reporting physical or sexual violence from a male partner in the past 12 months of the National Study on Domestic Violence against Women carried out in 2009[22]. Therefore, this strategy in line with Tonga MDG's goal of promoting women rights and empowerment sets the engagement of women (and leaders) in parliament as a key intervention in mitigating this situation.

4.6 Donor and Regional Development Partners Support

Donors and Regional Development Partners (RDP) continue to play vital roles in the policy, financial, and technical support of the control of STIs including HIV as well as Sexual and Reproductive Health Services (SRH) in Tonga. From 2009 to 2013, Tonga SRH services was supported by numerous donors, noteworthy, (i) The Global Fund to fight AIDS, TB and Malaria [GFTAM] as Tonga is a part of the multi-country recipient of GF Round 7; (ii) The Response Fund [RF] with main donors being Australia and New Zealand as a key fund vehicle for Pacific regional Strategy and Implementation Plan [PRSIP]; (iii) The International Planned Parenthood Federation [IPPF] as key support of the TFHA which is the leading CSO in Tonga involved in SRH services; and (iv) Bilateral donor arrangements targeted at the health sector such as with the governments of Australia and New-Zealand.

Complementing donor funding are a variety of technical assistance, strategic planning, policy formation, training, and capacity strengthening provided by United Nations (UN) agencies in their focused areas; and also by various technical divisions of the Secretariat of the Pacific Community (SPC)[23] as key critical

---

[19] UN Women (2013) *Law for women's protection passes with unanimous support in Tonga* [Accessed June 25, 2014 at: http://www.unwomen.org/en/news/stories/2013/9/family-protection-bill-tonga]

[20] Tonga Daily News (2014, August 7) *Women in Tonga get parliamentary training*. Accessed August 7, 2014 at: http://www.tongadailynews.to/?p=3611

[21] UNAIDS (2014, March) Tonga Global AIDS Response progress Report: 2014

[22] Jansen, H., Johansson-Fau, S., Hafoka-Blake, B. & 'Ilolahia G. (2012) National Study on Domestic Violence against Women in Tonga, 2009. Nuku'alofa. Ma`a Fafine mo e Famili Inc.

[23] The *Secretariat of the Pacific Community* (South Pacific Commission, as SPC was formerly called), was founded in Australia in 1947 under the Canberra Agreement by the six 'participating governments' that then administered territories in the Pacific: Australia, France, New Zealand, the Netherlands, the United Kingdom and the United States of America … to restore stability to a region that had experienced the turbulence of the Second World War,

obligatory and/or negotiated technical assistance for Tonga as a member state of PICTs. Some of these technical support focused areas are outlined but not limited to *Table 12*.

<table>
<tr><th colspan="3">Table 11: List of Donors and Regional Development Partners (2009 – 2013)</th></tr>
<tr><th colspan="2">Donor/Partner</th><th>Role</th></tr>
<tr><td colspan="2">Asian Development Bank (ADB)</td><td>Assistance provided through the acquisition of lab consumables</td></tr>
<tr><td colspan="2">Empower Pacific (formerly known as Pacific Counselling and Social Services – PC&SS)</td><td>Provision of technical assistance on the standards, training of professional counsellors, and the accreditation of VCCT facilities with focus on screening for HIV & other STIs</td></tr>
<tr><td colspan="2">Global Fund to fight AIDS, TB and Malaria
(GFTAM - GF)</td><td>Global Fund is one of the major donor-finance programs for Tonga, strengthening the national responses to HIV/STI through funding of key program staff, infrastructures and equipment's, communication materials, technical assistance on confirmation of HIV specimens, monitoring and evaluation, lab consumables, STI drugs, and others.</td></tr>
<tr><td colspan="2">International Planned Parenthood Federation
(IPPF)</td><td>Key support to Tonga's leading CSO, the Tonga Family health Association
→ Supplements procurement of health consumables for clinic
→ Financial support of TFHA's core SRH activities including staff costs and programs
→ Capacity building support including SRH training and Quality of Care training. Training in resource mobilization, service statistics and program management
→ Upcoming projects include the training of nurses in Long Acting Reversible Contraceptives (LARCs)
→ Reviews TFHA Accreditation every 4 years including areas of Governance and Finance</td></tr>
<tr><td colspan="2">Pacific Islands HIV &STI Response Fund with main donors being Australia and New Zealand
(Response Fund - RF)</td><td>Tonga receives financial assistance from the Response Fund to implement its HIV/STI NSP (2009 – 2013), support capacity development, support community based organisations, and civil societies.</td></tr>
<tr><td rowspan="3">Secretariat of the Pacific Community (SPC - Fund Manager of RF and GF)</td><td>Public Health Division</td><td>Provides lead technical assistance in the following areas:
→ HIV/STI Prevention through the development of targeted HIV/STI prevention action plans and BCC / SHC trainings and outreach programs.
→ Diagnosis - Provision of TA support for CD4 testing and HIV testing algorithm
→ Treatment, Care and Support
→ Strategic Information and Communication including M&E support
→ Governance and Coordination through support in strategic planning and policy formation</td></tr>
<tr><td>Regional Rights Resource Team</td><td>Provides technical assistant and training to increase observance to international human rights standards through improved service delivery, access to justice and effective governance. Through the provision of policy advice, technical support and training service, RRRT responds to human rights priority areas such as HIV, gender, violence against women and children, equality, and Disability.</td></tr>
<tr><td>Strategic Engagement, Policy and</td><td>Involved in the identification of programmes where greatest impact is likely and engaging with an action plan research approach.</td></tr>
</table>

to assist in administering their dependent territories and to benefit the people of the Pacific. SPC has 26 members including all the 22 Pacific Island Countries and Territories served by SPC: Website: http://www.spc.int

	Planning Facility - Youth	
	Human Development Division	The Programme aims to maximise development potential in health mainstreaming issues relating to women and youth
UN Agencies	**Joint United Nations Programme on HIV/AIDS. (UNAIDS)**	Provides the technical assistance in producing the Global AIDS Response Progress Report for Tonga.
	United Nations Children's Fund (UNICEF)	Administers health and lifestyle behavioural surveys used to inform government and non-government organisation in Tonga. Surveys include sexual health behaviour of young people in Tonga
	United Nations Population Fund (UNFPA)	Assistance provided through the provision of condoms and safe sex kits Development of STI treatment guideline for Tonga Training on case management, adolescent health program, and reproductive health program. Development of the Reproductive Health component of the current TNISRHSP 2014-2018
	World Health Organisation (WHO)	Sponsors of the Tonga World AIDS Day in 2009. Involved in the promotion of HIV/STI prevention and public awareness

Unfortunately, the robust donor funding for HIV/STIs control and SRH services, as well as technical support from RDP are beginning to dwindle and are uncertain for the future as both RF and the GF Round 7 grants which vehicle a number of RDP technical inputs for Tonga since 2009 came to their end in 2013. This situation as could be envisaged can be worsened by the ongoing global economic crisis. In this respect, there is concern that critical key staff positions such as that of the Tonga National HIV&STIs Coordinator that was funded through GF R7 up until 2013, and currently through the GF TFM up until end of 2015 may become un-sustainable. In addition, there is fear of reversal of key public health and SRH gains from interventions that are heavily donor reliant whereby the MoH budget cannot internalize the cost of such intervetions.

Within the region and in Tonga, while country NSPs and health plans should ideally guide priorities and implementations, a significant amount of SRH objectives have been determined or unduly influenced by donor and regional partners' agendas. To lessen such influences, Tonga MoH is now taking the approach of donors and regional partners involvement with key local stakeholders at the drawing board level of strategic planning process and/or enters into memorandum of understanding that stipulates priorities, objectives and commitments between parties. For example, SPC support for various assistance requested by Tonga are reviewed and guided by a Tonga-SPC Joint Country Strategy (JCS).

4.7 Governance and Management

The Country Coordination Mechanism (CCM) is the approved body for the national coordination of all responses to HIV/AIDS and other STIs control activities in Tonga in line with the global adoption of the principles of 'Three Ones' that stands for One agreed HIV/AIDS Action Framework, One National AIDS Coordinating Authority and one agreed country level M&E System. Therefore, the CCM is responsible for overall monitoring and evaluation of implementations, engaging all sectors and mobilizing financial support and resources.

4.8 Monitoring and Evaluation

During the 2009-2013 response period, monitoring and evaluation (M&E) technical support for HIV/AIDS & STIs Control were mainly provided by three regional partners as a joint coordinated M&E support for Tonga (as well as for other PICTs).

- SPC/UNAIDS supported the pilot of the Fundamentals in M&E for PICTs curriculum
- Burnet Institute supported the Mid- Term Review
- UNAIDS supported the UNGASS/GARPR reports
- SPC supported development of the M&E Framework, End-Term Review and commencement of the development of a new NSP

These supports and processes as one of the reported findings of the RF End of Project Evaluation have helped advance the ability of the MoH – Communicable Diseases Section/National HIV/STI Coordinating focal staff and the CCM to better monitor and track HIV/STI control activities. Overall, in addition to implementation assessments internal reports, the Tonga National HIV/STI focal point in consultation with the MoH and the CCM submits a six monthly RF Progress Report, and for GF, the Performance Update Disbursement Request (PUDR).

An overall cross cutting summary of the SRH situation in Tonga and pertinent socio-demographic indices and key facts from the latest 2012 Tonga Demographic and Household Surveys is presented in *Table 12*.

Table 13: Key Tonga DHS Indicators 2012 (Source: SPC)

	Residence			Educational level		
	Total	Urban	Rural	No education/ primary	Secondary	More than secondary
Marriage and fertility						
Women aged 20–24 married by age 18 (%)	5.6	na	na	na	na	na
Men aged 20–24 married by age 18 (%)	6.0	na	na	na	na	na
Total fertility rate (children per woman)	4.1	3.6	4.2	2.8	4.4	3.3
Women aged 15–19 already mothers or pregnant at the time of the survey	5.4	7.6	4.7	*	4.8	(14.7)
Median age at first birth for women aged 25–49	24.9	-	24.7	-	24	-
Married women with 2 living children wanting no more children (%)	28.8	37.7	25.5	0.0	29.5	27.7
Family planning (% currently married women aged 15–49)						
Current use						
Any method	34.1	31.9	34.7	*	35.1	30.7
Any modern method	28.4	27	28.8	*	29.9	23.1
Female sterilisation	13.9	11.2	14.7	*	14.7	10.6
Male sterilisation	0	0.2	0	*	0	0.2
Injectables	6.7	7.4	6.4	*	7.6	3.6
Pill	2	2	2	*	2	2
Male condom	1.6	2.4	1.4	*	1.3	2.7
Unmet need for family planning						
Total unmet need (%)	25.2	28.9	24	*	25.1	25.3
Unmet need for spacing (%)	13.2	14	12.9	*	12.8	14.7
Unmet need for limiting (%)	12	14.9	11.1	*	12.3	10.6
Infant and child mortality (0–9 years before DHS)						
Neonatal mortality rate	7	7	7	*	6	9
Infant mortality rate	13	14	14	*	13	16
Under-five mortality rate	18	18	18	*	18	19
Maternal and child health						
Maternity care (births in the last 3 years)						
Mothers who had at least 4 antenatal care visits for their last birth (%)	70.4	71.7	70	na	na	na
Births delivered in a hospital or health facility (%)	98	97.7	98.1	*	97.9	98.9
Mothers who received post-partum care from a doctor/nurse/midwife for their last birth (%)	85.2	87.6	84.4	*	84.1	88.5
Mothers who received their first post-partum checkup within 2 days of delivery of their last birth (%)	75.9	76.9	75.6	*	75.3	78.3
Child immunisation						
Children aged 12–23 months fully immunised (BCG, measles, and 3 doses each of polio and DPT) (%)	46.3	52.6	44.4	*	43.3	57
Children 12–23 months who have received BCG (%)	89.4	91.1	88.9	*	88.2	93.3
Children 12–23 months who have received 3 doses of polio vaccine (%)	67.8	69.3	67.4	*	66.3	73.7
Children 12–23 months who have received 3 doses of DPT vaccine (%)	65.7	66.8	65.4	*	65	69
Children 12–23 months who have received measles vaccine (%)	66.2	71.4	64.6	*	63.9	74.6
Children aged 6–59 months given de-worming medication in the last 6 months (%)	7.8	11	6.9	*	7.7	8.6
Treatment of childhood diseases						
Children with fever in the last 2 weeks taken to a health facility or provider (%)	63.7	74.8	57.9	*	61.4	(72.8)

NOTE: Figures in parentheses are based on 25–49 unweighted cases.
* Indicates a figure based on fewer than 25 unweighted cases.
na: not available
- = omitted because less than 50% of the women had a birth before reaching the beginning of the age group

	Residence			Education Level		
	Total	Urban	Rural	No education/ Primary	Secondary	More than secondary
Nutritional status of adults and children						
Mothers aged 15–49 who consumed food made with oil, fat or butter in the day and night preceding the survey	54.3	70.1	49.5	*	52.0	61.0
Mothers aged 15–49 who consumed sugary foods in the in the day and night preceding the survey	49.1	62.6	45.0	*	48.1	51.3
Children under 5 years breastfed within 1 hour of birth (%) [1]	79.1	84	77.6	*	78.7	80.7
Children aged 0–5 months exclusively breastfed (%)	52.2	na	na	na	na	na
Children aged 6–8 months breastfed and receiving complementary foods (%)	54.6	na	na	na	na	na
Children under 5 years who are stunted (%) [1]	8.1	9	7.9	*	7.1	9.7
Children under 5 years who are wasted (%) [1]	5.2	4.8	5.3	*	5.9	5.1
Children under 5 years who are underweight (%) [1]	1.8	0	0.7	*	0.7	0.3
Children under 5 years who are overweight for their age (%) [1]	10.5	10.9	10.4	*	9.8	14.4
Children under 5 years who are overweight for their height [1]	17.3	20.7	16.4	*	16.9	17.0
Knowledge of HIV and AIDS (women and men aged 15–49)						
Women who have heard of AIDS (%)	95.6	96.6	95.3	(78.4)	95	98.7
Men who have heard of AIDS (%)	95.3	97	94.7	*	94.4	99
Women who know where to get an HIV test (%)	72.1	75.2	71.1	(51.7)	69.7	81.2
Men who know where to get an HIV test (%)	71.6	73.5	71	*	69.5	83.3
Women who know that consistent condom use can reduce the chances of getting HIV and AIDS (%)	72.7	75.7	71.7	(59.2)	71.1	78.7
Men who know that consistent condom use can reduce the chances of getting HIV and AIDS (%)	76.6	69.8	78.8	*	75.4	83.1
Women with comprehensive knowledge of HIV and AIDS (%)	17.6	15.5	18.3	(10.2)	14.8	27.4
Men with comprehensive knowledge of HIV and AIDS (%)	21.2	18.2	22.5	(7.6)	19	33.6
Women who know that HIV can be transmitted from mother to child via breastfeeding (%)	48.8	45.5	49.9	(41.3)	48.2	51.3
Men who know that HIV can be transmitted from mother to child via breastfeeding (%)	50.6	34.1	56.2	*	50.1	52.4
Women who had high-risk sex in the past 12 months (%)	5.2	6	4.9	*	5.5	4
Men who had high-risk sex in the past 12 months (%)	18.2	21.9	17	*	19	15.8
Women who used a condom during last high-risk sex (%)	6.2	*	3.4	*	7.6	*
Men who used a condom during last high-risk sex (%)	21.2	(23)	20.4	*	21.2	(20.1)
Women's empowerment						
Currently married women who usually participate in household decisions	74.1	74.9	73.9	*	72.6	80.3
Men who agree that at least one of the reasons for violence against women is justified (burns the food, argues with him, goes out without telling him, neglects the children, or refuses sex)	20.6	15.9	22.1	*	21.5	15.6
Other respondent characteristics						
Media access at least once a week – women aged 15–49	95.7	96.7	95.4	(92.6)	95.4	97.0
Media access at least once a week – men aged 15-49	91.4	95.0	90.1	*	91.7	90.1
Lack of health insurance – women aged 15-49	88.1	88.5	88.0	(92.4)	91.5	76.8
Lack of health insurance – men aged 15-49	90.3	86.9	91.4	*	93.6	75.3
Tobacco use – women aged 15-49	13.5	16.8	12.4	(8.4)	13.4	14.2
Tobacco use – men aged 15-49	48.0	48.1	48.0	*	47.3	50.9
Women's earnings are greater than their husband's/partners earnings	35.8	38.0	35.1	*	31.5	42.9
Men's earnings are greater than their wives/partners earnings	32.0	30.5	32.5	*	35.6	26.1
Percentage of de jure population in the lowest wealth quintile	20	7.8	23.8	na	na	na

NOTE: Figures in parentheses are based on 25–49 unweighted cases.
* Indicates a figure based on fewer than 25 unweighted cases.
na: not available
[1] : education level of mother

Acknowledging the need to maintain best practices, sustain effective interventions, and initiate new aspired initiatives, notwithstanding challenges already outlined; the Tonga government through its MoH as the guardian of National Health remains committed to multi-sectoral multi-disciplinary, multi-partnership maintenance and advancement of quality sexual and reproductive health services including the elimination of HIV/AIDS and maximal reduction of all STIs in Tonga.

PART 2: TNISRHSP CORE & STRATEGIC OBJECTIVES

5 TNISRHSP Vision, Goals and Principles

5.1 The National Response 2014 – 2018: The Vision

“Attainment of high standard of health and quality of living through improved sexual and reproductive health care services for all the people of the Kingdom of Tonga at all levels, irrespective of status, sex, age or creed so as to enhance people’s capabilities to live free and healthy lives in dignity and unity in a peaceful and prosperous Tonga”

The TNISRHSP vision as stated above also encompasses Tonga government adoption of the global Political Declaration on HIV/AIDS[24] of getting to zero based on the “**Three zeros**” and applicable and expanded to include the elimination of Tuberculosis and the reduction of all other STIs in Tonga as follows:

- Zero HIV new infections
- Zero discrimination against people living with HIV (other STIs and TB)
- Zero AIDS (and TB) related deaths

5.2 The National Response 2014 – 2018: The Goals

The overarching Sexual and Reproductive Health Goal of TNISRHSP alongside the Reproductive Health Focus Sub-Goal of this period (20014 - 2018) national responses are set in line with the applicable overarching Tonga Millennium Development Goals[25] (MDG) targets and aspirations. These goal as stated is presented below:

Sexual and Reproductive Health Goal	Reproductive Health Focus Sub-Goal
“The people of the Kingdom of Tonga will enjoy the highest standard of sexual and reproductive health and quality of life; with focus on optimal maternal and foetal outcomes; and the reduction of the spread and impact of HIV and other STIs”	“Making a positive difference for all women, men and adolescents respectful of their beliefs and individual rights by ensuring that they have access to quality RH services and information that is available, acceptable, and affordable and be provided by skilled health personnel who will be accountable for the provision and outcomes of these services”

The MDG goals that guided choice of TNISRHP **impact indicators** and targets stipulated in the TNISRHSP Monitoring and Evaluation Frameworks to assess progress and achievements are shown in *Table 14*:

[24] United Nations General Assembly High Level Meeting on AIDS, June 2011, New York
[25] MFAP (2010) 2nd *National Millennium Development Goals Tonga*

TNISRHSP Goals Impact Indicators associated with MDG Goals and Targets

Table 14: TNISRHSP Goals Impact Indicators associated with MDG Goals and Targets

MDG Goals Targets *and related non-MDG targets	Applicable TRNISHIP Impact Indicators	TRNISHIP Indicators & cross references			
		TRHISHP	GARPR[26]	Shared[27] Agenda	Others
MDG Goal 3: Promote gender equality and empower women *(Eliminate all forms of violence, against women; and stigma and discrimination associated with HIV, other STIs and TB)					
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	**3.3** Proportion of seats held by women in national parliament *in relation to the Number of targeted key decision makers reached with one form of HIV/STI/RH IEC strategy with demonstrated evidence of understanding*.				
***Stigma and Discrimination**: Accepting and caring attitudes towards people living with, and affected by HIV	Evidence of people surveyed expressing accepting and caring attitudes towards PLHIV (as): **Percentage of people who refuse casual contact with a PLHIV; and* **Percentage of people who believe a person should be able to keep his/her HIV status private*				
Goal 4: Reduce child mortality					
Target 4.A: Reduce by two-thirds the under-five mortality rate (between 1990 and 2015)	**4.1** Infant mortality rate **4.3** Proportion of 1 year-old children immunised against measles				
Goal 5: Improve maternal health					
Target 5.A: Reduce by three quarters the maternal mortality ratio (between 1990 and 2015)	**5.1** Maternal mortality ratio **5.2** Proportion of births attended by skilled health personnel				
Target 5.B: Achieve, by 2015, universal access to reproductive health	**5.3** Contraceptive prevalence rate **5.4** Adolescent birth rate **5.5** Antenatal care coverage (at least one visit and at least four visits) **5.6** Unmet need for family planning				

[26] UNAIDS (2014) *Tonga GARPR*
[27] SPC (2014) *Pacific Sexual Health and Well Being Shared Agenda Policy Document*

Goal 6: Combat HIV/AIDS, malaria and other diseases (including STIs)					
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	**6.1** Cumulative HIV incidence (and HIV prevalence among population aged 15-24 years)		1.6		
Target 6.B:Achieve, by 2010, universal access to treatment for HIV/AIDS (and other STIs) for all those who need it	**6.2** Condom use at last high-risk sex				
	6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS/other STIs				
	6.4 Proportion of population with advanced HIV infection with access to antiretroviral drugs (to be measured through: **Percentage of adults and children currently receiving ART; and* **Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy*		4.1 4.2		
Target 6.C: Have halted by 2015 and begun to reverse the incidence of TB and non-communicable diseases	**6.5** Incidence, prevalence and death rates associated with tuberculosis **6.6** Proportion of tuberculosis cases detected and cured under directly observed treatment short course				
* **PPTCP**: Zero HIV parent (mother) to child transmission	Percentage of infants born to HIV infected mothers who are HIV-infected				
***KPHR**: Zero new HIV infections among populations at higher risk of exposure	Percentage of most-at-risk populations who are living with HIV (*disaggregated for KPHR identified in TNISRHSP Section 4.3*)		1.10		
***STIs**: Reduce the number of new cases of all forms of STIs	Young people who have a sexually transmitted infection				

5.3 The National Response 2014 – 2018: Guiding Principles

The principles that informed the development, and that will guide the implementation of TNISRHSP are as follows:

5.3.1 National, Regional and International Declarations and Commitments

- The Constitution of the Kingdom of Tonga
- The Tonga National Development Plan

- Domestic Violence Bill (TBC)
- Tonga National Youth Strategy Action Plan 2013-2018
- Regional and International Commitments & Signed-on Agreements
    - The Pacific Health Plan, PRISIP II and the Sexual and Wellbeing Shared Agenda
    - The Millennium Declaration and the Millennium Development Goals
    - The "**Three Ones**" key principle of coordination of national responses coupled with a **fourth Pacific Regional** standard which stands for:
        i. One agreed Action Framework
        ii. One National Coordinating Authority
        iii. One agreed country level Monitoring and Evaluation System;
        iv. One national funding stream
    - UN Convection of the Rights of the Child (CRC)
    - UN Convention on Persons with Disabilities
    - UNGASS 2011 Political Declaration of HIV adopted by UN Member States in New York
    - International Convention for the Elimination of All Forms of Racial Discrimination (CERD)
    - World Health Assembly Resolutions on TB Control

5.3.2 Shared Aspirations and Values of the people of the Kingdom of Tonga

Revised and adapted based on the previous national response NSP 2009 - 2013 declarations[28]

- ✓ **EMBRACE AND EMPOWER ALL PERSONS LIVING WITH AND AFFECTED BY HIV (PLWHIV) & STIs** without discrimination, but with love compassion and respect as a community with strong social, cultural and religious heritage.
- ✓ **PROTECT AND PROMOTE HUMAN AND GENDER RIGHTS** ensuring the participation and involvement of Key populations at higer riskand gender-sensitive approaches as a core element of the response
- ✓ **UPHOLD THE RIGHTS OF ALL INDIVIDUALS TO EDUCATION** in schools, communities and elsewhere with focus on accurate knowledge about human reproduction and sexuality, and the elimination of all forms of stigma, discrimination, domestic violence and gender abuse.
- ✓ **USE CULTURALLY APPROPRIATE TRADITIONAL PARTICIPATORY AND INFORMAL LEARNING METHODS** such as dancing, dramas, faikava and fono at all levels to promote information about Sexual and Reproductive Health issues including HIV, other STIs.
- ✓ **ENSURE AND EMPOWER THE PARTICIPATION OF WOMEN, GIRLS, YOUNG PEOPLE and PLWHIV** to develop, monitor, and manage Sexual and Reproductive Health programs and interventions directed at them.
- ✓ **ENSURE THE ACTIVE INVOLVEMENT OF LEADERS** at all levels and among government, business, churches, civil society organizations.
- ✓ **RECOGNIZE THE MINISTRY OF HEALTH** as the mandated and accountable guardian of National Health, in partnership with civil societies, faith based organizations, the private sector and development partners
- ✓ **RECOGNIZE THE CCM AS THE GOVERNANCE MECHANISM** for overall implementation of TNISRHSP
- ✓ **ENSURE COLLABORATION AND NETWORKING** among key stakeholders with the use of evidence-based programming
- ✓ **ENSURE COMPLIANCE AND ADHERENCE WITH STANDARDS** at all levels of implementations

[28] *Kingdom of Tonga National Strategic Plan for HIV & STIs, 2009 – 2013*. Nukualofa, Tonga CCM/MoH

- ✓ **ENSURE ROUTINE MONITORING AND PERIODIC EVALUATION** of TNISRHSP with flexibility to accommodate current and relevant research findings

5.3.3 Core Values of the Ministry of Health[29]

- Commitment to quality care
- Professionalism and accountability
- Care and compassion
- Commitment to staff training and development
- Partnership in Health

5.3.4 Applicable Laws and Acts governing SRH services

- Health Promotion Act 2007
- Public Health Act 2005
- Medical and Dental practice Act 2001
- Nurses Act 2001
- Therapeutic Goods Act 2001
- Health Services Act 1991

[29] Government of Tonga Ministry of Health: *Corporate Plan 2008/09 – 2011/12*

6 Focus Areas, Strategic Objectives and Key Activities

The National Response 2014 – 2018: TNISRHSP Structure

With respect to the guiding principles mentioned above, five TNISRHSP domains **Focus Areas** (FA) have been agreed upon to be followed in achieving the vision and goals of the 2014 – 2018 national SRH response period. These are:

Focus Area 1. Prevention
Focus Area 2. Reproductive Health
Focus Area 3. Diagnosis, Treatment, care and Support
Focus Area 4. Rights, Empowerment and Integrated Services for Key Populations
Focus Area 5. Strategic Information, Management and Coordination

For each FA, **Sub Focus Areas** (SFA) linked to their operational **Strategic Objectives** (SO) have been defined, and for each strategic objective, the underpinning interventions or **Key Activities** (KA).

For Focus Area 2 on Reproductive Health only, in keeping with the RH Policy and Strategy (2014-2017) overarching relevant **Policy Statements (PS)** and **Strategy Areas** (SA) in lieu of SFAs have also been stipulated.

To the extent possible, these elements (FA, SFA, PS, SA and KA) have been ordered and related to each other centered on results based management (RBM) and sensible and realistic vertical and horizontal program logics.

A depiction of the structure, colouring, and relationships among FA, SFA, SO, Policy statements and KA is presented in *Figure 6*:

Figure 6: Structure of TNISRHSP

<table>
<tr><td colspan="2">FOCUS AREA #:# FOCUS AREA TITLE

Sub-Focus Area #:#.x Sub Focus Area title

Context information on the focus and sub-focus area that guided the selection of strategic objectives and key activities.</td></tr>
<tr><td colspan="2">POLICY STATEMENT:
(Stipulated only in FA2: Reproductive Health component)</td></tr>
<tr><td colspan="2">Sub-Focus Area of STRATEGY AREA
(SFA are stipulated as Strategic Area for in FA2: Reproductive Health component in keeping with the adapted RH Policy)</td></tr>
<tr><td>#.# Objective:
SMART Objective statement</td><td>Indicator:
Indicator definition</td></tr>
<tr><td colspan="2">Key Activities:
• Activity Statement
• Activity Statement
• Activity Statement</td></tr>
</table>

FOCUS AREA 1: PREVENTION

1a. Strategic Health Communication

- Knowledge and Behaviour Change
- Access of young people to age appropriate HIV/STIs related Youth Friendly Services (YFS)

The impact of awareness raising programs and interventions in relation to increasing knowledge of the transmission of HIV/STIs and adoption of healthy sexual behaviours has shown a controversial result in the DHS 2012[30] findings. Despite most people having some knowledge of HIV/AIDS, only one in five (18% in women and 21% in men) has comprehensive knowledge. Furthermore, the comprehensive knowledge of HIV/AIDS was lowest among youths aged 15-19 years at just 10% of women and 13% of men. This is an area of concern after all the efforts and commitments that have been put into the overall response to HIV and STIs prevention in Tonga. Therefore, a detailed evaluation of the awareness and promotion programs to identify and address missing links and gaps in this NSP 2014-18 is set as an objective.

Promoting safe sex and safer sexual behavior have been extensively implemented as a component of all awareness raising and education programs and activities. Approaches made to promote safer sex include multimedia; drama and live performances by the "Filitonu" (Right Choice) drama group of the TFHA and the "Messengers of the Peace" drama group of TNYC; peer education by trained peer educators; condom distribution at hotspot areas and specific events such as Miss Galaxy and World AIDS Day; and most importantly is integration of programs to strengthen the national efforts in response to HIV and STIs. HIV and STI programs integrated into Church health promotion activities is a milestone since church leaders are highly respected in society and have voices and special power that greatly influence the health behaviour of their congregations.

The practices of risky sexual behaviors of having more than one sexual partner showed a decrease to about 3% among females aged 15-24 years in the DHS 2012 from 8% in the Tonga Second Generation Surveillance[31] (SGS) in 2008, while their male counterparts had markedly decreased from 16% (SGS 2008) to 6% (DHS 2012). At the same time, young females delayed being sexually active below the age of 15 years by about 5% (DHS 2012) however, not much change was seen in their male counterparts with respect to the age of sexual debut.

The HIV and STI testing and counselling objectives and outcomes were only partially achieved. However, what had been achieved was considerable and benefited the beneficiaries immensely. Achievements include the establishment and expansion of accredited VCCT sites since June 2009 from four (4) to 14 to include the outer islands by the end of 2013 with another 3 pending accreditation (*Table 9*), increasing number of counsellors trained to 50 at the end of the 2009-2013 NSP term (*Table 10*), the establishment and expansion of the Youth Friendly Services (YFS) or school based clinics to 14, and the increase in volume and spread of peer education by trained peer educators to enhance the reach of services to targeted population. In addition, the targeted mission of the Salvation Army on alcohol and drug abusers

[30] SPC (2012) *Tonga Demographic and Household Survey*
[31] SPC (2008) *Second Generation HIV Surveillance in Antenatal Clinic attendees and Youths, Tonga, 2008*

and deportees has reached 10% (10,000) of target population. Since there is rising incidences of suicide among youths, domestic and gender based violence, and illegal drug used related crimes, psycho-social counselling is now being considered for this response period as part of the counselling at VCCT sites to address possible linkage with contracting HIV and other STIs. For this reason, there is an innovative cross-training of health care workers as an objective in this response period.

<table>
<tr><td colspan="2">1a. Strategic Health Communication</td></tr>
<tr><td>Objective 1.1:
By 2018, 50% of the general population (60% of key populations) will have age appropriate comprehensive knowledge of HIV/STIs/SRH with a focus on population of higher risk of exposure.</td><td>Indicator:
Percentage of women and men who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV/STIs transmission.</td></tr>
<tr><td colspan="2">Key Activities:
• Develop comprehensive skills-based age and gender appropriate SRH education materials.
• Develop, produce and disseminate behaviour change communication materials and programs targeting key at-risk populations.
• Develop and deliver informal education through drama, discussions and support groups at public and private workplaces.
• Deliver education programs within the community through sporting organisations, church groups, PTAs and schools.
• Promote public awareness on HIV/STI through Mass media campaigns – TV spots, radio programs and newspaper columns.</td></tr>
<tr><td>Objective 1.2:
By 2018, 60% of young people have access to age appropriate HIV & STI related youth friendly services.</td><td>Indicator:
Percentage of targeted young people (10 – 24 years) that are able to access youth friendly services (additional disaggregation by school attendance among orphans and non-orphans aged 10-14 years)</td></tr>
<tr><td colspan="2">Key Activities:
• Train HCWs on YFS.
• Expand School Based Clinics as a key YFS.
• Maintain and promote awareness of dedicated service periods for youths.
• Maintain and periodically review the package of SRH services for youths.</td></tr>
</table>

1b. Prevention of Parent to Child Transmission

So far, there has not been any HIV positive pregnant mother, or mother to child transmission reported. HIV and other STIs testing are routine at ante-natal clinics for every pregnant mother at first booking. Though, there has not been any National Guidelines developed on the use of ARVs including the PMTCT, the program is currently using the WHO Guidelines[32] in the management of new positive cases that are eligible for ARV treatment coupled with the SPC Regional Continuum of Care (CoC) standards under the management of the Treatment Core Team of the Ministry of Health. PMTCT is always a component of refresher trainings on HIV/STI conducted to HCWs by the MOH Communicable Disease Section.

[32] WHO (2013) *Consolidate Guidelines on the use of Anti-viral Drugs for treating and preventing HIV infections.* Available at: http://www.who.int/hiv/pub/guidelines/arv2013/download/en/

1b. Prevention of Parent (Mother) to Child Transmission	
Objective 1.3: By 2018, 100% of all new born babies born to HIV positive mothers in Tonga will have access to early infant diagnosis services for HIV; as per guidelines, ARV prophylaxis.	**Indicator**: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth
Key Activities: • Develop national guidelines on the use of ARVs with adaption from the WHO Guidelines • Develop and finalize national policy and guidelines on the prevention of HIV/AIDS & STIs that will include PMTCT • Train healthcare workers on PMTCT • Counsel and support mothers in decision-making on PMTCT guidelines, including mode of delivery and breastfeeding	

1c. Prevention of Biomedical Transmission (Infection Control)

The MoH has an Infection Control Section and recently allocated a budget line in MoH annual budget to strengthen adherence to standard operating procedures (SOPs) for preventing Hospital Acquired Infections (HAI) or nosocomial infections. This Section is staffed by two sister nurses specially trained in Japan on infection control skills. An Infection Control Committee is in place chaired by the Medical Superintendent of the Vaiola Hospital with members from various MoH sections. A special task force is now working on developing and adapting a national Infection Control Guidelines from the Regional Guidelines. The universal safety precaution is always included in the curriculum of any health profession training locally or overseas, and it is the responsibility of individual HCW to actively practice at all times.

1c. Prevention of Biomedical Transmission (Infection Control)	
Objectives 1.4: By Q2 2015: a. Revise all applicable HIV/STI/RH/Infection Control Committees; b. Adapt/Adopt National Standards from the Regional Guidelines; c. Incorporate guidelines into the School of Nursing (SON) Curriculum and; d. Conduct a National rollout	**Indicator**: Evidence of endorsed National Standards incorporated into the SON Curriculum in place (supported by # and % of HCWs trained/retrained - Indicator Ref OP-67)
Key Activities: • Revise all applicable HIV/STI/RH Infection Control Committees as part of Integrated Guidelines and Standards development workshop • Develop National Standards from the Regional Guidelines as part of Integrated Guidelines and Standards development workshop • Incorporate guidelines into the School of Nursing Curriculum as part of Integrated Guidelines and Standards development workshop • Conduct a national roll-out of new SOPs and Guidelines as part of Integrated Guidelines and Standards development workshop	
Objective 1.5 : By 2018, 100% of all health care workers in Tonga will follow universal safety precautions per the National Infection Control Guidelines.	**Indicator**: Proportion of HCWs that demonstrated adherence to National Infection Control Guidelines.

Key Activities:

- Periodically train HCWs on universal safety precautions per the National Infection Control Guidelines.
- Maintain and promote awareness on universal safety precaution to HCWs through developing and disseminating IEC materials.

1d. Abstinence for targeted groups

Abstinence is the safest prevention strategy from HIV/STIs and unwanted pregnancy amongst unmarried men and women, and it also has both cultural and spiritual values. Culturally, any young female who keep her virginity until marriage is treated with respect and special traditional celebration including the exchange of precious gifts between the couple families. In addition, the Christian doctrine considers sex before married a sin, and many Church Leaders and Lay Preachers in Tonga advocate abstinence and faithfulness before marriage to young people and youths of the congregation. This significant role of Church Leaders and Church Communities needs to be continually recognized and empowered.

1d. Abstinence for targeted groups	
Objective1.6: By 2018, promote the uptake of abstinence as HIV/STIs/unwanted pregnancy prevention strategy amongst unmarried men and women.	**Indicator**: Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15

Key Activities:

- Advocate for the significant role of "abstinence" in preventing HIV/STIs/unwanted pregnancy in unmarried men and women apart from its spiritual value, to Church Leaders Forum and Church communities.
- Promote and resource current and new initiatives of the Faith Communities and the MO'UI MA'A MO MA'ONI'ONI programs.

1e. Condom distribution

Condom promotion and distribution is carried out as a routine function of the MoH HIV/STIs Control and Communicable Diseases section, the Viola Hospital FP unit, and also by both MoH and TFHA managed C&T facilities. Furthermore, the promotion and distribution of condoms for Key populations at higer riskby the TLA is noticeable compared to the usual in that after 3 years of campaigning, 20 locations of hospitality premises throughout Tonga including the outer islands supported TLA implementation by agreeing to using their facilities as condom distribution and access points. During the first half of 2013, the TLA had dispensed a total of 2,134 condoms throughout Tongatapu. The word 'condom' in its Tongan translation of *'konitomu'* was used freely and repeatedly for the first time on air from the most popular FM radio during their awareness and advocacy program since 2010, as well as used by the TLA in their awareness campaigns in Tongatapu and Vava'u.

1e. Condom distribution	
Objective 1.7: By 2018, 100% of targeted health care facilities and other distribution sites in Tonga provide access to free condoms.	**Indicator**: a. Number of condoms distributed (disaggregated by type) b. Number and % of randomly selected targeted facilities that have free condoms in stock at the time of audit (disaggregated by MoH and NGO)

Key Activities:

- Improve the supply and distribution of free condoms, and expand the number of outlets.
- Raise public awareness on facilities that supply free condoms as part of Integrated SHC SRH Media Spots messages.
- Raise public awareness on the dual benefit of condoms with focus on KPHR

1f. Linkage of SRH to NCD

The NCD program in Tonga is under the management of a national governance/advisory committee authorized by Cabinet with a national strategic plan to control NCD already in place. The most recent one called the 'PATH To Good Health, 2010-2015' (Hala Fononga ki ha Tonga Mo'ui Lelei) is the revision of the very first Strategic Plan 2004 - 2009. The NCD Strategic Plan does not have any strategic link with the HIV/STI and RH programs although there are some issues within the Plan that somehow link to the contracting of HIV/STI. For example, Alcohol which is one of the key risk factors of NCD is also a major contributing factor for contracting HIV/STI/ unwanted pregnancy by the most vulnerable subgroup of the population, the young people. In addition, It is a contributing factor to domestic violence and abuse (in any form) in the family and in the workplace.

1f. Linkage of SRH to NCD	
Objective 1.8: By Q4 2014, establish linking and/or combining SRH and NCD program and services at SDP at within community.	**Indicator**: Number of newly established SRH and NCD initiatives.

Key Activities:

- Review and integrate SRH health promotion strategies to NCD/HPU strategic work plan as part of integrated guidelines and standards review workshop
- Maintain and promote SRH through NCD healthy settings programs (school, workplaces, churches, villages)

FOCUS AREA 2: REPRODUCTIVE HEALTH

This subsection is adapted from the Reproductive Health Policy and Strategy 2014-2017[33].

In addition to the adaptation:

- **a)** For each Policy Statement and Strategic Area, SMART[34] Objectives which was identified as a key gap in the original document have been developed in consultation with stakeholders to facilitate effective program and services monitoring and evaluation
- **b)** Key activities underpinning each objective have been re-ordered based on program logic approaches

2a. Maternal and Neonatal Health

"Making Pregnancy Safer (MPS)" or Safe Motherhood aims to protect (and safeguard) the health of mothers during pregnancy, childbirth and postpartum period and to ensure healthy neonates. The policy calls for action and allocation of necessary resources to provide services in a comprehensive and integrated manner. This will help reduce maternal and neonatal morbidity and mortality, thus contributing towards the achievement of MDG 5.

[33] MoH (2013) Reproductive Health Policy and Strategy, 2013 – 2017. Supported by UNFPA

[34] **SMART** stands for Specific, Measurable, Achievable, Realistic and Time-Bound

POLICY STATEMENT: ***Improve Pregnancy and Neonatal Outcomes by making quality Maternal and New born services more available and accessible.***	
STRATEGY AREA 1: *Ensure every pregnant woman is provided with quality antenatal care.*	
Objective 2.1: By 2018, reduced infant, perinatal and neonatal mortality and morbidity through improved quality of antenatal care services.	**Indicator**: Antenatal coverage (at least one visit) IMR & NMR (per 1000 live births) (Disaggregated by setting and Antenatal attendees)
Key Activities: • Promote the early booking of mothers before 12wks with emphasis on most at-risk populations e.g. poor, adolescents, single mothers, women in remote rural areas • Promote the attendance of at least 4 ANC visits by expectant mothers before delivery through radio talks • Prevent transmission of syphilis, HIV and other STIs etc. from mother to child during pregnancy • Promote increased male participation in antenatal, intra partum and post natal care • Standardize quality of antenatal care at all facilities by establishing and resourcing a minimum SRH facilities standards list by levels and types of services • Revise policy for Pap smear screening in antenatal clinics • Provide basic laboratory and radiology services at all sub-divisional hospitals.	
STRATEGY AREA 2: *Ensure every woman has skilled professional at delivery.*	
Objective 2.2: By 2018, reduced infant, perinatal and neonatal mortality and morbidity through improved quality of labor and delivery (intrapartum)	**Indicator:** Number of expectant mothers attended to and delivered by trained/skilled health personnel.
Key Activities: • Sustain current high level of deliveries at health facilities with skilled health workers • Facilitate prompt referrals of high risk cases to divisional hospitals utilizing flowcharts Ensure the presence of skilled birth attendant at delivery for those deliveries not at fully equipped health facilities • Provide clean (sterile) delivery kits to trained TBAs for those deliveries occurring in settings other than health facilities. • Provide incentives to keep skilled birth attendants (SBA) in rural and remote areas • Review current regulations and policies on MNCH (Maternal and Neonatal Child Health) & develop coordinated MNCH framework • Facilitate networking amongst health facilities in up skilling health care workers through clinical attachments at divisional hospitals • Ensure that all health centers are staffed with a SBA in providing skilled obstetric and neonatal care	
STRATEGY AREA 3: *Provide access to basic and comprehensive emergency obstetric care.*	
Objective 2.3: By 2018, reduced infant, perinatal and neonatal mortality and morbidity through level appropriate improved emergency obstetric care.	**Indicator:** MMR, & NNMR (per 100 live births; attributable to lack of emergency obstetric care)

Key Activities:	
• Develop a system for the ongoing up skilling of primary healthcare personnel in emergency obstetric and neonatal competency and skills • Develop sub divisional hospitals to meet basic and/or comprehensive obstetric care standards • Review and strengthen communication and referral strategies amongst all levels of the health system in view of high-risk cases • Conduct annual national audits (reviews) of maternal and perinatal morbidity and mortality (to decipher root cause analysis and determine strategies to address them) • Review PHIS/PATIS to ensure collection of minimum core data for RH indicators • Review and standardize clinical guidelines and protocols.	
STRATEGY AREA 4: *Facilitate Access and Availability of Effective Neonatal Care and Post-natal care*	
Objective 2.4: By 2018, reduced infant, perinatal and neonatal mortality and morbidity through level appropriate improved neonatal and post-natal care.	**Indicator:** IMR & NMR (per 1000 live births) (Disaggregated by setting and Antenatal attendees)
Key Activities: • Provide regular up skilling for staff working at postnatal and newborn units in newborn resuscitation and clinical assessment to recognize danger signs • Develop appropriate post natal and newborn care package for the care of newborns and post natal mothers • Develop policies (strategies) for strengthening postnatal clinic and MCH attendance at regular 1 week and 6 week intervals	

2b. Repositioning Family Planning

Family Planning aims to protect and safeguard the health of mothers and women by ensuring that individuals and couples are able to conceive, postpone or prevent pregnancy; and that they have the means to do so. Family planning is also an effective way of preventing abortion. One of the issues facing health ministries in the Pacific (and donors as well) is the static nature of CPRs over the last decade and also how to make modern methods, including condoms, more attractive to young people. New approaches are required to make modern contraceptive methods more widely available from non-traditional sources.

POLICY STATEMENT: ***Family Planning services repositioned to ensure that all women, men and young persons in Tonga have access to information and their preferred method of contraception whenever and wherever they need it.***	
STRATEGY AREA 1: *Ensure availability of a wide range of contraceptive methods and the introduction of new implantable contraceptives (e.g. Jadelle)*	
Objective 2.5: By 2018, improved access to quality family planning services (with focus on outer islands)	**Indicator**: Proportion of targeted SDPs offering at least four family planning methods.
Key Activities: • A range of methods, including emergency contraception and condoms should be made available; new methods could be introduced in order to attract new users and raise overall frequency of use • Strengthen providers' capacity on technical knowledge and counseling skills to ensure that clients can freely exercise their personal preferences in selecting a contraceptive method • Develop a simplified diagrammatic flowchart for HCWs to aid clients choice of contraceptives	

STRATEGY AREA 2: *Ensure the provision of family planning services together with post abortion and post-partum care.*	
Objective 2.6: By 2018, FP services are incorporated with post abortion and postpartum care.	**Indicator**: Unmet need for Family Planning.

Key Activities:

- Develop health education material on family planning services and contraceptives for antenatal care and for counselling on post abortion complications;
- Ensure that women who had undergone an abortion receive accurate information on the most appropriate contraceptive method to meet their needs, including emergency contraception and condoms, before they leave the health facility;
- Ensure that providers are able to counsel and promote dual protection, or the use of methods to protect against both pregnancy and STIs;
- Post Abortion care service delivery sites should be able to provide most contraceptive methods of a woman's choice. If the method chosen cannot be provided, she should be given information about where and how she can get it and offered an interim method, such as emergency contraception or the condom;
- Family planning counselling and referrals should be linked to post-partum care
- All women should be informed about the condom and emergency contraception and consideration should be given to providing it to women who choose not to start using routine contraceptive methods immediately.

STRATEGY AREA 3: *Ensure the adequate supply of contraceptives at all facilities as well as the community level.*	
Objective 2.7: By 2015, resource pharmacy quality management system and; By 2018 100% health centres, hospitals, and NGO managed health facilities will have access to essential drugs and other supplies for HIV & STI care and management	**Indicator**: # and % of targeted facilities reporting no stock out lasting more than 14 days in a reporting period

Key Activities:

- Develop national and local basic contraceptive supply list for facilities and communities (at least 5 kinds of methods at health centers at community level)
- Ensure government/MOH has a specific budget line for contraceptive supply
- Strengthen family planning supplies and monitoring system
- Conduct training on FP – including EmCPs, Jadelle, T/L and vasectomy
- Provide equipment, drugs and clinical governance structure to facilitate and sustain the provision of Family Planning surgical procedures at sub-divisional hospitals
- Build capacity of subdivision to use LMIS (Logistics Management Information System) and RHCS
- Conduct outreach clinics through mobile caravan.

STRATEGY AREA 4: *Making quality post abortion services more available and accessible.*	
Objective 2.8: Making quality post abortion services more available and accessible	**Indicator**: No objective/indicator developed because in consultation with local stakeholders this potentially violates the Constitution of Tonga for non-medical/therapuetic abortions

Key Activities:

- All activities for medically indicated abortions will be provided routine gynecological/ obstetric care.

2c. Adolescent Sexual and Reproductive Health

(With reference to Tonga National Youth Policy 2014 – 2018)

Protecting the health of adolescents and young people in relation to sexual and reproductive health will support their growth and development and work towards achieving their full potential. The policy calls for action and allocation of necessary resources to provide life-skills based information and education programs, counselling services and youth friendly services in a comprehensive and integrated manner. This will help reduce morbidity and mortality related to sexual and reproductive practices; in particular the reduction of sexual abuse, unplanned pregnancy and STIs including HIV among young people.

<table>
<tr><td colspan="2">POLICY STATEMENT:
All adolescents and young people in Tonga have increased access to expanded and comprehensive youth-friendly SRH services to allow them to make informed choices about life's critical decisions and to be able to protect themselves appropriately.</td></tr>
<tr><td colspan="2">STRATEGY AREA 1:
Development of a formal youth-friendly ASRH educational programme that offer school-based and teacher-facilitated information for different age groups, including younger adolescents and the most at risk young people (MARYP). The delivery of educational packages should be gender-sensitive and apply a life skills based approach.</td></tr>
<tr><td>Objective 2.9:
By 2018, young people are empowered with Age and Sex Appropriate Life Skills Based Education and Information</td><td>Indicator:
Proportion of targeted schools that have rolled out the Family Life Education.</td></tr>
<tr><td colspan="2">Key Activities:
• Revise Family Life Education (FLE) curriculum
• Provide on-going capacity building/training for FLE teachers
• Develop implementation plan to scale-up FLE to all schools
• Incorporate FLE into pre-service teacher education in teacher training institutions
• Develop and provide teaching/learning resource materials</td></tr>
<tr><td colspan="2">STRATEGY AREA 2:
Development of a non-formal youth-friendly Peer Education programme that offer gender-sensitive and life skills based ASRH information in a non-formal setting, that target most-at-risk young people, both in-school and out-of-school.</td></tr>
<tr><td>Objective 2.10:
By 2018, enhanced dissemination of Age and Sex Appropriate SRH information through an enabled environment.</td><td>Indicator:
Proportion of targeted youth that are active peer educators/ mentors.</td></tr>
<tr><td colspan="2">Key Activities:
• Review of current Peer Education programme and identify areas for improvement
• Implementation of Recommendations of Review of Peer Education programme
• (Review the) Application of MARYP approach in Peer Education and Mapping of MARYP populations
• Plans for in-school Peer Education
• Plans for out-of-school or community-based Peer Education
• Develop (and execute) Monitoring and Evaluation Plan</td></tr>
<tr><td colspan="2">STRATEGY AREA 3:
Maintained current interventions in relation to youth-friendly services that address the needs of young people.</td></tr>
<tr><td>Objective2.11:
By 2018, increased access and utilization of Youth Friendly Services (YFS).</td><td>Indicator:
Proportion of targeted young people accessing Youth Friendly Services. (Disaggregated by setting and also the sector and type of utilization).</td></tr>
<tr><td colspan="2">Key Activities:</td></tr>
</table>

- Review of current modalities for provision of youth-friendly services to identify gaps and the way forward for YFS
- Develop a plan for expanding and scaling up of YFS with reference to the findings and recommendations of "review" in item (1)
- Plans for Integration of YFS into primary/secondary health care facilities as part of the continuum of care in reproductive health services
- Establish an effective referral mechanism and continuity of care with other specific services, e.g. social, law enforcers
- Create demand for increasing service utilization by young people, particularly by most at risk young people. Develop specific plans for reaching MARYP groups
- Develop Monitoring and Evaluation plan – especially plans for regular review of health services data for informed decisions and evidence-based programming.

2d. Control of HIV/STIs and on Integration with other SRH Programs

STIs and HIV contribute to reproductive morbidity and mortality and affects all age groups. Delivering services for both STI-HIV target the same population. Clients seeking SRH services and those seeking STI-HIV services share many common needs and concerns. Therefore, by linking and integrating STI-HIV and SRH services, clients have access to both services and providers are able to efficiently and comprehensively provide them.

POLICY STATEMENT: ***Improved client-oriented SRH and STI-HIV service through strengthened linkages and integration between SRH and STI/HIV services.***	
STRATEGY AREA 1: *Strengthening existing STI/HIV and reproductive health services to provide efficient and effective services through integration.*	
Objective 2.12: By June 2014, integrated STI/HIV control and RH program and services at the national strategic plan and policy level (Linked to Objective 5.2 integral Objective Focus Area 3)	Indicator: Evidence of endorsed Tonga National Integrated Sexual and Reproductive Health Strategic Plan 2014 - 2018
Key Activities: • Review of current EmONC Services in selected health facilities – and identify areas for improvements, integration and linkages • Development of specific protocols (or guidelines) to support integration and linkages of STI/HIV to existing RH services (and vice versa) • Dissemination of standard protocols and guidelines on integration and linkages between two programs. • Conduct training and awareness on integration and linkages between STI/HIV and RH services. • Establishment of an effective referral and follow-up system to strengthen linkages • Provide adequate resources to ensure health facilities offering integrated services are fully resourced • Build capacity of individuals and institutions so that quality and quantity of integrated and linked services are maintained	
STRATEGIC AREA 2: *Development of strong linkages where reproductive health and STI/HIV services integration is not feasible, both at programmatic and implementation levels. Linked to Objective 5.2 and Integral Objective in Focus Area 3*	
Objective 2.13: By June 2014, integrated STI/HIV control and RH program and services at the national strategic plan and policy level (linked to Objective 5.2 intergal Objective FA3)	**Indicator**: Evidence of endorsed Tonga National Integrated Sexual and Reproductive Health Strategic Plan 2014 - 2018

Key Activities:

- Review of current referral protocols and guidelines to identify areas for improvement and strengthening on linkages
- Provide adequate resources to ensure health facilities with no integrated services are supported by strong linkage mechanisms
- Develop policies, guidelines/procedures for the integration between FLE, Peer Education and Youth-friendly services.

STRATEGIC AREA 3:
Development of a robust strategic health information structure and system to collect report and manage essential data related to RH and STI/HIV integration and linkages.

Objective 2.14: By 2018, strengthen capacity of the targeted facilities to report quality data.	**Indicator**: Number and proportion of satisfactory reports submitted on time.

Key Activities:

- Review of current health information system to align with reporting indicators for both STI/HIV and RH
- Development of specific protocols and guidelines to support institutionalizing of health data reporting relating to STI/HIV and RH
- Dissemination of protocols and guidelines on reporting indicators for both STI/HIV and RH
- Conduct training and awareness on reporting indicators for both STI/HIV and RH integration and linkages.
- Development of a Monitoring and Evaluation framework to take oversight of the integration and linkages of STI/HIV and RH services and ensure validation of data related to integration and linkages of STI/HIV and RH services.

2e. Health Sector Management of Gender-Based Violence (GBV)

Gender-based violence in Pacific countries is showing incidence and prevalence figures in excess of those found in other parts of the world. This is also the situation in Tonga. While much of the responsibility for GBV is everyone's business. Most countries adopt a multipronged strategy when addressing GBV, combining legislative change, community advocacy and education and special training for health professionals.

POLICY STATEMENT:
The health sector in Tonga trained to a high technical level, with appropriate sensitivity, to deal with GBV injuries sustained by women and girls and to advocate for the elimination of GBV from the community and society in general.

STRATEGY AREA 1:
Ensure a core of hospital and clinic staffs receive equality training and up skilling, including in gender mainstreaming, to provide sensitive care of the women and girl victims of GBV.

Objective 2.15: By the end of 2018, targeted HCWs demonstrate understanding of gender mainstreaming including proper care of victims of GBV and counseling for perpetrators*	**Indicator**: Number and Proportion of trained key staffs that demonstrate compliance with medico legal policy / guidelines to provide comprehensive management and care for GBV victims (in relation to Indicator Ref OP-67)

Key Activities:

- Adapt Tonga National Gender Mainstreaming training curriculum/materials from Regional SPC-HDP resources as part of Integrated Guidelines and Standards Development Workshop
- Review of current GBV response services and programs for men to identify areas for improvement
- Integrated HCW training workshop including in-service training for all staff involved in the care of victims of GBV, including training on the forensic role of health workers.
- Follow up trained individuals to assess compliance of services at SDPs per GBV management flowchart

<table>
<tr><td colspan="2">STRATEGY AREA 2:
Health professionals to provide high level advocacy in support of counterparts in the legal, police and gender areas carry out their work to provide suitable legal remedies and also legal redress for the victims of GBV.</td></tr>
<tr><td>Objective 2.16:
By 2018, demonstrated high level advocacy, support and networking of health professionals with counterparts in the legal, police and other entities engaged in gender mainstreaming and redress for victims of GBV.</td><td>Indicator:
Proportion of the population that are well informed about sexual violence (men and women aged 15-49 years surveyed).</td></tr>
<tr><td colspan="2">Key Activities:
Establishment of a network for the care and support of victims of GBV.
Carry out advocacy for the importance of gender equality in the health and development of Tonga
Strengthen the network for the care and support of victims of GBV</td></tr>
<tr><td colspan="2">STRATEGY AREA 4:
Conduct community and school based talks/question and answer sessions on GBV and on its detrimental social, cultural, personal and health effects.</td></tr>
<tr><td>Objective 2.17:
By 2018, reduced incidence of GBV in communities.</td><td>Indicator:
Proportion of women aged 15-49 years (surveyed) who currently have or ever had an intimate partner who report physical or sexual violence by at least one of these partners in the past 12 months.</td></tr>
<tr><td colspan="2">Key Activities:
Advocacy for the importance of gender equality in the health and development of Tonga
Development/ execution of a practical Monitoring and Evaluation plan.</td></tr>
</table>

2f. Detection, Treatment and Prevention of Reproductive Health System Cancers

Reproductive tract cancers, such as cervical and breast cancer are the leading causes of cancers in women throughout the developing world. Both these cancers, unlike ovarian cancer, can be detected early and without the need for expensive technology. Furthermore nurses and midwives can be up skilled to conduct these detection examinations and ensure that more women access the services. Prostate cancer is probably the commonest reproductive cancer affecting men and can also be detected by clinical examination or by a blood test. Even it is not detected more men die with prostate cancer than from it.

<table>
<tr><td colspan="2">POLICY STATEMENT:
The people of Tonga experience low incidence of reproductive system cancers, with appropriate community engagement, culturally sensitive care and sustainable systems of prevention and early detection.</td></tr>
<tr><td colspan="2">STRATEGY AREA 1:
Retraining, reorientation and up skilling of hospital-based nursing and medical staff to provide quality and culturally appropriate care to women and men diagnosed with reproductive system cancers.</td></tr>
<tr><td>Objective 2.18:
By 2018, established multi-disciplinary cancer care management and support team.</td><td>Indicator:
Proportion of cancer cases managed in a quality assured manner per established guidelines.</td></tr>
<tr><td colspan="2">Key Activities:
Continuous nurses and health personnel education on Breast Self-Examination and early cancer screening
Ensure transparent decision making with offshore cancer treatment
Improve the quality of palliative care for clients and their families
Explore alternative and sustainable technologies for screening for women’s reproductive cancers e.g. VIA for cervical cancer</td></tr>
<tr><td colspan="2">STRATEGY AREA 2:</td></tr>
</table>

<table>
<tr><td colspan="2">Advocacy to members of the public, politicians, medical and nursing leaders to support the setting up screening and vaccination services for adults and for young girls</td></tr>
<tr><td>Objective 2.19:
By 2018, reduced premature deaths attributable to reproductive system cancers</td><td>Indicator:
Number of deaths attributable to confirmed reproductive system cancers.</td></tr>
<tr><td colspan="2">Key Activities:
• Re-establish working relationship with the Breast Cancer and Child Cancer Societies
• Work with development partners (Aust, NZ, UN health agencies) to explore the feasibility of HPV vaccination for Tongan school girls.</td></tr>
<tr><td colspan="2">STRATEGY AREA 3:
Community advocacy, engagement and empowerment to enable women and men to access screening and detection services as required and during special initiatives.</td></tr>
<tr><td>Objective 2.20:
By 2018, increased proportion of population has access to cancer screening and detection services on a need basis.</td><td>Indicator:
Number and proportion of individuals screened for cancer (disaggregated, denominator: projected needed to be screened.</td></tr>
<tr><td colspan="2">Key Activities:
• Carry out community education through health talks, radio and TV spots</td></tr>
<tr><td colspan="2">STRATEGY AREA 4:
To establish more men-friendly facilities and men-oriented services as an integral part of promoting, advocating for and implementing RH programs.</td></tr>
<tr><td>Objective 2.21:
By 2018, established SRH initiatives that promote the active involvement of men, young people.</td><td>Indicator:
Number of new men specific SRH initiatives implemented.</td></tr>
<tr><td colspan="2">Key Activities:
• Mobilize men to take part in promoting gender equity and advocate for issues such as sexual violence, prevention of STI/HIV and involvement in FP</td></tr>
<tr><td colspan="2">STRATEGY AREA 5:
Advocate for, promote and ensure more participation of men in their own RH choices and activities and that of their partners.</td></tr>
<tr><td>Objective 2.22:
By 2018, strengthened men shared responsibility in SRH through responsible parenthood and behaviour.</td><td>Indicator:
Number of vasectomies.</td></tr>
<tr><td colspan="2">Key Activities:
• Advocate and provide support for husbands and partners to accompany their wives/partners attending Antenatal Clinic, Post Natal and FP clinics.</td></tr>
<tr><td colspan="2">STRATGY AREA 6:
Develop programs on FP, RH, STI specifically focusing on men's health, focusing on young school leavers, sea farers, church youth groups.</td></tr>
<tr><td>Objective 2.23:
By 2018, men-friendly SRH initiatives incorporated into existing RH Programs and services with focus on SDPs.</td><td>Indicator:
Number of male nurses involved in SRH services.</td></tr>
<tr><td colspan="2">Key Activities:
Training of health professionals on non-scalpel vasectomy procedure to ensure at least one trained health professional in Haapai, Vava'u and 'Eua.</td></tr>
</table>

2g. Immunization Program integrated with SRH.

The Tonga Immunization program is under the Reproductive Health program section of the MoH supported by public health nursing services from health centres in the outer islands. Impediments in realizing satisfactory national coverage particularly in the outer islands continues to be delays in delivery

of vaccines, maintenance of the cold-chain storage system and difficulties in vaccine coverage management linked to in-completeness of the immunization registry.

POLICY STATEMENT: ***Achieve satisfactory nationwide level of individual and herd immunity for priority vaccine-preventable diseases with focus on the immunization of children.***	
STRATEGY AREA 1: *Streamline the service relationships and continuum of prevention strategies between all SRH and its focus Immunization Programs.*	
Objective 2.24: By 2018, applicable SRH strategies will be integrated with the expand programs on Immunization.	**Indicator**: Number and Proportion of targeted individuals up to date with the National Immunization Schedule.
Key Activities: • Review and optimize cross-linked activities between all SRH and Immunization. • Conduct optimization retreats within the Immunization Program. • Resource all Immunization services to protect the vaccine cold chain with focus on outer islands, and improve vaccine distribution logistics system, training and administration.	
STRATEGY AREA 2: *Reduce the overall financial costs (services and out of pocket) of vaccines and other prevention interventions required for Tongans travelling or coming back from overseas trips.*	
Objective 2.25: By 2018, expand Immunization services to nationalize common vaccine required for International travels	**Indicator**: Consolidated costs of out of schedule vaccines annually (disaggregated by in-country and out of country administration).
Key Activities: • Audit the total financial costs of out-of country administration of vaccine required for International travel in relation to projected costs if administered locally. • Estimate the costs (additional staff, process and equipments) if nationalize. • Expand Immunization Services to meet travel vaccine requirement if pragmatic.	

2h. Policy Statement on men as equal partners in reproductive health

No sustainable approach to making a difference in Reproductive Health is possible without involving men, as they are often the power in the family and decisions cannot be made without their say so. However men are also quite specific in their needs and in the types of services that they seek. RH, when it is mixed in with other health service opportunities, is often more attractive to men. In some countries mortality amongst younger men is increasing as they become less active and start eating an unhealthy diet, combined with smoking and excessive alcohol intake.

POLICY STATEMENT: ***All men in Tonga have access to more men-friendly facilities, are provided with men-oriented reproductive health services and participate fully in reproductive health activities involving their partners, children and young women and men.***	
STRATEGY AREA 1: *To establish more men-friendly facilities and men-oriented services as an integral part of promoting, advocating for and implementing RH programmes.*	
Objective 2.26: By 2018, strengthened men shared responsibility in SRH through responsible parenthood and behaviour.	**Indicator**: Number of vasectomy procedures.

Key Activities:	
• Advocate and provide support for husbands and partners to accompany their wives/partners attending Antenatal Clinic, Post Natal and FP clinics • Training of health professionals on non-scalpel vasectomy procedure to ensure at least one trained health professional in Ha'apai, Vava'u and 'Eua	
STRATEGY AREA 2: *Advocate for, promote and ensure more participation of men in their own RH choices and activities and that of their partners.*	
Objective 2.27: By 2018, established SRH initiatives that promote the active involvement of men, young people.	**Indicator**: Number of new men specific SRH initiatives implemented
Key Activities: • Mobilize men to take part in promoting gender equity and advocate for issues such as sexual violence, prevention of STI/HIV and involvement in FP • Development of practical Monitoring and Evaluation Plan	

FOCUS AREA 3: DIAGNOSIS, TREATMENT, CARE AND SUPPORT

3a. Counseling and Testing

The main mode of transmission of HIV and other STIs in Tonga is predominantly heterosexual contact with Chlamydia being the most common STI, and also Gonorrhoea, Syphilis and Trichomoniasis as other commonly diagnosed STIs annually. In all cases, particularly for HIV (and TB co-infection) early accurate diagnosis with prompt initiation of treatment is essential to limit morbidity, disabilities and mortality. Screening for HIV, Chlamydia, Syphilis and Trichomoniasis is available locally in the main hospitals in Nuku'alofa and some of the island groups, and TFHA clinics in Tongatapu and Vava'u. With respect to HIV testing, as opposed to the need to the need to refer specimens to reference laboratories in Australia or New Zealand in the past, confirmation is now done locally since Tonga instituted the Pacific Regional HIV Algorithm test protocol in November 2011. With screenings (HIV in particular), pre-test counseling followed patients receiving their results through post-test counseling is an important process. Overall, the number of people being screened, counselled and tested for HIV and other STIs within the general population (except routine ANC and TLA members) is very low. Hence the need through SHC interventions to promote VCCT and access to accredited C&T facilities in this response period.

3a. Counseling and Testing	
Objective 3.1: By the end of Q4 2014, develop and roll out a Tonga National Counseling and Testing Standards	**Indicator**: Evidence of endorsed National Counselling and Testing Standards.
Key Activities: • Develop and Review the National C&T Guidelines with focus on VCCT as a part of Integrated Guidelines and Standards Development Workshop • Roll out C&T standards • Provide incentives to promote the use of trained volunteer counselors	
Objective 3.2: By 2018, 60% of population that are sexually active have access to comprehensive HIV & STI Counseling and Testing services as per Tonga National C&T Standards (with focus on populations at higher risk of exposure).	**Indicator**: Number and % of individuals tested for HIV/STIs who received their test results through post-test counselling.
Key Activities:	

• Establish VCCT sites with proper referral systems according to Pacific minimum standard guidelines. • Screen all cases of HIV for TB and all TB FOR HIV; and follow up per management guidelines • Provide an uninterrupted supply of laboratory test kits for HIV/STI, reagents and equipment for HIV confirmatory testing, CD4 and viral load estimation.

Objective 3.3: By 2018, 95% of ANC women will have been tested for chlamydia using a high sensitivity assay in any health care STI setting.	**Indicator**: Number and % of individuals tested for chlamydia who received their test results through post-test counselling (disaggregated by test type).
Key Activities: • Optimize STI surveillance system. • Provide an uninterrupted supply of lab test kits for chlamydia (and HIV + Gonorrhea reagents and commodities.	
Objective 3.4: By 2018, at least 80% of cases positive for STIs treated (at least 90% for populations at higher risk of exposure.	**Indicator**: Number and % of individuals positive for STIs that were treated. (Additional disaggregation by type of STIs general, ANC, and PAHRE).
Key Activities: • Establish national referral guidelines on STI care and management between AHD, Reproductive Health services and other relevant services. • Make drugs available for treatment of STIs care and management at all SDPs levels (in accordance with provisions of the Therapeutic Goods Act, 2001).	

3b. HIV & STI Care & Management including Supply Chain Logistics (SCL)

HIV management follows the applicable WHO Guidelines and Pacific Regional CoC standards; and STIs case management follows the Pacific Regional Comprehensive Sexually transmitted Infections Management Guidelines[35]. However, the low percentage of individuals positive for STIs that were treated at only 32.3% in women and 17.8% in men is a serious public health concern in view of being able to effectively break the chain of transmission though elimination of reservoirs of infection. Hence this concern is tagged to be addressed in this response period; as well as adequately resourcing point of care facilities with level-appropriate qualified health professionals, updating/adapting management guidelines to Tonga local situation and revising case referral system protocols and flow charts.

For HIV ARVs, STI and TB drugs and testing commodities, Tonga leverages the regional pooled negotiated price reduction procurement process through the Fiji Pharmaceutical Services in Suva. However, within the country effective stocking, distribution and dispensing is impeded by an inadequate nationwide inventory control system, poor supply chain logistics, and insufficient number of professional pharmacists and pharmacy assistants. Therefore establishing and resourcing a comprehensive nationally appropriate Pharmacy Quality Management System (PQMS) has be set as an issue to be addressed in this response period.

3b. HIV & STI Care & Management including Supply Chain Logistics (SCL)	
Objective 3.5: Update immediately (by Q1 2015) and then review the National 'Evidence Informed Guidelines for the Management of Sexually Transmitted Infections' every	**Indicator**: Evidence of Guideline and Proportion of targeted SDPs and Practitioners compliant with "Updated 'Evidence Informed Guidelines for the Management of Sexually

[35] Secretariat of the Pacific Community (2012) *Comprehensive Sexually Transmitted Infections Management Guidelines*

2 years per the SPC Regional Comprehensive Sexually Transmitted Infections Management Guideline.	Transmitted Infections.

Key Activities:
- Update 'Evidence Informed Guidelines for the Management of Sexually Transmitted Infections' (Lead Activity for all Guidelines and Standards Update)
- Review national guidelines for management of STIs biennially
- Publish and Disseminate STI management Guidelines

Objective 3.6: By 2018, 80% of targeted health care workers trained or retrained in comprehensive STI care and management; and HIV CoC.	**Indicator**: Proportion of targeted SDPs and Practitioners compliant compliant with "Updated 'Evidence Informed Guidelines for the Management of Sexually Transmitted Infections"(additional disaggregation - sector and training focus) in relation to Indicator Ref OP-67

Key Activities:
- Conduct workshops for key HCW and stakeholders on C&T
- Conduct workshops for key HCW in comprehensive STI
- management
- Integrate STI care management in the Queen Salote School of Nursing Health curriculum and other targeted HCW training programs
- Conduct practice quality and compliance audits.

Objectives 3.7: By 2015, resourced Pharmacy Quality Management System and By 2018, 100% of all targeted health facilities at all level will have access to essential drugs and other supplies for HIV & STI care and management.	**Indicator**: Number and % of targeted facilities reporting no stock out lasting more than 14 days in a reporting period.

Key Activities:
- Develop, and implement a Pharmacy Quality Management System (PQMS) based on current issues and challenges in drug management and dispensing.
- Resource targeted facilities with level appropriate equipment's and technologies in line with PQMS.
- Conduct PQMS training for Pharmacy Staff, HOs and other HCWs in targeted facilities with follow up compliance checks.
- Make drugs available to health Centre's, hospitals and NGO managed health facilities

3c. Care and Support for People Living with HIV/AIDS (PLHIV)

Early diagnosis and prompt initiation of ante-retroviral therapy (ART) for HIV positive individuals is a critical success factor in promoting survival, reducing TB co-morbidity and, reducing the risk of sexual transmission of HIV to a non-infected partner. Therefore, continuation of the administration of ART to all eligible patients in a totally confidential manner and setting coupled with wrap around Continuum of Care (CoC) including Patient Monitoring System and package of care for those infected and their families and community affected by HIV with efforts to elimination of all forms of stigma, discrimination and denial of access to services is crucial in this response period. In addition to HIV specific management needs of PLHIV, it is also important to fully avail them access to all other health services and products.

3c. Care and Support for People Living with HIV/AIDS (PLHIV)	
Objective 3.8: By 2018, all HIV+ eligible individuals placed on ART	Indicator: Number and percentage of adults and children with HIV infection eligible for ART currently receiving ART in accordance with the regionally approved treatment protocol (additionally disaggregated for ANC and

	breastfeeding status)
Key Activities: • Make drugs available for care & management of HIV.	
Objective 3.9: By 2018, all HIV+ individuals provided with a package of care and support services that include a patient monitoring system and assures non-discriminatory access of PLHIV to services.	Indicator: Number and percentage of HIV+ people enrolled in the HIV program who receive care and support services that include a patient monitoring system.
Key Activities: • Assure comprehensive care & support including PMS for PLHIV	

3d. Addressing Stigma Discrimination and Confidentiality in the Workplace

Given the very low case rate of HIV since the index case in 1987 with only 2 HIV positive cases currently alive; there has been no need to push for a separate HIV Bill within the Constitution of the Kingdom of Tonga. None the less, it is important to keep in view strong stigma associated with HIV among the general population given that only 3% of women and 11% of men aged 15-49 years expressed overall tolerance and acceptance of PLHIV (DHS, 2012). Therefore, efforts must be continued and policies institutionalized to eliminate fear, stigma and discrimination towards PLWHIV (and persons with TB) and associated social consequences such as rejection, unemployment, poverty, and lack of access to basic needs, housing and healthcare.

3d. Addressing Stigma Discrimination and Confidentiality in the Workplace	
Objective 3.10: By Q4 2014, MoH & targeted government entities have established HIV/STI workplace policies that protect employees and patients from stigma and discrimination arising from their HIV status.	Indicator: MOH HIV/STI workplace policy rolled out and enforced.
Key Activities: Develop and implement HIV & STI workplace policy Monitor compliance with workplace HIV & STI workplace policy	
Objective 3.11: By 2018, targeted non-governmental organisations delivering health care services related to HIV & STIs have established their own workplace policy that protects employees and patients from stigma and discrimination arising from their HIV status.	Indicator: Organizational workplace policy rolled out and enforced.
Key Activities: Develop and implement HIV & STI workplace policy Monitor compliance with workplace HIV & STI workplace policy	

3e. Strengthening the Health Surveillance System

While STI screening is available nation-wide, all specimens are normally sent to the Viola Hospital Laboratory in Nuku'alofa for processing. Therefore, in most instances, particularly in the outer islands groups, syndromic case management of STIs is used widely. This limits the ability to accurately assess the STI case rate as well as recognize and institute preventive measure for an STI epidemic or unacceptable localized outbreak. In addition, syndromic case management has the shortfall of mis-treatment utilizing wrong or non-sensitive anti-infective drugs, overtreatment, and non-treatment of asymptomatic cases. So far, STI surveillance is basically based on Viola Hospital Laboratory STI tests register as well as STI case reporting. There is a need therefore in this response period to strengthen

routine STI case reporting backed by anti-microbial resistance monitoring and special surveillance studies such as Second Generation Surveillance (SGS) or Integrated Bio-Behavioral Surveys (IBBS).

3e. Strengthening the Health Surveillance System	
Objective 3.12: By 2018, a National HIV/STI/RH surveillance database has been established and is operational.	**Indicator**: Evidence of functioning National HIV/STI/RH surveillance database.
Key Activities: Develop a National HIV/STI/RH surveillance database as an integral part of the Health Management Information Systems Implement the National HIV/STI/RH Surveillance database.	

FOCUS AREA 4: RIGHTS, EMPOWERMENT, AND INTEGRATED SERVICES FOR KEY POPULATIONS

4a. Partnership and networking

The involvement of a group of people in interventions and strategies directed at them is a good practice known to be associated with successful outcomes. In Tonga, a number of Key Populations at Higher Risk (KPHR) were identified in *Sub-Section 4.3* of this strategy as target groups for tailored interventions. While there has been some involvement of some of these groups both in strategy development and implementation, these have been based on opinions rather than researched or non-biased ascertained characteristics and vulnerability risk factors within each group. Therefore, this response period aims to set up evidence informed strategic partnerships and networks with KPHR with heightened focused on neglected, disregarded, or marginalized groups so as to better tailor interventions to their needs and design unique processes to facilitate their access to SRH services.

4a. Partnership and networking	
Objective 4.1: By 2018, studies focused on the characteristics of targeted key populations have been conducted with approved recommendations implemented.	**Indicator**: Percentage of key populations at higher risk reached with a redirected (approved recommended) HIV-prevention programme.
Key Activities: • Conduct special surveys to ascertain the key populations in Tonga and their characteristics. • Advocate and sensitize the general population and leaders at all levels with respect to sexual and gender identity, orientation and mainstreaming (with focus on legislative aspects). • Conduct workshops on gender mainstreaming with focus on services related to sexual and gender orientation	
Objective 4.2: TNYP Objective 3: All youth of Tonga are empowered to practice healthy lifestyles and behavior through accessing high quality health education, life-skills training and youth-friendly health services. (linked Objective 1.2)	**Indicator**: The number and proportion of youths involved in strategies and interventions directed at them.
Key Activities: Refer to activities in Objective 1.2	
Objective 4.3: By 2018, targeted interventions for KPHR and marginalized groups with promotion of universal access to SRH services	**Indicator**: Percentage of targeted KPHR who report the use of condom during their most recent high risk sex (*youths, sex workers, MSM, persons with multiple partners, sea farers, leiti's etc)

• Promote the engagement of KPHR through the use of VCCT of non-formal settings	
Objective 4.4: By 2018, increased participation of Leiti's in interventions directed at them with focus on the elimination of stigma and discrimination	**Indicator**: Number of TLA members actively involved in the development and implementation of activities directed at them
• Conduct focused review of TLA interventions and activities and re-direct as recommended	
Objective 4.5: By 2018, Peer education programs have been re-designed and implemented by stakeholder groups	**Indicator**: Number and percentage of key populations reached with one form of IEC strategy
• Review and update existing Peer education programs and associated processes • Expand reach and involvement of youths and other groups in Peer Education Programs • Expand and up skill current pool of peer education ambassadors	

4b. Advocacy on HIV & STIs

In the previous response period, Tonga was able to maintain its commitment to the control of HIV and STIs with its health budget backed by significant donor funding, particularly, the Multi-Country Global Fund and Response Fund grants. Donors grant support ranged from financial funding of interventions by MoH and CSOs; support of salaries of a key national program staff; procurement of ARVs, STI Drugs, commodities; lab equipment and consumables; to financing regional partners led trainings and technical assistance. With this, a lot of gains have been realized. However, with the current global economic crises and dwindling shrinking donor supports, there is a need for political will backed by public funding at the highest levels of government alongside coordinated public-private multi-sectoral responses championed by leaders at all levels (Nobles, Lords, Members of Parliament, community leaders, and the Clergy) to enact enabling policies, secure internal and external funding, promote universal access and coverage, and leverage the media to maintain HIV & STI Control interventions with heightened focus on KPHR.

4b. Advocacy on HIV & STIs	
Objective 4.6: By 2018, increased commitment of key influential groups to advocate for Rights, Empowerment & Integrated Services for Key Populations (with focus on the participation of women in national parliament)	**Indicator**: Proportion of seats held by women in national parliament in relation to the number of targeted key decision makers reached with one form of HIV/STI/RH IEC strategy with demonstrated evidence of understanding
Key Activities: • Compile the key issues with recommendation that need to be brought to the attention of the key influential groups and leaders. • Conduct one-on-one, focus groups and workshops and special activities (Miss Galaxy & Fili Tonu) as applicable to engaged key influences on this matter. • Promote the use of key influences and nobles or key victimize individuals in public campaign	

4c. Involvement of PLHIV and Affected Communities in SRH Programming and in Protection of Rights and Empowerment

The real needs and challenges of those infected by HIV and their families and communities that are affected and stigmatized could only best be understood and described by them. This is also the same case for vulnerable groups and marginalized persons such as sex workers and men having sex with men. As such, interventions would be most appropriate and effective if based on the actual needs of KPHR, their experiences and involvement in designing focused interventions.

4c. Involvement of PLHIV and Affected Communities in SRH Programming and in Protection of Rights and

Empowerment.	
Objective 4.7: By 2018, projects have been designed and implemented that directly involve PLHIV affected individuals, communities and key groups in SRH project planning, development, implementation and legislative processes.	**Indicator**: Number of People Living with HIV/AIDS (PLHIV) reached with a jointly developed minimum package of Prevention with PLHIV (PwP) interventions as defined by the Tonga MoH.
Key Activities: • Advocate maintaining and when necessary lobby for new or changed legislative frameworks. • Identify programs and services suitable for involvement of the public declared affected individuals. • Ensure the active involvement of the key affected persons and key populations in the CCM. • Promote implementation of SRH intervention by entities that are champion by key affected persons.	

4d. Protection of Children, vulnerable and marginalized groups

Though Tonga has general provisions in the Constitution that protects the rights of all individuals, and Tonga is a signor to the Convention on the Rights of Children as well as Convention on the Rights of Persons with Disabilities, there is no particular policy within the current constitution that specifically protects the rights of the children, the vulnerable and the marginalized. Therefore, while advocating favourable comprehensive constitutional review on specific legislation and policies that protects the rights and access of children, disabled people, and key populations to services; there is a strong need to set up processes focus on empowering children, youths, women, KPHR and marginalized groups to recognize and deal with human rights violation and/or discrimination. In addition, while there is no openly declared PLHIV in Tonga, it is important to continue to engage key persons that could serve as the voice of people infected and affected by HIV, other stigmatizing diseases such as TB, and the marginalized with special attention to the rights of women and girls, and people with disabilities.

4d. Protection of Children, vulnerable and marginalized groups	
Objective 4.8: By 2018, Initiatives focused on child safety and protection have been developed and implemented.	**Indicator**: Existence of national guidelines, policies and/or programs directed at the prevention of HIV infection in infants and young children and the care of infants and young children in accordance with international or regional standards including NCIP assessments.
Key Activities: • Review current initiatives. • Identify cross-cutting areas in the Family Protection Act for SRH implementation. • Promote linkages and established referral process between SRH implementing entities TNCWC & WCCC.	
Objective 4.9: By Q4 2014, establish linkage of SRH program and services for the Ministry of Internal Affairs and other entities, programs and services for individuals with physical or mental disabilities.	**Indicator**: Number of advocacy and policy strategies for the protection of the Human Rights and empowerment of PLHIV and affected people that have been revised/formulated (National Commitments and Policies - NCP)
Key Activities: • Network and establish MOU for SRH with MIA • Conduct workshops for HCW and implementing partners on services for persons with disabilities.	

FOCUS AREA 5: STRATEGIC INFORMATION, MANAGEMENT & COORDINATION

5a. Expand the role of CCM and strengthen its functionality

Since the last response period (2009-2013), the Tonga Country Coordinating Mechanism (CCM) remains the official national coordination body for the control of HIV/AIDS and other STIs. While the evolution of the CCM draws its historical basis as Global Fund (GF) country recipients' governance requirement, the CCM has also successfully provided leadership for national Response Fund (RF) grant implementations as the other main regional multi-country grant alongside GF. As part of the findings of the RF End of Project Evaluation, there was the observation that not all members of the CCM were satisfactory engaged in the leadership role, thus burdening those that were active, and therefore a call for re-vising CCM membership. Further to this, the current TNISRHSP is broader than just the control of HIV and other STIs, as it encompasses sexual and reproductive health priorities in Tonga. Therefore, the membership, CCM Terms of Reference (TOR) and administrative resources available to the CCM would have to be re-drawn to ensure CCM's fit for a now much more bigger SRH effort.

<table>
<tr><th colspan="2">5a. Expand the role of CCM and strengthen its functionality</th></tr>
<tr><td>Objective 5.1:
By Q4 2014, endorsed revised CCM TOR and membership; and throughout the entire INSP period, increased effectiveness.</td><td>Indicator:
Endorsed CCM TOR and demonstrated evidence of effectiveness to secure and manage human, financial and other resources required by the TNISRHSP.</td></tr>
<tr><td colspan="2">Key Activities:
• Revise draft TOR and Membership and operationalize after endorsement.
• Institute measures to build the capacity of CCM Members.
• Resource the CCM Secretariat (facility and staff)</td></tr>
<tr><td>Objective 5.2:
By June 2014, integrated STI/HIV control and RH program and services at the national strategic plan and policy level (Linked to RH 2d)</td><td>Indicator:
Evidence of endorsed Tonga National Integrated Sexual and Reproductive Health Strategic Plan 2014 – 2018.</td></tr>
<tr><td colspan="2">Key Activities:
Refer to activities on the RH Sub Focus Area 2d</td></tr>
<tr><td>Objective 5.3:
By Q4, 2014, a broad partnership between NGOs, FBOs, CSOs, MoH divisions, and other stakeholders has been established, is operational (meets regularly, and participates in cross-cutting MoH committees)</td><td>Indicator:
Evidence of the functioning partnership deliberations.</td></tr>
<tr><td colspan="2">Key Activities:
• Draft MOUs for key entities and stakeholders.
• Resource networking and meetings of partners.
• Promote multi partnership visits to outer islands.</td></tr>
<tr><td>Objective 5.4:
By Q4 2014, Disseminate and orient adopted HCW and key stakeholders for the Tonga National Integrated Sexual & Reproductive Health Strategic Plan; and by Q2 2017 carry out the same process for the MTR</td><td>Indicator:
Number of targeted individuals that demonstrate satisfactory understanding of the Tonga National Integrated Sexual and Reproductive Health Strategic Plan 2014 – 2018.</td></tr>
<tr><td colspan="2">Key Activities:
• Conduct strategic plan orientation workshops to key stakeholders.
• Conduct MTR update orientation workshops to key stakeholders.
• Carry out follow up audits on the understanding of NSP among key stakeholders.</td></tr>
</table>

5b. Strengthened capacity of CCM and the M&E of Implementing Agencies

In the last response period, the piloting of the Fundamentals in Monitoring and Evaluation for Pacific Islands' curriculum, the Mid-term Review (MTR), GARPR, formalization of the M&E Framework, and the

End-term Review, are notable achievements that have advanced progress performance assessments of implementations in Tonga. As M&E data and information continues to be generated, it is important for the CCM in its coordinating role, and all implementing agencies to have a solid grasp of basic M&E concepts required to peruse and understand their data in order to take prompt corrective actions where indicated, as well as to be able to make sound evidence – informed decisions.

5b. Strengthened capacity of CCM and the M&E of Implementing Agencies	
Objective 5.5: By 2018, strengthened CCM coordination of a 'one National M&E system.	**Indicator**: Level of functionality of the National M&E System (with reference to the 12 standard components - GF/USAID).
Key Activities: • Internalize the officer of the National HIV/STIs Program Coordinator (in the national Health Budget) • Demonstrate the need for an M&E personnel for SRH Programs (seated within the MOH Planning and HIS Unit) • Resource processes and facilities for SRH Data Management within HIS. • Resource Data Collection and Verification nationally with focus on outer islands.	
Objective 5.6: By 2018, strengthen capacity for strategic information at all levels and in all sectors.	**Indicator**: Number of targeted individuals trained/retrained.
Key Activities: • Conduct management and reporting training for Programs Coordinators. • Conduct proposal and grant writing training.	
Objective 5.7: By 2018, stakeholders positioned for TNISRHP Orientation (standards & training) with periodic review of National Responses. (Mid-Term and End Term)	**Indicator**: Mid-Term Review and End-Term Review reports on file.
Key Activities: • Implementation orientation and integrated Guidelines and Standards Review workshops (Lead activity for all integral implementation processes) • Integrated cross-cutting training workshop for HCW (Lead activity for all integral training processes) • Conduct Mid-Term Review of TNISRHSP • Conduct End-Term Review of NSP • Develop new period strategic plan (immediately after ETR)	

5c. Improved strategic information and processes

The ability to report the right data and information that is timely, accurate, complete and actionable in the right format bearing the recipient (such as the general public, KPHR, and key stakeholders) in mind is critical to the use of the information for evidence informed decisions by key stakeholders. In this regard, these response period efforts will intensify capacity building and trainings to strengthen M&E systems nationally, implement an SRH information system that is integrated with the National Health Information Systems, and conduct relevant surveys and special studies.

5c. Improved strategic information and processes	
Objective 5.8: By 2018, Strengthened capacity of targeted facilities to report quality data	**Indicator**: Number and proportion of satisfactory reports submitted on time.
Key Activities: • Optimize existing surveillance system (HIS) • Centralize data collection mechanism	

• Conduct Data Audits to assure quality before annual and period report.	
Objective 5.9: By the end of Q4 2014, Need Analysis conducted; by the end Q2, 2015 knowledge gaps of SRH staff addressed with focus on their Competence, Data Quality and Reporting.	**Indicator**: Evidence of the implementation of resource recommendations of the Needs Analysis.
Key Activities: • Develop and resource RFP (request for proposal) for Gap Analysis. • Conduct training and workshops based in identified gaps. • Develop and disseminate service manual and/or SOPs to eliminate gaps.	
Objective 5.10: By 2018, Strengthened M&E and Surveillance backed by population surveys and special studies	**Indicator**: Demographic health survey and conducted research/studies reports on file.
Key Activities: • Promote the use of 'exit questionnaire' at point of service (POS) facilities. • Conduct population and special survey such as DHS & SGS	
Objective 5.11: By 2018, advance media relations/advocacy on STIs-HIV control, linking to media at national and international levels.	**Indicator**: # of SHC spot messages by type and media.
Key Activities: • Review current IEC material, print and disseminate • Design, print and installed billboards • Media programs during national and international recognized memorial days. • Air monthly Radio and TV program on SRH issues.	

PART 3: MONITORING & EVALUATION

7 M&E Matrix

The Monitoring and Evaluation Results Matrix presented below is based on the TNISRHSP narratives and Focus Areas contexts that were detailed in prior Part 2 of this document.

Both of these sections are based on the results chain and program logics which was completed by participants and key stakeholders during the following events/processes:

- ETR in June 2013
- The developments of the RH Policy and NSP for HIV and STIs in November 2013 and,
- Revisions of harmonized objectives and interventions during this June 2014 workshops.

The results matrix includes:

- Goal
- National Impacts to measure achievement of the goal, aligned with regional and global reporting requirements where feasible, particularly the Tonga MDGs
- Five Strategic Focus Areas
- Objectives by Focus Areas
    - Activities linked to Objectives for Implementation Plan purposes
    - Key implementing entities by objective areas identified in some cases/reserved column
- A list of desired Results for each Objective at outcomes and impacts levels
- Indicators for results, to indicate over time whether the result has been achieved

7.1 Performance Framework

Indicator OP - Output OC - Outcome IM - Impact	TNISRHP Indicator Ref	Indicator Cross Ref	Baseline	Baseline Source & Year	Targets 2014		2015		2016		2017		2018	
					Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
1. Prevention														
1a. Strategic Health Communication														
Percentage of women and men aged 10-24 years who both correctly identify ways of preventing the sexual transmission of HIV/STIs and who reject major misconceptions about HIV/STIs transmission	OC-11	GARPR 1.1	18% (Gen Pop) M: 13%, F:10% (Youths)	DHS 2012										50% (Gen Pop) 60% (MARPS)
Percentage of targeted young people that are able to access youth friendly services (additional disaggregation by school attendance among orphans and non-orphans aged 10-14 years)	OC-12	GARPR 10.1	Unknown											60%
1b. Prevention of Parent (Mother) to Child Transmission														
Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	OC-13	GARPR 3.2	No known HIV+ ANC case	MoH, 2013										100% (Cases within the period if any)
1c. Prevention of Biomedical Transmission														
Evidence of endorsed National Standards incorporated into the SON Curriculum in place (supported by # and % of HCWs trained/retrained - Indicator Ref OP-68)	OC-14		None			Infection Control Guideline Publish	Guideline incorporated into SON Curriculum							

Indicator OP - Output OC - Outcome IM - Impact	TNISRHP Indicator Ref	Indicator Cross Ref	Baseline	Baseline Source & Year	Targets									
					2014		2015		2016		2017		2018	
					Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
						ed								
Proportion of HCWs that demonstrated adherence to National Infection Control Guidelines	OC-15		Unknown					80%	85 %	90%	95 %	100%	100 %	100%
1d. Abstinence for targeted groups														
Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	OC-16	GARPR 1.2	M: 13%, F: 6% (**Before 18 years of age**)	DHS 2012						<8% M <5% F				<5% M <3% F
1e. Condom Distribution														
a. # of condoms distributed (disaggregated by type) b. # and % of randomly selected targeted facillities that have free condoms in stock at the time of audit (disaggregated by MoH and NGO)	OP-17		TBC	RF 2013 Annual report										
1f. Linkage of SRH to NCD														
# of newly established SRH and NCD initiatives	OP-18		None			2		2		2		2		2
2. Reproductive Health (based on Reproductive Health Policy 2014-2017)														
2a. . Maternal and Neonatal health														
IMR &, NMR (per 1000 live births disaggregated by setting and Antenatal attendees)	IM-19		IMR: 13 NMR: 7	DHS 2012						IMR: 10 NMR: 5				IMR: 7 NMR: 4

Indicator OP - Output OC - Outcome IM - Impact	TNISRHP Indicator Ref	Indicator Cross Ref	Baseline	Baseline Source & Year	Targets									
					2014		2015		2016		2017		2018	
					Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
Proportion of births attended by skilled health personnel	OC-20		98%	DHS 2012		98%		98%		98%		98%		98%
IMR &, NMR (per 1000 live births attributable to lack of emergency obstetric care)	Ref IM-19		IMR: 13 NMR: 7	DHS 2012						IMR: 10 NMR: 5				IMR: 7 NMR: 4
IMR &, NMR (per 1000 live births disaggregated by setting and Antenatal attendees)	Ref IM-19		IMR: 13 NMR: 7	DHS 2012						IMR: 10 NMR: 5				IMR: 7 NMR: 4
2b. Repositioning Family Planning														
Proportion of targeted SDPs offering at least four family planning methods.	OC-21		TBC											
Unmet need for Family Planning.	OC-22		F: 31% M: 38%	DHS 2012						25%				20%
# and % of targeted facilities reporting no stock out lasting more than 14 days in a reporting period	OC-23		TBC					85%		90%				95%
No objective/indicator developed because in consultation with local stakeholders this potentially violates the Constitution of Tonga for non-medical/therapuetic abortions														
2c. Adolescent Sexual and Reproductive Health (With reference to Tonga National Youth Policy 2014 – 2018)														
Proportion of targeted schools that have rolled out the Family Life Education.	OC-24		TBC											
Proportion of targeted youth that are active peer educators/ mentors.	OC-25		TBC											

Indicator OP - Output OC - Outcome IM - Impact	TNISRHP Indicator Ref	Indicator Cross Ref	Baseline	Baseline Source & Year	Targets									
					2014		2015		2016		2017		2018	
					Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
Proportion of targeted young people accessing Youth Friendly Services. (Disaggregated by setting and also the sector and type of utilization)	OC-26		TBC											
2d.Control of HIV/STIs and on integration with other SRH programs														
Evidence of endorsed Tonga National Integrated Sexual and Reproductive Health Strategic Plan 2014 - 2018	OC-27		Endorsed NSP 2009 - 2013	CCM 2013		Endorsed TNISRH SP 2014-2018								
Evidence of endorsed Tonga National Integrated Sexual and Reproductive Health Strategic Plan 2014 - 2018	Ref OC-27		Endorsed NSP 2009 - 2013	CCM 2013		Endorsed TNISRH SP 2014-2018								
Number and proportion of satisfactory reports submitted on time	OC-28		TBC	MoH, 2013						80%				90%
2e. Health Sector Management of Gender-Based Violence (GBV)														
Number and Proportion of trained key staffs that demonstrate compliance with medico legal policy / guidelines to provide comprehensive management and care for GBV victims (in relation to Indicator Ref OP-68)	OC-29	Revised National Policy on Gender and development (RNPGAD) 2014 and	Unknown							80%				90%

Indicator OP - Output OC - Outcome IM - Impact	TNISRHP Indicator Ref	Indicator Cross Ref	Baseline	Baseline Source & Year	Targets									
					2014		2015		2016		2017		2018	
					Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
		the Family Protection Act, 2014												
Proportion of the population that are well informed about sexual violence (men and women aged 15-49 years surveyed).	OC-30	Revised National Policy on Gender and developm ent (RNPGAD) 2014 and the Family Protection Act, 2015	Unknown							10 high level advocates				15 high level advocates
Proportion of women aged 15-49 years (surveyed) who currently have or ever had an intimate partner who report physical or sexual violence by at least one of these partners in the past 12 months	OC-31	GARP 7.1	19%	VAW Study 2009						< 15%				< 10%
2f. Detection, treatment and prevention of reproductive tract cancers														
Proportion of cancer cases managed in a quality assured manner per established guidelines.	OC-32		Unknown							> 80%				> 90%
The number of deaths attributable to confirmed reproductive system cancers.	IM-33		TBC											

Indicator OP - Output OC - Outcome IM - Impact	TNISRHP Indicator Ref	Indicator Cross Ref	Baseline	Baseline Source & Year	Targets									
					2014		2015		2016		2017		2018	
					Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
Number and proportion of individuals screened for cancer (disaggregated, denominator: projected needed to be screened.	OC-34		TBC											
Number of new men specific SRH initiatives implemented.	OC-35		Unknown			2		2		2		2		2
Number of vasectomy procedures.	OC-36		TBC											
Number of male nurses involved in SRH services.	OC-37		TBC											
2g. Immunization Program integrated with SRH														
Number and Proportion of targeted individuals up to date with the National Immunization Schedule.	OC-38		TBC											
Consolidated costs of out of schedule vaccines annually (disaggregated by in-country and out of country administration).	OP-39		unknown											
2h. Policy Statement on men as equal partners in reproductive health														
Number of vasectomy procedures.	Ref OC-36		TBC											
Number of new men specific SRH initiatives implemented.	Ref OC-35		Unknown			2		2		2		2		2
3. Diagnosis, Treatment, Care and Support														
3a. Counseling and Testing														
Evidence of endorsed National Counseling and Testing Standards	OC-40		None					Endorsed National C&T Standards						

Indicator OP - Output OC - Outcome IM - Impact	TNISRHP Indicator Ref	Indicator Cross Ref	Baseline	Baseline Source & Year	Targets									
					2014		2015		2016		2017		2018	
					Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
Percentage of women and men aged 15-49 who received an HIV/STI test and know their results through post-test counselling (disaggregated for general population and MARPs)	OC-41	GARPR 1.5 1.9 1.13	F: 5.5% M: 7.1% (15-19yrs)	DHS 2012		10%		20%		30%		50%		60%
% of estimated HIV positive incident TB cases that received treatment of both TB and HIV	OC-42	GARPR 5.1	No known HIV+ TB case							100% (for eligible cases in the period)				100% (for eligible cases in the period)
(Ref Indicator for objective 3.5)														
# and % of individuals tested for chlamydia who received their test results through post-test counselling (disaggregated by test type)	OC-43		Unknown			60%		70%		80%		90%		95%
(Ref Indicator for objective 3.7)														
# and % of individuals positive for STIs that were treated (additional disaggregation by type of STIs general, ANC, PAHRE)	OC-44		F: 17.8% M: 32.3%	DHS 2012		>40%		>50%		> 60%		>70%		> 80%
3b. HIV & STI Care & Management including Supply Chain Logistics (SCL)														
Evidence of Guideline and Proportion of targeted SDPs and Practitioners compliant with "Updated 'Evidence Informed Guidelines for the Management of Sexually Transmitted Infections"	OC-45		STI 2008 FP 2011					Endorsed Updated FP and STI Guidelines						

Indicator OP - Output OC - Outcome IM - Impact	TNISRHP Indicator Ref	Indicator Cross Ref	Baseline	Baseline Source & Year	Targets 2014		2015		2016		2017		2018	
					Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
Proportion of targeted SDPs and Practitioners compliant with "Updated 'Evidence Informed Guidelines for the Management of Sexually Transmitted Infections"(additional disaggregation - sector and training focus) in relation to Indicator Ref OP-68	OC-46		Unknown							80%				90%
# and % of targeted facilities reporting no stock out lasting more than 14 days in a reporting period	Ref OC-23		TBC					85%		90%				95%
3c. Care and Support for People Living with HIV/AIDS (PLHIV)														
Number and percentage of adults and children with HIV infection eligible for ART currently receiving ART in accordance with the regionally approved treatment protocol (additionally disaggregated for ANC and breastfeeding status)	IM-47	GARPR 3.1 3.1.a 3.3	1 (100%)	MoH 2013		100%		100%		100%		100%		100%
Number and percentage of HIV+ people enrolled in the HIV program who receive care and support services that include a patient monitoring system	IM-48		2 (100%)	MoH 2013		100%		100%		100%		100%		100%
Proportion of the poorest household who receive external economic support in the last 3 months (with focus on PLHIV and persons with TB and serious STIs such a syphilis)	OC-49	GARPR 10.2	Gen Population 23% within 55% outside PLHIV unknown	GAPR 2013										

Indicator OP - Output OC - Outcome IM - Impact	TNISRHP Indicator Ref	Indicator Cross Ref	Baseline	Baseline Source & Year	Targets									
					2014		2015		2016		2017		2018	
					Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
3d. Addressing Stigma Discrimination and Confidentiality in the workplace														
MOH HIV/STI workplace policy rolled out and enforced	OC-50		None	MoH 2013			HIV Workplace policy operational and enforced							
Organisational workplace policy rolled out and enforced	OC-51		1 (TLA)	MoH 2013						HIV Workplace policy operational and enforced in at least 4 organizations nationwide				HIV Workplace policy operational and enforced in at least 10 organizations nationwide
3e. Strengthening the Health Surveillance System														
Evidence of functioning National HIV/STI/RH surveillance database	OC-52		None	MoH 2013						Operational national HIS with M&E and Surveillance component				Optimized operational national HIS with M&E and Surveillance component
4. Rights, Empowerment & Integrated Services for Key Populations														
4a. Partnership and networking														

Indicator OP - Output OC - Outcome IM - Impact	TNISRHP Indicator Ref	Indicator Cross Ref	Baseline	Baseline Source & Year	Targets 2014		2015		2016		2017		2018	
					Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
Percentage of key populations at higher risk reached with a redirected (approved recommended) HIV-prevention programmes	OC-53		Unknown	MoH 2013						40%				60%
SURVEY INDICATORS (at a minimum in addition to all other relevant indicators specified within this M&EF) % of women and men 15-49 years : a. sexual intercourse with more than 1 partner in the past 12 months b. having sex with more than one sexual partner in the past 12 months who reported the use of a condom during their last intercourse	OC-54	GARPR 1.3 1.4	Multiple Partner F: 3%, F:8% Condom use F: 6%, M: 13%	DHS 2012						Multiple partner reduced by 50% baseline rates Condom used during risky sex increases				Multiple partner reduced by 50% from 2016 rates Condom use increased during risky sex
The number and proportion of youths involved in strategies and interventions directed at them	OC-55		# Unknown Not previously measured			2		4		6		8		10
Percentage of targeted MARPs who report the use of condom during their most recent high risk sex (*youths, sex workers, MSM, persons with multiple partners, sea farers, leiti's etc)	OC-56	GARPR 1.4 1.8 1.12	Unknown											TBD
Number of TLA members actively involved in the development and implementation of activities directed at them	OP-57		4	TLA, 2013		4		5		6		7		8

Indicator OP - Output OC - Outcome IM - Impact	TNISRHP Indicator Ref	Indicator Cross Ref	Baseline	Baseline Source & Year	Targets									
					2014		2015		2016		2017		2018	
					Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
Number and percentage of key populations reached with one form of IEC strategy	OP-58	GARPR 1.7 1.11	Unknown											TBD
4b. Advocacy on HIV & STIs														
Proportion of seats held by women in national parliament in relation to the number of targeted key decision makers reached with one form of HIV/STI/RH IEC strategy with demonstrated evidence of understanding	OC-59		0 (out of 30) seats held by women	The Tonga Parliament, August 2014		Engage >5% MPs		Engage > 10% MPs		Engage >15% MPs		Engage > 20% MPs		Engage 25% MPs
4c. Involvement of PLHIV, Affected Communities in SRH Programming and in Protection of Rights and Empowerment														
Number of People Living with HIV/AIDS (PLHIV) reached with a jointly developed minimum package of Prevention with PLHIV (PwP) interventions as defined by the Tonga MoH	OP-60		PLHIV PwP is yet to be defined							Define PLHIV PwP				TBD
4d. Protection of Children, vulnerable and marginalized groups														
Existence of national guidelines, policies and/or programs directed at the prevention of HIV infection in infants and young children and the care of infants and young children in accordance with international or regional standards including NCIP assessments.	OC-61	GARPR 10.3	NCPI 2010 Report	UNAIDS 2010						Updated NCPI				Updated NCPI
Number of advocacy and policy strategies for the protection of the Human Rights and empowerment of PLHIV and affected people that have been revised/formulated	OC-62		TBC											TBD

Indicator OP - Output OC - Outcome IM - Impact	TNISRHP Indicator Ref	Indicator Cross Ref	Baseline	Baseline Source & Year	Targets									
					2014		2015		2016		2017		2018	
					Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
(National Commitments and Policies - NCP)														
5. Strategic Information, Management & Coordination														
5a. Expand the role of CCM and strengthen its functionality														
Endorsed CCM TOR and demonstrated evidence of effectiveness to secure and manage human, financial and other resources required by the TNISRHSP (including NASA)	OC-63	GARPR 6.1	2012	CCM 2013		TOR revised to include broader SRH				Updated Expanded TOR				
Evidence of endorsed Tonga National Integrated Sexual and Reproductive Health Strategic Plan 2014 - 2018	Ref OC-27		Endorsed NSP 2009 - 2013	CCM 2013		Endorsed TNISRHSP 2014-2018								
Evidence of the functioning partnership deliberations	OC-64		Satisfactory	CCM 2013		Expanded functional network				Expanded functional network				
Number of targeted individuals that demonstrate satisfactory understanding of the Tonga National Integrated Sexual and Reproductive Health Strategic Plan 2014 - 2018	OC-65		Unknown			30%		35%		40%		45%		50%
5b. Strengthened capacity of CCM and the M&E of Implementing Agencies														

Indicator OP - Output OC - Outcome IM - Impact	TNISRHP Indicator Ref	Indicator Cross Ref	Baseline	Baseline Source & Year	Targets									
					2014		2015		2016		2017		2018	
					Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
Level of functionality of the National M&E System (with reference to the 12 standard components - GF/USAID)	OC-66		Average (60%)	Tonga RF EPE 2013		> 70%				75% DHS 2016				>80%
Number of targeted individuals trained/retrained	OP-67													
Mid-Term Review and End-Term Review reports on file	OC-68		ETR 2013	CCM 2013						MTR 2016				ETR 2018
5c. Improved strategic information and processes														
Number and proportion of satisfactory reports submitted on time	Ref OC-28		TBC	MoH, 2013						80%				90%
Evidence of the implementation of resource recommendations of the Needs Analysis	OC-69		None					Approved Needs Analysis Recommendations implemented						
Level of functionality of the National M&E System (with reference to the 12 standard components - GF/USAID)	Ref OC-66		Average (60%)	Tonga RF EPE 2013		> 70%				75% DHS 2016				>80%
# of SHC spot messages by type and media	OP-70		Unknown			12		12		12		12		12

7.2 National Implementation Plan and Costing

Indicative budgets based on best information available to participants on where interventions will occur, and types of human, fiscal and technology resources that would be required supplemented by financial experience with use of the RF LogFrame template for RF implementations by local SRs. In addition, estimates based on these program implementation experiences were adjusted for inflation.

As an important post development action plan, these indicative budgets should to be revised after this process by the entities responsible for National Health Planning and Budgets in consultation with the Ministry of Finance

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Budget	Budget	Budget	Budget	Budget	$	
1. Prevention																												
1a. Strategic Health Communication																												
1.1	By 2018, 50% of the general population (60% of key populations) will have age appropriate comprehensive knowledge of HIV/STIs/SRH with a focus on population of higher risk of exposure																											
1.1.1	Develop comprehensive skills-based age, gender and context appropriate SRH education materials			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	$ 4,000.00	$ 4,000.00	$ 4,000.00	$ 4,000.00	$ 4,000.00	**$ 20,000.00**	Based on IEC cost during RF Implementation

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
1.1.2	Develop, produce and disseminate behaviour change communication materials and programs targeting key at-risk populations.			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Cost and Implementation linked to 2.1.2; 5.11.3 and 5.11.4
1.1.3	Develop and deliver informal education through drama, discussions and support groups at public and private workplaces.			X		X		X		X		X		X		X		X		X		$ 6,060.00	$ 6,060.00	$ 6,060.00	$ 6,060.00	$ 6,060.00	**$ 30,300.00**	Costs per 5 years averaged per year 1x practice session pa 2x 5 days engagement pa travel cost for 10 members once in the implementation period to Eua, Hp, Vv
1.1.4	Deliver education programs within the community through sporting organisations, church groups, PTAs and schools			X			X	X		X	X		X	X		X	X		X	X		$ 3,360.00	$ 3,360.00	$ 3,360.00	$ 3,360.00	$ 3,360.00	**$ 16,800.00**	
1.1.5	Promote public awareness on HIV/STI through Mass media campaigns – TV spots, radio programs and newspaper columns.			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Cost and Implementation linked to 2.1.2; 5.11.3 and 5.11.4
1.2	By 2018, 60% of young people have access to age appropriate HIV & STI related youth friendly services																											Young people defined as women and men aged 15-24 years for the purpose of this INSP. Targeted facilities for YFS as of Nov 2013: 3 TFHA; 15 HC, 17 RHC & 14 MOE - SC
1.2.1	Train HCWs on YFS				X				X				X				X				X							Cost and Implementation linked to 5.7.2
1.2.2	Expand School Based Clinics as a			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Cost and Implementation

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments KEY Core Activity Linked Activity Activity costed outside this strategy
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	
2	key YFS																											linked 2.5.2
1.2.3	Maintain and promote awareness of dedicated service periods for youths			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Cost and Implementation linked to 2.1.2; 5.11.3 and 5.11.4
1.2.4	Maintain and periodically review the package of SRH services for youths				X								X								X							Core Service function to discuss during networking.
1b. Prevention of Parent (Mother) to Child Transmission																												
1.3	By 2018, 100% of all new born babies born to HIV positive mothers in Tonga will have access to early infant diagnosis services for HIV; as per guidelines, ARV prophylaxis																											
1.3.1	Develop national guidelines on the use of ARVs with adaption from the WHO Guidelines						X																					Costs linked to 2.2.2; 3.5.1 and 5.7.1
1.3.2	Develop and finalise national policy and guidelines on the prevention of HIV/AIDS & STIs that will include PMTCT							X																				Costs linked to 2.2.2; 3.5.1 and 5.7.1
1.3.3	Train healthcare workers on PMTCT					X								X														Cost linked to 5..7.2
1.3.4	Counsel and support mothers in decision-making on PMTCT guidelines, including mode of delivery and breastfeeding						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
1c. Prevention of Biomedical Transmission																												
1.4	By Q2 2015: a. Revise all applicable HIV/STI/RH/Infection Control Committees; b. Adapt/Adopt National Standards from the Regional Guidelines; c. Incorporate guidelines into the School of Nursing (SON) Curriculum and; d. Conduct a National roll out																											Revised committee should include representatives from RH and NGOs Applicable Guidelines - RH & FP Guidelines - Infection Control - National Counselling & Testing Standards - Evidence Informed Guidelines for the Management if Sexually Transmitted Infections - HIV CoC
1.4.1	Revise all applicable HIV/STI/RH Infection Control Committees as part of Integrated Guidelines and Standards development workshop			X																								Costs linked to 2.2.2; 3.5.1 and 5.7.1
1.4.2	Develop National Standards from the Regional Guidelines as part of Integrated Guidelines and Standards development workshop				X																							Costs linked to 2.2.2; 3.5.1 and 5.7.1
1.4.3	Incorporate guidelines into the School of Nursing Curriculum as part of Integrated Guidelines and Standards development workshop					X																						Costs linked to 2.2.2; 3.5.1 and 5.7.1
1.4.4	Conduct a national roll-out of new SOPs and Guidelines as part of Integrated Guidelines and						X				X				X				X									Costs linked to 2.2.2; 3.5.1 and 5.7.1

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments KEY Core Activity Linked Activity Activity costed outside this strategy
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	
	Standards development workshop																											
1.5	By 2018, 100% of all health care workers in Tonga will follow universal safety precautions per the National Infection Control Guidelines																											
1.5.2	Periodically train HCWs on universal safety precautions per the National Infection Control Guidelines				X								X								X							Cost and Implementation linked to 5.7.2
1.5.3	Maintain and promote awareness on universal safety precaution to HCWs through developing and disseminating IEC materials			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core
1d. Abstinence for targeted groups																												
1.6	By 2018, promote the uptake of abstinence as HIV/STIs/unwanted pregnancy prevention strategy amongst unmarried men and women.																											
1.6.1	Advocate for the significant role of "abstinence" in preventing HIV/STIs/unwanted pregnancy in unmarried men and women apart from its spiritual value, to Church Leaders Forum and Church communities.				X								X								X							Activity Linked to 1.6.2

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
1.6.2	Promote and resource current and new initiatives of the Faith Communities and the MO'UI MA'A MO MA'ONI'ONI programs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	$12,000.00	$ 12,000.00	$12,000.00	$ 12,000.00	$ 12,000.00	$ 60,000.00	
1e. Condom Distribution																												
1.7	By 2018, 100% of targeted health care facilities and other distribution sites in Tonga provide access to free condoms																											Other distribution sites to include hospitality premises, TLA, TNYC
1.7.1	Improve the supply and distribution of free condoms, and expand the number of outlets	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
1.7.2	Raise public awareness on facilities that supply free condoms as part of Integrated SHC SRH Media Spots messages				X				X				X				X				X							Cost and Implementation linked to 2.1.2; 5.11.3 and 5.11.4
1.7.3	Raise public awareness on the dual benefit of condoms with focus on KPHR	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Cost and Implementation linked to 2.1.2; 5.11.3 and 5.11.4
1f. Linkage of SRH to NCD																												
1.8	By Q4 2014, establish linking and/or combining SRH and NCD program and services at SDP at within community																											

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments KEY Core Activity Linked Activity Activity costed outside this strategy
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	
1.8.1	Review and integrate SRH health promotion strategies to NCD/HPU strategic work plan as part of integrated guidelines and standards review workshop			X	X																							Costs linked to 2.2.2; 3.5.1 and 5.7.1
1.8.2	Maintain and promote SRH through NCD healthy settings programs (school, workplaces, churches, villages)				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core
2. Reproductive Health (based on Reproductive Health Policy 2014-2017)																												
2a. Maternal and Neonatal health																												
2.1	By 2018, reduced infant, perinatal and neonatal mortality and morbidity through improved quality of antenatal care services.																											
2.1.1	Promote the early booking of mothers before 12wks with emphasis on most at-risk populations e.g. poor, adolescents, single mothers, women in remote rural areas	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						**$ 30,000.00**	
2.1.2	Promote the attendance of at least 4 ANC visits by expectant mothers before delivery through radio talks	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						**$ 15,000.00**	Ongoing linked to 5.11.4 2 x 30mins Radio talk x 50 months
2.1.3	Prevent transmission of syphilis, HIV and other STIs etc. from	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						**$ 13,5**	Ongoing: Costed from Q4, 2014 for

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments KEY Core Activity Linked Activity Activity costed outside this strategy
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	
	mother to child during pregnancy																										20.00	specimen transport non govt facilities
2.1.4	Promote increased male participation in antenatal, intra partum and post natal care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 57,307.00	Ongoing: Cost for financial transport assistance to partners to address economic barrier related access
2.1.5	Standardize quality of antenatal care at all facilities by establishing and resourcing a minimum SRH facilities standards list by levels and types of services				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$279,770.00	Q4, 2014: Standards workshop & thereafter ($57,770) (ongoing) maintain targeted minimum ANC equipment's ($147,000) Commodities at hospital and HC levels ($75,000)
2.1.6	Revise policy for Pap smear screening in antenatal clinics				X																							Costed and linked to activity 2.1.5
2.1.7	Provide basic laboratory and radiology services at all sub-divisional hospitals.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core
2.2	By 2018, reduced infant, perinatal and neonatal mortality and morbidity through improved quality of labour and delivery (intrapartum)																											Analysed the differential mortality and morbidity experience between deliveries attended/not attended by skilled professionals. Assessed the actual number of TBA/deliveries and outcomes.

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
2.2.1	Sustain current high level of deliveries at health facilities with skilled health workers	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core Already 98%
2.2.2	Facilitate prompt referrals of high risk cases to divisional hospitals utilizing flowcharts				X																						$ 1,000.00	Trigger poster in ANC & triggers in chart. Leverage National & TFHA IEC committees 100 laminated flow charts – publication & printed to be funded by regional partner (e.g. UNFPA, SPC) Workshop to be linked with 2.1.5 Poster design & pre-test cost: $1000
2.2.3	Ensure the presence of skilled birth attendant at delivery for those deliveries not at fully equipped health facilities	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core
2.2.4	Provide clean (sterile) delivery kits to trained TBAs for those deliveries occurring in settings other than health facilities.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 12,000.00	$12 000 (one off cost based on 20 delivery kits being provided)
2.2.5	Provide incentives to keep skilled birth attendants (SBA) in rural and remote areas	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 3,260.00	2.2.4 (Delivery kits) $3260 (up skilling trainings) May inadvertently encourage more home deliveries if monetary incentive is provided

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				201 4	201 5	201 6	201 7	201 8	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
2.2. 6	Review current regulations and policies on MNCH (Maternal and Neonatal Child Health) & develop coordinated MNCH framework			X	X																							Linked to 2.15.1 and 5.7.1
2.2. 7	Facilitate networking amongst health facilities in up skilling health care workers through clinical attachments at divisional hospitals	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 16,2 36.0 0	17 Health centres 21 MCH clinics Based on 2 week attachment. Workers from 'Eua, Nuku'alofa & Ha'apai to Nuku'alofa. Workers from Vava'u & Niua's to Vava'u
2.2. 8	Ensure that all health centres are staffed with a SBA in providing skilled obstetric and neonatal care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core (in relation to National Health Resources Planning)
2.3	By 2018, reduced infant, perinatal and neonatal mortality and morbidity through level appropriate improved emergency obstetric care																											Advocate for training of local practitioners in EmOC Management Course offered by FNU.
2.3. 1	Develop a system for the ongoing up skilling of primary healthcare personnel in emergency obstetric and neonatal competency and skills	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core (in relation to national health resources planning)
2.3. 2	Develop sub divisional hospitals to meet basic and/or comprehensive obstetric care standards	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
2.3.3	Review and strengthen communication and referral strategies amongst all levels of the health system in view of high-risk cases				X																						$ 1,000.00	100 laminated flow charts – publication & printed to be funded by regional partner (e.g. UNFPA, SPC) Workshop to be linked with 2.1.5 Poster design & pre-test cost: $1000
2.3.4	Conduct annual national audits (reviews) of maternal and perinatal morbidity and mortality (to decipher root cause analysis and determine strategies to address them)								X								X											Core Annually during clinical review meetings.
2.3.5	Review PHIS/PATIS to ensure collection of minimum core data for RH indicators																											Link FA 5.5
2.3.6	Review and standardize clinical guidelines and protocols																											Costs linked to 2.2.2; 3.5.1 and 5.7.1
2.4	By 2018, reduced infant, perinatal and neonatal mortality and morbidity through level appropriate improved neonatal and post-natal care.																											
2.4.1	Provide regular up skilling for staff working at postnatal and newborn units in newborn resuscitation and clinical assessment to recognize																											Core Funded Hospital - midwives 20

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget					Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
	danger signs																											
2.4.2	Develop appropriate post natal and newborn care package for the care of newborns and post natal mothers					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 60,000.00	Diapers Wipes Baby oil Baby Soap Baby powder Explore donations of packages as in previous years
2.4.3	Develop policies (strategies) for strengthening postnatal clinic and MCH attendance at regular 1 week and 6 week intervals			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core RH nurses to follow up on non-shows for clinic appointments
2b. Repositioning Family Planning																												
2.5	By 2018, improved access to quality family planning services (with focus on outer islands)																											Current FP methods: 1. IUD 2. Pills 3. Injection 4. Condom 5. TL 6. Vasectomy 7. Abstinence 8. Cycle (LMNP)

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
2.5.1	A range of methods, including emergency contraception and condoms should be made available; new methods could be introduced in order to attract new users and raise overall frequency of use				X						X																$ 11,110.00	Expert group to meet at 3 day workshop to r/v available contraceptive methods & discuss inclusion of additional contraceptives. Include 1 representative from Vava'u
2.5.2	Strengthen providers' capacity on technical knowledge and counseling skills to ensure that clients can freely exercise their personal preferences in selecting a contraceptive method		X	X			X	X																			$ 83,000.00	150 HCW Government, NGO & private practitioners
2.5.3	Develop a simplified diagrammatic flowchart for HCWs to aid clients choice of contraceptives		X	X			X	X																				Cost linked to 2.5.2
2.6	By 2018, FP services are incorporated with post abortion and postpartum care.																											
2.6.1	Develop health education material on family planning services and contraceptives for antenatal care and for counseling on post abortion complications;				X						X																	Costs and implementations are linked to 2.5.1
2.6.2	Ensure that women who had undergone an abortion receive accurate information on the most appropriate contraceptive method to meet their needs, including		X	X			X	X																				Costs and implementations are linked to 2.5.2

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
	emergency contraception and condoms, before they leave the health facilities;																											
2.6.3	Ensure that providers are able to counsel and promote dual protection, or the use of methods to protect against both pregnancy and STIs;				X						X																	Costs and implementations are linked to 2.5.1
2.6.4	Post abortion care service delivery sites should be able to provide most contraceptive methods of a women choice. If the method chosen cannot be provided, she should be given information about where and how she can get it offered and interim method, such as emergency contraception or the condom;		X	X			X	X																				Costs and implementations are linked to 2.5.2
2.6.5	Family planning counseling and referral should be linked to post-partum care		X	X			X	X																				Costs and implementations are linked to 2.5.2
2.6.6	All women should be informed about the condom and emergency contraception and considerations should be given to providing it to women who choose not to start using routine contraceptive methods immediately.		X	X			X	X																				Costs and implementations are linked to 2.5.2

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
2.7	By 2015, resource pharmacy quality management system and by 2018 100% health centres, hospitals, and NGO managed health facilities will have access to essential drugs and other supplies for HIV & STI care and management																											
2.7.1	Develop national and local basic contraceptive supply lists for facilities and communities (at least 5 kind methods at health centres at community level)	X																										Cost and implementations are linked to 2.1.5 Deliverable for this activity will be updating the National Essential Drugs and Commodities List with identified FP Methods.
2.7.2	Ensure Government/MOH has a specific budget line for contraceptive supply			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core (in relation to National Health Resources Planning)
2.7.3	Strengthen family planning supplies and monitoring system.			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core, linked to 3.7.1
2.7.4	Conduct training on FP – including EmCPs, Jadelle, T/L and vasectomy.			X	X		X	X																				Core
2.7.5	Provide equipment's, drugs in clinical govern structure to facilitate and sustain the provision of family planning surgical procedures at sub-divisional hospital.																											Core (in relation to National Health Resources Planning)

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
2.7.6	Build capacity of sub-division to use LMIS (Logistics Management Information System) and RHCS.										X																	Cost and implementations are linked to M&E processes 5.1.4
2.7.7	Conduct outreach clinics through mobile caravan.									X	X	X	X	X	X	X	X	X	X	X	X						$ 50,000.00	Local Cost is for maintenance. Purchase of 2 mobile caravans to be energetically sought from and International Donor Agencies such as the Red Cross and UNICEF Mobile Caravan to be use across programs such as Vaccination Program, MCH, SRH, Emergency preparedness, Rural Women Health Screening as MOH and partnering NGOs collaborating intervention.
2.8	Making quality post abortion services more available and accessible																											
2.8.1 to 2.8.7	*All activities for medically indicated abortions will be provided routine gynaecological/ obstetric care*																											
2c. Adolescent Sexual and Reproductive Health (With reference to Tonga National Youth																												

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments KEY Core Activity Linked Activity Activity costed outside this strategy
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	
Policy 2014 – 2018)																												
2.9	By 2018, young people are empowered with Age and Sex Appropriate Life Skills Based Education and Information																											Collaborative intervention with: MIA, TNYP Objective 3 and MET Objective 3 and TNISRHRP Objective 1.2 Each implementing partner to lead and responsible for their specific areas.
2.9.1	Revise Family Life Education (FLE) curriculum			X																							$ 2,700.00	Link to 4.3.1 One day finalization workshop 35 participants
2.9.2	Provide on-going capacity building/training for FLE teachers				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 34,610.00	Link to 4.3.1
2.9.3	Develop implementation plan to scale-up FLE to all schools			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Cost and implementations linked to 4.3.2
2.9.4	Incorporate FLE into pre-service teacher education in teacher training institutions																										$ 32,800.00	7 days workshop @ 25 participants - $13,100 1 External Cons. - $12, 550 1 Local Cons. - $7, 150
2.9.5	Develop and provide teaching/learning resource materials																										$ 60,000.00	300 curriculum packages @ $200

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments KEY Core Activity Linked Activity Activity costed outside this strategy
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	
2.10	By 2018, enhanced dissemination of Age and Sex Appropriate SRH information through an enabled environment.																											In collaboration with TFHA as key strategic partner.
2.10.1	Review of current Peer Education program and identify areas for improvement.				X																							Cost and implementation Linked to2.9.1, 4.3.1 and 4.3.3
2.10.2	Implementation of Recommendations of Review of Peer Education program.				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Cost and implementation Linked to 2.9.2 and 4.3.2
2.10.3	(Review the) Application of MARYP approach in Peer Education and Mapping of MARYP populations.											X															$ 1,980.00	
2.10.4	Plans for in-school Peer Education.											X																Cost and implementation Linked to 2.10.3
2.10.5	Plans for out-of-school or community based Peer Education.											X																Cost and implementation Linked to 2.10.3
2.10.6	Develop (and execute) Monitoring and Evaluation plan.				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Cost and implementation Linked to 5.8.1
2.11	By 2018, increased access and utilization of Youth Friendly Services (YFS)																											
2.11.1	Review of current modalities for provision of youth friendly services to identify gaps and the way forward for YFS.																											Implementation time frames linked to activities to Objective 1.2

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines					Budget						Comments
		2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
2.1 1.2	Develop a plan for expanding and scaling up of YFS with reference to the findings and recommendation of "review" in item (1).												Cost and implementation Linked to activities under Objective 1.2
2.1 1.3	Plans for integration of YFS into primary/secondary health care facilities as part of the continuum of care in reproductive health services.												
2.1 1.4	Establish an effective referral mechanism and continuity of care with other specific services, e.g. social, law enforcers.												
2.1 1.5	Create demands for increasing service utilization by young people, particularly by most at risk young people. Develop specific plans for reaching MARYP groups.												
2.1 1.6	Develop Monitoring and Evaluation plan – especially plans for regular review of health services data for informed decisions and evidence based programming.												
2d.Control of HIV/STIs and on integration with other SRH programs													
2.1 2	By June 2014, integrated STI/HIV control and RH program and services at the national strategic plan and policy level (Linked to												

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines					Budget						Comments
		2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
	Objective 5.2 integral Objective Focus Area 3)												
2.1 2.1	Review of current EmONC Services in selected health facilities and identify areas for improvements, integration and linkages.												Implementation and time frames are the same for Activities earmarked for Objective 5.2. Depending on relevancy and applicability, costs for these activities are linked to and/or will be drawn from 3.5.1 which is the lead activity for Guidelines and Standards or 5.7.1 which is the lead activity for Integrated Implementations.
2.1 2.2	Development of specific protocols (or guidelines) to support integration and linkages of STI/HIV to existing RH services (and vice versa)												
2.1 2.3	Dissemination of standard protocols and guidelines on integration and linkages between two programs.												
2.1 2.4	Conduct training and awareness on integration and linkages between STI/HIV and RH services.												
2.1 2.5	Establishment of an effective referral and follow-up system to strengthen linkages.												
2.1 2.6	Provide adequate resource to ensure health facilities offering integrated services are fully resourced.												

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines					Budget						Comments
		2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
2.1 2.7	Build capacity of individuals and institutions so that quality and quantity of integrated and linked services are maintained.												
2.1 3	By June 2014, integrated STI/HIV control and RH program and services at the national strategic plan and policy level (Linked to Objective 5.2 integral Objective Focus Area 3)												Implementation and time frames are the same for Activities earmarked for Objective 5.2. Depending on relevancy and applicability, costs for these activities are linked to and/or will be drawn from 3.5.1 which is the lead activity for Guidelines and Standards or 5.7.1 which is the lead activity for Integrated Implementations.
2.1 3.1	Review of current referral protocols and guidelines to identify areas for improvement and strengthening on linkages.												
2.1 3.2	Provide adequate resources to ensure health facilities with no integrated services are supported by strong linkages mechanism.												
2.1 3.3	Develop policies, guidelines/procedure for the integration between FLE, Peer education and youth friendly services.												
2.1 4	By 2018, strengthen capacity of the targeted facilities to report quality data.												
2.1 4.1	Review of current health information system to align with reporting indicators for both												Implementation and time frames are the same for Activities earmarked for

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines					Budget						Comments
		2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
	STI/HIV and RH.												Objective 5.2. Depending on relevancy and applicability, costs for these activities are linked to and/or will be drawn from 3.5.1 which is the lead activity for Guidelines and Standards or 5.7.1 which is the lead activity for Integrated Implementations.
2.1 4.2	Development of specific protocols and guidelines to support institutionalizing of health data reporting relating to STI/HIV and RH.												
2.1 4.3	Dissemination of protocols and guidelines on reporting indicators for both STI/HIV and RH.												
2.1 4.4	Conduction training and awareness on reporting indicators for both STI/HIV and RH integration and linkages.												
2.1 4.5	Development of a Monitoring and Evaluation framework to take oversight of the integration and linkages of STI/HIV and RH services and ensure validation of data related to integration and linkages of STI/HIV and RH services.												
2e. Health Sector Management of Gender-Based Violence (GBV)													
2.1 5	By the end of 2018, targeted HCWs demonstrate understanding of gender mainstreaming including proper care of victims of GBV and counseling for perpetrators												Capacity building initiatives to include targeted key staff from NGOs and collaborating key implementing entities such

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
																												as Police and Justice
2.1 5.1	Adapt Tonga National Gender Mainstreaming training curriculum/materials from Regional SPC-HDP resources as part of Integrated Guidelines and Standards Development Workshop			X	X																							Costs linked to 2.2.2; 3.5.1 and 5.7.1
2.1 5.2	Review of current Gender Based Violence (GBV) response services and programs for men to identify areas for improvement.																											Costs linked to 2.2.2; 3.5.1 and 5.7.1
2.1 5.3	Integrated HCW training workshop including in-service training for all staff involved in the care of victims of GBV, including training on the forensic role of health workers					X	X	X	X																			Cost and Implementation linked to 5.7.2
2.1 5.4	Follow up trained individuals to assess compliance of services at SDPs per GBV management flowchart											X	X														$ 10,260.00	Core function and linked to other quality assurance activities
2.1 6	By 2018, demonstrated high level advocacy, support and networking of health professionals with counterparts in the legal, police and other entities engaged in gender mainstreaming and redress																											

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments KEY Core Activity Linked Activity Activity costed outside this strategy
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	
	for victims of GBV.																											
2.1 6.1	Establishment of a network for the care and support of victims of GBV			X		X		X		X		X		X		X		X		X		$ 1,500.00	$ 3,000.00	$ 3,000.00	$ 3,000.00	$ 3,000.00	$ 13,500.00	
2.1 6.1	Carry out advocacy for the importance of gender equality in the health and development of Tonga					X		X		X		X		X		X		X		X			$ 18,740.00	$19,677.00	$ 20,661.00	$ 21,694.00	$ 80,772.00	
2.1 6.2	Strengthen the network for the care and support of victims of GBV			X		X		X		X		X		X		X		X		X		$ 1,200.00	$ 2,400.00	$ 2,400.00	$ 2,400.00	$ 2,400.00	$ 10,800.00	
2.1 7	By 2018, reduced incidence of GBV in communities																											Previously measured as: Incidents of sexual violence including marital rape reported to law enforcement office and/or health services in last 12 months
2.1 7.1	Advocacy for the importance of gender equality in the health and development of Tonga				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	$ 1,200.00	$ 12,000.00	$12,000.0	$ 12,000.00	$ 12,000.00	$ 49,200.00	

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
																								0				
2.1 7.2	Development/ execution of a practical Monitoring and Evaluation plan.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Cost linked to 5.6.1
2f. Detection, treatment and prevention of reproductive tract cancers																												
2.1 8	By 2018, established multi-disciplinary cancer care, management and support Team.																											
2.1 8.1	Continuous nurses and health personnel education on Breast Self-Examination and early cancer screening								X	X	X	X	X	X	X	X	X	X	X	X	X							Cost linked to 2.5.2 Exclude non-HCW during this component of the training. In each quarter, starting from 2015, there would be a group of selected nurses trained
2.1 8.2	Ensure transparent decision making with off shore cancer treatment			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core Function Done in patient management review and Medical Referral Board meetings.
2.1 8.3	Improve the quality of palliative care for clients and their families																											Core Function Done in patient management review and Medical Referral Board

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
																												meetings.
2.18.4	Explore alternative and sustainable technologies for screening for women's reproductive cancers e.g. VIA for cervical cancer				X						X																	Cost linked to 2.5.1 Expert group to meet at 3 day workshop to r/v available contraceptive methods & discuss inclusion of additional contraceptives. Include 1 representative from Vava'u
2.19	By 2018, reduced premature deaths attributable to reproductive system cancers.																											
2.19.1	Re-establish working relationship with the Breast Cancer and Child Cancer Societies			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	$ 2,214.00	$ 2,214.00	$ 2,214.00	$ 2,214.00	$ 2,214.00	$ 11,070.00	2 meetings annually 20 participants
2.19.2	Work with development partners (Aust, NZ, UN health agencies) to explore the feasibility of HPV vaccination for Tongan school girls				X					X																		Cost linked to 2.5.1 Expert group to meet at 3 day workshop to r/v available contraceptive methods & discuss inclusion of additional contraceptives. Include 1 representative from Vava'u

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
2.20	By 2018, increased proportion of population has access to cancer screening and detection services on a need basis.																											**MOH Health Promotion Unit is the leading implementing entity for this Objective. Hence, all activities under this objective must be coordinated with HPU NCD Activities.** **Linked to HPU NCD Awareness Program.**
2.20.1	Carry out community education through health talks, radio and TV spots			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Cost linked to 2.1.2 Ongoing: 2 x 30mins Radio talk x 50 months Multi topic radio talks
2.21	By 2018, established SRH initiatives that promote the active involvement of men, young people.																											Should be linked to the NCD Program
2.21.1	Mobilize men to take part in promoting gender equity and advocate for issues such as sexual violence, prevention of STI/HIV and involvement in FP					X	X	X	X					X													**$142,630.00**	2015 Q1 Tt (6) Q2 Vv (4) Q3 Hp (6) Q4 Eua (1) Q1, 2017
2.22	By 2018, strengthened men shared responsibility in SRH through responsible parenthood and behaviour.																											

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
2.2 2.1	Advocate and provide support for husbands and partners to accompany their wives/partners attending Antenatal Clinic, Post Natal and FP clinics			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Costs linked to 2.23.1
2.2 3	By 2018, man-friendly SRH initiatives incorporated into existing RH Programs and services with focus on SDPs.																											
2.2 2.2	Training of health professionals on non-scalpel vasectomy procedure to ensure at least one trained health professional in Haapai, Vava'u and 'Eua			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core (in relation to national health resources planning) Implementation linked to 2.3.1
2g. Immunization Program integrated with SRH																												
2.2 4	By 2018, applicable SRH strategies will be integrated with the expand programs on Immunization.																											
2.2 4.1	Review and optimize cross-linked activities between all SRH and Immunization.				X						X																	Cost linked to 2.5.1 Expert group to meet at 3 day workshop to r/v contraceptive methods, comprehensive STIs/HIV Management, Emergency SRH services, Therapeutic Act and Immunization Services.

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
																												Include 1 representative from Vava'u
2.2 4.2	Conduct optimization retreats within the Immunization Program				X						X																$ 9,700.00	Immunization Unit key staff to meet over a 2 days improvements meeting. Include 1 representative each from Vv, Hp & Eua
2.2 4.3	Resource all Immunization services to protect the vaccine cold chain with focus on outer islands, and improve vaccine distribution logistics system, training and administration					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 30,400.00	12 Vaccine fridge (4 L/8M) 40 Vaccine carriers 1 Projector 2 Laptops (Central/Outer Is) 1 Printer 4 filing cabinet Vaccine Transport
2.2 5	By 2018, expand Immunization services to nationalize common vaccine required for International travels																											In partnership with Immigration Department

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
2.25.1	Audit the total financial costs of out-of country administration of vaccine required for International travel in relation to projected costs if administered locally							X															$ 21,200.00				$ 21,200.00	External Consultant costing or $15 300 Local Consultant costing
2.25.2	Estimate the costs (additional staff, process and equipment) if nationalized							X																				Cost linked to 3.23.1 External Consultant costing or $15 300 Local Consultant costing
2.25.3	Expand Immunization Services to meet travel vaccine requirement if pragmatic.								X	X	X	X	X	X	X	X	X	X	X	X	X							Pass service cost to clients as a special service. Provided the breakeven of this service is meaningfully significance service for clients.
2h. Policy Statement on men as equal partners in reproductive health																												
2.26	By 2018, strengthened men shared responsibility in SRH through responsible parenthood and behaviour.																											
2.26.1	Advocate and provide support for husbands and partners to accompany their wives/partners attending Antenatal Clinic, Post Natal and FP clinics	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Costs linked to 2.23.1

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
2.2 6.2	Training of health professionals on non-scalpel vasectomy procedure to ensure at least one trained health professional in Ha'apai, Vava'u and 'Eua	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core (in relation to national health resources planning) Implementation linked to 2.3.1
2.2 7	By 2018, established SRH initiatives that promote the active involvement of men, young people.																											
2.2 7.1	Mobilize men to take part in promoting gender equity and advocate for issues such as sexual violence, prevention of STI/HIV and involvement in FP													X														$71 990 $70 640
2.2 7.2	Development of practical Monitoring and Evaluation Plan																											
3. Diagnosis, Treatment, Care and Support																												
3a. Counseling and Testing																												
3.1	By the end of Q4 2014, develop and roll out a Tonga National Counseling and Testing Standards				X																							Standards to address the issue of gender sensitivity of C&T services
3.1.1	Develop and Review the National C&T Guidelines with focus on VCCT as a part of Integrated Guidelines and Standards Development Workshop			X	X												X											Costs linked to 2.2.2; 3.5.1 and 5.7.1

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	**KEY** Core Activity Linked Activity Activity costed outside this strategy
3.1.2	Roll out C&T standards					X	X	X	X																			Cost and Implementation linked to 5.7.2
3.1.3	Provide incentives to promote the use of trained volunteer counselors					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		42,240	42,240	42,420	42,420	168,960	15 Volunteers (5 for ANC x 2days/wk and 10 for other VCCT x 1day/wk)
3.2	By 2018, 60% of population that are sexually active have access to comprehensive HIV & STI Counseling and Testing services as per Tonga National C&T Standards (with focus on key populations at higher risk)																											ANC, youths, SW (Hut Dwellers), LGBTQ and marginalised groups
3.2.1	Establish VCCT sites with proper referral systems according to Pacific minimum standard guidelines								X				X				X				X							Core Function
3.2.2	Screen all cases of HIV for TB and all TB FOR HIV; and follow up per management guidelines			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core Function
3.2.3	Provide an uninterrupted supply of laboratory test kits for HIV/STI, reagents and equipment for HIV confirmatory testing, CD4 and viral load estimation			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
3.3	By 2018, 95% of ANC women will have been tested for chlamydia using a high sensitivity assay in any																											(including ANC clinics not providing epidemiological treatment, HIV clinics, and

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
	health care STI setting																											other STI testing sites) each year
3.3.1	Optimize STI surveillance system			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							CDOP HC TFA TP (test practitioners)
3.3.2	Provide an uninterrupted supply of lab test kits for chlamydia (and HIV + Gonorrhoea reagents and commodities			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	**$89,056.48**	**$ 93,509.30**	**$98,184.77**	**$103,094.01**	**$108,248.71**	**$492,093.27**	**$ 984,186.54**
3.4	By 2018, at least 80% of cases positive for STIs treated (at least 90% for key populations at higher risk																											
3.4.1	Establish national referral guidelines on STI care and management between AHD, Reproductive Health services and other relevant services			X																								Costs linked to 2.2.2; 3.5.1 and 5.7.1
3.4.2	Make drugs available for treatment of STIs care and management at all SDPs levels (in accordance with provisions of the Therapeutic Goods Act, 2001)			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							In Pharmacy Budget
3b. HIV & STI Care & Management including Supply Chain Logistics (SCL)																												

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments KEY Core Activity Linked Activity Activity costed outside this strategy
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	
3.5	Update immediately (by Q1 2015) and then review the National *'Evidence Informed Guidelines for the Management of Sexually Transmitted Infections'* every 2 years per the SPC Regional Comprehensive Sexually Transmitted Infections Management Guideline																											
3.5.1	Update 'Evidence Informed Guidelines for the Management of Sexually Transmitted Infections' **(Lead Activity for all Guidelines and Standards Update)**				X																		**$ 57,770.00**		**$ 28,885.00**		**$ 86,655.00**	Linked lead activity for every guideline development
3.5.2	Review national guidelines for management of STIs biennially													X														Costs linked to 2.2.2; 3.5.1 and 5.7.1
3.5.3	Publish and Disseminate STI management Guidelines						X								X								**$ 60,000.00**		**$ 6,000.00**		**$ 66,000.00**	
3.6	By 2018, 80% of targeted health care workers trained or retrained in comprehensive STI care and management; and HIV CoC																											Targeted HCW must include RH staff and NGOs managing health facilities
3.6.1	Conduct workshops for key HCW and stakeholders on C&T							X				X				X				X								Cost and Implementation linked to 5.7.2
3.6.2	Conduct workshops for key HCW in comprehensive STI management							X				X				X				X								Cost and Implementation linked to 5.7.2

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	
3.6.3	Integrate STI care management in the Queen Salote SoN Health curriculum and other targeted HCW training programs					X																	$ 57,770.00				$ 57,770.00	
3.6.4	Conduct practice quality and compliance audits				X								X							X								
3.7	By 2015, resourced Pharmacy Quality Management System and By 2018, 100% of all targeted health facilities at all level will have access to essential drugs and other supplies for HIV & STI care and management.																											
3.7.1	Develop, and implement a Pharmacy Quality Management System (PQMS) based on current issues and challenges in drug management and dispensing.		X	X								X	X									$12,300.00		$12,300.00			$ 24,600.00	Costed only for Pharmacy key staffs retreats prior to expert group meetings.
3.7.2	Resource targeted facilities with level appropriate equipment's and technologies in line with PQMS.			X	X																	$12,250.00	$ 24,500.00				$ 36,750.00	2 solid shelves 14 wall hanging shelves (glass) 50 pallets 2 filing cabinets (2 shlv, 3 shlv) 3 laptops 4 desktops 500 requisition imprest books self-coupon

KEY
- Core Activity
- Linked Activity
- Activity costed outside this strategy

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
3.7.3	Conduct PQMS training for Pharmacy Staff, HOs and other HCWs in targeted facilities with follow up compliance checks.				X		X	X														$ 7,800.00	$ 14,300.00				$ 22,100.00	1 laptop 1 printer 1 projector training charts
3.7.4	Make drugs available to health centre's, hospitals and NGO managed health facilities				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core Pharmacy function
3c. Care and Support for People Living with HIV/AIDS (PLHIV)																												
3.8	By 2018, all HIV+ eligible individuals placed on ART																											
3.8.1	Make drugs available for care & management of HIV		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
3.9	By 2018, all HIV+ individuals provided with a package of care and support services that include a patient monitoring system and assures non-discriminatory access of PLWHIV to services																											
3.9.1	Assure comprehensive care & support including PMS for PLHIV			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							Core
3d. Addressing Stigma Discrimination and Confidentiality in the workplace																												
3.10	By Q4 2014, MoH & targeted government entities have established HIV/STI workplace policies that protect employees and																											

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
	patients from stigma and discrimination arising from their HIV status																											
3.10.1	Develop and implement HIV & STI workplace policy					X	X																$7,830					$7,830
3.10.2	Monitor compliance with workplace HIV & STI workplace policy									X		X		X		X		X		X								Core
3.11	By 2018, targeted non-governmental organisations delivering health care services related to HIV & STIs have established their own workplace policy that protects employees and patients from stigma and discrimination arising from their HIV status																											"Targeted NGOs to include: Crisis Ministry, CSFT, CWL, IPPF, Salvation Army, Talitha Project, TLC, TNCC, TNCWC, TNYC, Tonga Red Cross, WCC"
3.11.1	Develop and implement HIV & STI workplace policy					X	X																					$7,830
3.11.2	Monitor compliance with workplace HIV & STI workplace policy									X		X		X		X		X		X								Core
3e. Strengthening the Health Surveillance System																												
3.12	By 2018, a National HIV/STI/RH surveillance database has been established and is operational																											

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
3.1 2.1	Develop a National HIV/STI/RH surveillance database as an integral part of the Health Management Information Systems									X	X																	Costed outside of this strategy
3.1 2.2	Implement the National HIV/STI/RH Surveillance database												X	X														Costed outside of this strategy
4. Rights, Empowerment & Integrated Services for Key Populations																												
4a. Partnership and networking																												
4.1	By 2018, studies focussed on the characteristics of targeted key populations have been conducted with approved recommendations implemented																											Suggested Groups: ANC, Bartenders, Deportees, Hut dwellers, Prisoners, Seafarers, Taxi & Bus Drivers, TLA, Uniformed services, Youths.
4.1.1	Conduct special surveys to ascertain the key populations in Tonga and their characteristics						X																$70,000				$70,000	In particular vulnerable groups, population at higher risk of exposure, and affected individuals.(Request for TA)
4.1.2	Advocate and sensitize the general population and leaders at all levels with respect to sexual and gender identity, orientation and mainstreaming (with focus on legislative aspects).			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$50,000	To include implementation of applicable recommendation coming out of the special surveys.
4.1.3	Conduct workshops on gender mainstreaming with focus on services related to sexual and						X									X											$50,000	Workshop focus areas in each case to adapted to the targets audience(HCW,

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
	gender orientation																											general & key population and community leaders)
4.2	TNYP Objective 3: All youth of Tonga are empowered to practice healthy lifestyles and behavior through accessing high quality health education, life-skills training and youth-friendly health services (linked Objective 1.2)																											Linked to objective 1.2 Refer to Objective 1.2
	Refer to activities in Objective 1.2																											
4.3	By 2018, targeted interventions for KPHR and marginalised groups with promotion of universal access to SRH services																											
4.3.1	Promote the engagement of KPHR through the use of VCCT in non-formal settings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	$ 1,500.00	$ 3,000.00	$ 3,000.00	$ 3,000.00	$ 3,000.00	$ 13,500.00	
4.4	By 2018, increased participation of Leiti's in interventions directed at them with focus on the elimination of stigma and discrimination																											
4.4.1	Conduct focussed review of TLA interventions and activities and re-direct as recommended						X								X								$ 13,050.00		$ 13,050.00		$ 26,100.00	
4.5	By 2018, Peer education programs																											

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments KEY Core Activity Linked Activity Activity costed outside this strategy
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	
	have been re-designed and implemented by stakeholder groups																											
4.5.1	Review and update existing Peer education programs and associated processes				X																						$ 20,000.00	Base on the current TFHA Peer Education Program
4.5.2	Expand reach and involvement of youths and other groups in Peer Education Programs			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 50,000.00	
4.5.3	Expand and up skill current pool of peer education ambassadors			X		X		X		X		X		X		X		X		X							$ 40,000.00	With focus on youths and key population
4b. Advocacy on HIV & STIs																												
4.6	By 2018, increased commitment of key influential groups to advocate for Rights, Empowerment & Integrated Services for Key Populations (with focus on the participation of women in national parliament)																											Advocacy sessions with Influential Groups to Include: Nobel's, Chamber of Commerce, church leaders, educators, media parental and women's groups, parliamentarians and village elders
4.6.1	Compile the key issues with recommendation that need to be brought to the attention of the key influential groups and leaders				X																						$ 20,000.00	With references to RNPGAD 2014, Tran's Respect vs Tran's phobia preliminary findings 2014, National

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
																												study on DVAW in Tonga 2009 and on acceptable media released discriminatory incidences.
4.6.2	Conduct one-on-one, focus groups and workshops and special activities (Miss Galaxy & FiliTonu) as applicable to engaged key influences on this matter			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 40,000.00	
4.6.3	Promote the use of key influences and nobles (particularly women leaders) or key victimize individuals in public campaign			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 40,000.00	
4c. Involvement of PLHIV, Affected Communities in SRH Programming and in Protection of Rights and Empowerment																												
4.7	By 2018, projects have been designed and implemented that directly involve PLHIV affected individuals, communities and key groups in SRH project planning, development, implementation and legislative processes.																											
4.7.1	Advocate maintaining and when necessary lobby for new or changed legislative frameworks			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 10,000.00	
4.7.2	Identify programs and services suitable for involvement of the public declared affected individuals				X								X								X	$10,000.0		$20,000.0		$ 20,000.00	$ 50,000.00	Use non-Tongans if there is no affected citizen (Q4, 2018 with the drafting of new NSP)

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments KEY Core Activity Linked Activity Activity costed outside this strategy
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	
																						0		0				
4.7.3	Ensure the active involvement of the key affected persons and key populations in the CCM				X																	$ 5,000.00					$ 5,000.00	
4.7.4	Promote implementation of SRH intervention by entities that are champion by key affected persons			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 20,000.00	
4d. Protection of Children, vulnerable and marginalized groups																												
4.8	By 2018, Initiatives focussed on child safety and protection have been developed and implemented																											
4.8.1	Review current initiatives				X																	$20,000.00					$ 20,000.00	With MIA, MET and applicable stakeholder groups as key strategic partners
4.8.2	Identify cross-cutting areas in the Family Protection Act for SRH implementation					X				X				X				X									$ 25,000.00	
4.8.3	Promote linkages and established referral process between SRH implementing entities TNCWC & WCCC & MAFF & Crown Law &			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 30,000.00	

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
	Ministry of Police.																											
4.9	By Q4 2014, establish linkage of SRH program and services for the Ministry of Internal Affairs and other entities, programs and services for individuals with physical or mental disabilities.																											
4.9.1	Network and establish MOU for SRH with MIA			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 20,000.00	With the involvement of Non-government entities that provide services to individuals with PLHIV, mental health, disabilities in the network.
4.9.2	Conduct workshops for HCW and implementing partners on services for persons with disabilities			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 40,000.00	Costing for TNDC (or NATA) to strengthen focus on disability for the orientation of HCWs to unique needs and services of the disabled that will be part of the integrated training in activity 5.7.2
5. Strategic Information, Management & Coordination																												
5a. Expand the role of CCM and strengthen its functionality																												
5.1	By Q1 2014, endorsed revised CCM TOR and membership; and throughout the entire INSP period, increased effectiveness																											

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
5.1.1	Revise draft TOR and Membership and operationalize after endorsement				X																						$ 20,000.00	Draft TOR in-place and revise current membership At a minimum, a youth >24yrs old preferably female, a member of TLA and disable individual.
5.1.2	Institute measures to build the capacity of CCM Members				X																							
5.1.3	Resource the CCM Secretariat (facility and staff)			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 70,000.00	Explore providers additional to GF such EU to resource CCM (Justify with data evidence)
5.2	By June 2014, integrated STI/HIV control and RH program and services at the national strategic plan and policy level (Linked to RH 2d)																											
	Refer to activities on the RH Sub Focus Area 2d																											Implementation and time frames are the same for Activities earmarked for Sub Focus Area 2d. Depending on relevancy and applicability, costs for these activities are linked to and/or will be drawn from 3.5.1 which is the lead activity for Guidelines and Standards or 5.7.1 which is the lead activity for

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
																												Integrated Implmentations.
5.3	By Q3 2014, a broad partnership between NGOs, FBOs, CSOs, MoH divisions, and other stakeholders has been established, is operational and meets regularly, and participates in cross-cutting MoH committees																											
5.3.1	Draft MOUs for key entities and stakeholders				X																	$ 9,000.00					$ 9,000.00	Consider needs from outer islands Stakeholder committees (process start Q4, 2014)
5.3.2	Resource networking and meetings of partners			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 30,000.00	Tongatapu & Vava'u Stakeholder (consider Eua & Haapai – twice a year)
5.3.3	Promote multi partnership visits to outer islands			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 25,000.00	Support key personnel to visit follow up Stakeholder Committee's activity
5.4	By Q4 2014, Disseminate and orient adopted HCW and key stakeholders for the Tonga National Integrated Sexual & Reproductive Health Strategic Plan; and by Q2 2017																											

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
	carry out the same process for the MTR																											
5.4.1	Conduct strategic plan orientation workshops to key stakeholders.			X	X																						$25,000.00	Cost is for the use of local consultants and existing network to facilitate activities 2.2.2; 3.5.1 and 5.7.1
5.4.2	Conduct MTR update orientation workshops to key stakeholders						X																				$30,000.00	
5.4.3	Carry out follow up audits on the understanding of NSP among key stakeholders				X														X			$10,000.00				$10,000.00	$20,000.00	
5b. Strengthened capacity of CCM and the M&E of Implementing Agencies																												
5.5	By 2018, strengthened CCM coordination of a '*one National M&E system*'																											
5.5.1	Internalize the officer of the National HIV/STIs Program Coordinator (in the national Health Budget)					X				X				X				X									$40,000.00	Annually Strong advocacy and escalate efforts to assured this is part of the 2015 fiscal

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
																												year's budget.
5.5.2	Demonstrate the need for an M&E personnel for SRH Programs(seated with in the MOH Planning and HIS Unit)					X																					$ 30,000.00	Explore the need for this to be cassettes by 2015 fiscal year budget as new position within position.
5.5.3	Resource processes and facilities for SRH Data Management within HIS				X																						$ 50,000.00	Costing to include hardware, software and training.
5.5.4	Resource Data Collection and Verification nationally with focus on outer islands					X		X		X		X		X		X		X		X							$ 35,000.00	Biannually Costing include quarterly Data Quality Assurance to out islands
5.6	By 2018, Increased human resources and capacity for strategic information.																											
5.6.1	Conduct management and reporting training for Programs Coordinators						X				X				X				X								$ 30,000.00	Annual
5.6.2	Conduct project design management training				X	X									X	X						$10,000.00	$ 10,000.00		$ 20,000.00		$ 40,000.00	Must include participation of CSOs/NGOs

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY: Core Activity; Linked Activity; Activity costed outside this strategy
5.7	By 2018, stakeholders positioned for TNISRHP Orientation (standards & training) and periodic review of National Responses. (Mid-Term and End Term)																											
5.7.1	Implementation orientation and integrated Guidelines and Standards Review workshops **(Lead activity for all integral implementation processes)**			X	X																	$57,770.00					$ 57,770.00	Lead activity for 2.2.2 and 3.5.1
5.7.2	Integrated cross-cutting training workshop for HCW **(Lead activity for all integral training processes)**					X	X	X	X														$ 83,000.00				$ 83,000.00	Lead activityfor all integrated HCW trainings Costed for 150 HCW + Volunteers from Nuku'Alofa and all outer islands
5.7.3	Conduct Mid-Term Review of TNISRHSP											X	X											$30,000.00			$ 30,000.00	Request for TA (either in-country or overseas)
5.7.4	Conduct End-Term Review of NSP																			X						$ 30,000.00	$ 30,000.00	Request for TA (either in-country or overseas)
5.7.5	Develop new period strategic plan (immediately after ETR)																				X					$ 7,000.00	$ 7,000.00	Country Dialogue – consultation as per ETR
5c. Improved strategic information and processes																												

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments KEY Core Activity Linked Activity Activity costed outside this strategy
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	
5.8	By 2018, Strengthened capacity of the targeted facilities to report quality data																											
5.8.1	Optimize existing surveillance system (HIS)				X																						$ 50,000.00	Define/clear referral system and enforce - Procurement of assets (software for surveillance)
5.8.2	Centralize data collection mechanism							X															$ 30,000.00				$ 30,000.00	HIS/ CDOP for surveillance – Program Coordinator - HIS Database
5.8.3	Conduct Data Audits to assure quality before annual and period report					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 40,000.00	Data collation, analysis and dissemination of information.
5.9	By the end of Q4 2014, Need Analysis conducted; by the end Q2, 2015 knowledge gaps of SRH staff addressed with focus on their Competence, Data Quality and Reporting																											
5.9.1	Develop and resource RFP (request for proposal) for Gap Analysis				X																	$30,000.00					$ 30,000.00	
5.9.2	Conduct training and workshops based in identified gaps.						X																$ 10,000.0					$ 10,000.0	

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget					Comments
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	KEY Core Activity Linked Activity Activity costed outside this strategy
																							0				0	
5.9.3	Develop and disseminate service manual and/or SOPs to eliminate gaps			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 30,000.00	
5.10	By 2018, Strengthened M&E and Surveillance backed by population surveys and special studies																											
5.10.1	Promote the use of 'exit questionnaire' at point of service (PoS) facilities			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 5,000.00	Centralize to Program Coordinator
5.10.2	Conduct population and special survey such as DHS & SGS					X	X	X	X									X	X	X	X						$300,000.00	Request for TA
5.11	By 2018, advance media relations/advocacy on STIs-HIV control, linking to media at national and international levels																											
5.11.1	Review current IEC material, print and disseminate			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 30,000.00	IEC Committee – review current printable IEC materials
5.11.2	Design, print and installed billboards			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 15,000.00	IEC Committee – design, pre-test, print and installed billboards

Objective Ref	Strategic Objectives (SMART)	Implementation Timelines																				Budget						Comments KEY Core Activity Linked Activity Activity costed outside this strategy
		2014				2015				2016				2017				2018				2014	2015	2016	2017	2018	Total	
5.1 1.3	Media programs during national and international recognized memorial days			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 10,000.00	WAD, International Candle Light Memorial
5.1 1.4	Air monthly Radio and TV program on SRH issues as the **lead activity for Integrated SRH media messages**			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						$ 30,000.00	Support FM89.5 program + other ongoing programs linked to 2.1.2

7.3 Integrated Implementations Costed as Joint Activities

7.3.1 Integrated Guidelines and Standards Development

Table 16: List of Activities as part of the Integrated Guidelines Standard Review and Implementation Orientation Workshop			
Number	TNISRHP Code	Description	Amount
	1.3.1	Develop national guidelines on the use of ARVs with adaption from the WHO Guidelines	Costs linked to 2.2.2; 3.5.1 and 5.7.1
	1.3.2	Develop and finalise national policy and guidelines on the prevention of HIV/AIDS & STIs that will include PMTCT	Costs linked to 2.2.2; 3.5.1 and 5.7.1
	1.4.1	Revise all applicable HIV/STI/RH Infection Control Committees as part of Integrated Guidelines and Standards development workshop	Costs linked to 2.2.2; 3.5.1 and 5.7.1
	1.4.2	Develop National Standards from the Regional Guidelines as part of Integrated Guidelines and Standards development workshop	Costs linked to 2.2.2; 3.5.1 and 5.7.1
	1.4.3	Incorporate guidelines into the School of Nursing Curriculum as part of Integrated Guidelines and Standards development workshop	Costs linked to 2.2.2; 3.5.1 and 5.7.1
	1.4.4	Conduct a national roll-out of new SOPs and Guidelines as part of Integrated Guidelines and Standards development workshop	Costs linked to 2.2.2; 3.5.1 and 5.7.1
	1.8.1	Review and integrate SRH health promotion strategies to NCD/HPU strategic work plan as part of integrated guidelines and standards review workshop	Linked to Activity 2.15.3 and 5.7.1
	2.12.2	Development of specific protocols (or guidelines) to support integration and linkages of STI/HIV to existing RH services (and vice versa)	Implementation and time frames are the same for Activities earmarked for Objective 5.2. Depending on relevancy and applicability, costs for these activities are linked to and/or will be drawn from 3.5.1 which is the lead activity for Guidelines and Standards or 5.7.1 which is the lead activity for Integrated Implementations.
	2.12.3	Dissemination of standard protocols and guidelines on integration and linkages between two programs.	Implementation and time frames are the same for Activities earmarked for Objective 5.2. Depending on relevancy and applicability, costs for these activities are linked to and/or will be drawn from 3.5.1 which is the lead activity for Guidelines and Standards or 5.7.1 which is the lead activity for

			Integrated Implementations.
	2.12.4	Conduct training and awareness on integration and linkages between STI/HIV and RH services.	Implementation and time frames are the same for Activities earmarked for Objective 5.2. Depending on relevancy and applicability, costs for these activities are linked to and/or will be drawn from 3.5.1 which is the lead activity for Guidelines and Standards or 5.7.1 which is the lead activity for Integrated Implementations.
	2.13.1	Review of current referral protocols and guidelines to identify areas for improvement and strengthening on linkages	Implementation and time frames are the same for Activities earmarked for Objective 5.2. Depending on relevancy and applicability, costs for these activities are linked to and/or will be drawn from 3.5.1 which is the lead activity for Guidelines and Standards or 5.7.1 which is the lead activity for Integrated Implementations.
	2.13.3	Develop policies, guidelines/procedure for the integration between FLE, Peer education and youth friendly services.	Implementation and time frames are the same for Activities earmarked for Objective 5.2. Depending on relevancy and applicability, costs for these activities are linked to and/or will be drawn from 3.5.1 which is the lead activity for Guidelines and Standards or 5.7.1 which is the lead activity for Integrated Implementations.
	2.14.2	Development of specific protocols and guidelines to support institutionalizing of health data reporting relating to STI/HIV and RH.	Implementation and time frames are the same for Activities earmarked for Objective 5.2. Depending on relevancy and applicability, costs for these activities are linked to and/or will be drawn from 3.5.1 which is the lead activity for Guidelines and Standards or 5.7.1 which is the lead activity for Integrated Implementations.
	2.14.3	Dissemination of protocols and guidelines on reporting indicators for both STI/HIV and RH.	Implementation and time frames are the same for Activities earmarked for Objective 5.2. Depending on relevancy and applicability, costs for these activities are linked to and/or will be drawn from 3.5.1 which is the lead activity for Guidelines and Standards or 5.7.1 which is the lead activity for Integrated Implementations.
	2.14.4	Conduction training and awareness on reporting indicators for both STI/HIV and RH integration and linkages.	Implementation and time frames are the same for Activities earmarked for Objective 5.2. Depending on relevancy and applicability, costs for these activities are linked to and/or will be

			drawn from 3.5.1 which is the lead activity for Guidelines and Standards or 5.7.1 which is the lead activity for Integrated Implementations.
	2.15.1	Adapt Tonga National Gender Mainstreaming training curriculum/materials from Regional SPC-HDP resources as part of Integrated Guidelines and Standards Development Workshop	Costs linked to 2.2.2; 3.5.1 and 5.7.1
	2.3.6	Review and standardize clinical guidelines and protocols	Costs linked to 2.2.2; 3.5.1 and 5.7.1
	3.1.1	Develop and Review the National C&T Guidelines with focus on VCCT as a part of Integrated Guidelines and Standards Development Workshop	Costs linked to 2.2.2; 3.5.1 and 5.7.1
	3.4.1	Establish national referral guidelines on STI care and management between AHD, Reproductive Health services and other relevant services	Costs linked to 2.2.2; 3.5.1 and 5.7.1
	3.5.1	Update 'Evidence Informed Guidelines for the Management of Sexually Transmitted Infections' (Lead Activity for all Guidelines and Standards Update)	$86,655.00 Linked lead activity for every guideline development
	3.5.2	Review national guidelines for management of STIs biennially	Costs linked to 2.2.2; 3.5.1 and 5.7.1
	3.5.3	Publish and Disseminate STI management Guidelines	$66,000.00
	5.4.1	Conduct strategic plan orientation workshops to key stakeholders.	$25,000.00 Refer to the costing for STIs Guidelines with modification of use local consultants and existing network.
	5.7.1	Implementation orientation and integrated Guidelines and Standards Review workshops (Lead activity for all integral implementation processes)	$57,770.00 Lead activity for 2.2.2 and 3.5.1

7.3.2 Integrated Cross-Cutting Training Workshops

Table 17: List of Activities as part of the Integrated cross-cutting training workshop for Health Care Workers			
Number	TNISRHSP Code	Description	Amount
	1.2.1	Train HCWs on YFS	Cost and Implementation linked to 5.7.2
	1.3.3	Train healthcare workers on PMTCT	Cost linked to 5.7.2
	1.5.2	Periodically train HCWs on universal safety precautions per the National Infection Control Guidelines	Cost and Implementation linked to 5.7.2
	2.7.4	Conduct training on FP – including EmCPs, Jadelle, T/L and vasectomy.	Core
	2.15.3	Integrated HCW training workshop including in-service training for all staff involved in the care of victims of GBV, including training on the forensic role of health workers	Cost and Implementation linked to 5.7.2
	3.6.1	Conduct workshops for key HCW and stakeholders on C&T	Cost and Implementation linked to 5.7.2
	3.6.2	Conduct workshops for key HCW in comprehensive STI management	Cost and Implementation linked to 5.7.2
	4.9.2	Conduct workshops for HCW and implementing partners on services for persons with disabilities	$40,000.00 Costing for TNDC (or NATA) to strengthen focus on disability for the orientation of HCWs to unique needs and services of the disabled that will be part of the integrated training in activity 5.7.2
	5.4.2	Conduct MTR update orientation workshops to key stakeholders	$30,000.00
	5.7.2	Integrated cross-cutting training workshop for HCW (Lead activity for all integral training processes)	$83,000.00 Lead activity for all integrated HCW trainings Costed for 150 HCW + Volunteers from Nuku'Alofa and all outer islands

7.3.3 Integrated SHC media messages

Table 18: List of Activities as part of the Integrated SRH media messages outreach			
Number	TNISRHP Code	Description	Amount
	1.1.2	Develop, produce and disseminate behaviour change communication materials and programs targeting key at-risk populations.	Cost and Implementation linked to 2.1.2; 5.11.3 and 5.11.4
	1.1.5	Promote public awareness on HIV/STI through Mass media campaigns – TV spots, radio programs and newspaper columns.	Cost and Implementation linked to 2.1.2; 5.11.3 and 5.11.4
	1.2.3	Maintain and promote awareness of dedicated service periods for youths	Cost and Implementation linked to 2.1.2; 5.11.3 and 5.11.4
	1.7.2	Raise public awareness on facilities that supply free condoms as part of routine media programs as part of Integrated SHC SRH Media Spots messages	Cost and Implementation linked to 2.1.2; 5.11.3 and 5.11.4
	1.7.3	Raise public awareness on the dual benefit of condoms with focus on KPHR	Cost and Implementation linked to 2.1.2; 5.11.3 and 5.11.4
	2.1.2	Promote the attendance of at least 4 ANC visits by expectant mothers before delivery through radio talks	$15,000.00 On-going linked to 5.11.4 2 x 30mins Radio talk x 50 months
	5.11.3	Media programs during national and international recognized memorial days	$ 10,000.00
	5.11.4	Air monthly Radio and TV program on SRH issues as the lead activity for Integrated SRH media messages	$ 30,000.00 Support FM89.5 program + other on-going programs linked to 2.1.2

Table xx: Summary of Total Costs of the NSP by Focus Areas over Five Years

Appendix I: Participants

	PARTICIPANTS	REPRESENTING	POSITION/TITLE	ETR/New NSP May 2013	Data Collection June 2013	RH Policy Oct 2013	NSP Nov 2013	RF EPE Dec 2013	GARPR Mar 2014	Harmonized TNISRHSP June 2014
MOH EXECUTIVES										
	Dr ‘Amelia Afuha’amangao Tu’ipulotu	Ministry of Health	CNO							
	Dr ‘Ana ‘Akau’ola	Ministry of Health								
	Dr Makameone Taumoepeau	Ministry of Health	Obstetrics Ward							
	Dr Malakai ‘Ake (RIP)	Ministry of Health	Chief Medical Officer Public Health							
	Dr Mapa Puloka	Ministry of Health								
	Dr ‘Ofa Tukia	Ministry of Health								
	Dr Louise Fonua	Ministry of Health	MOSG, Communicable Disease							
	Dr George ‘Aho	Ministry of Health	Paediatric Ward							
	Dr Reynold ‘Ofanoa	Ministry of Health	Chief Medical Officer Public Health							
	Dr Seventeen Toumo’ua	Ministry of Health	Laboratory							
	Dr Siale ‘Akau’ola	Ministry of Health	CEO, MOH							
	Dr Tevita Tu’ungafasi	Ministry of Health								
	Dr Toakase Fakakovikaetau	Ministry of Health	THSSP							
	Dr Veisinia M Vaha’i	Ministry of Health								
	Mr. Epitani Vaka	Ministry of Health								
	Mr Polikalepo M Kefu	Tonga National Youth Congress								
	Mr. Soasaia Penitani	Ministry of Health	TB Manager under GFATM							
	Mr. Sione Hufanga	Ministry of Health	Senior Health Information Statistic Officer							
	Mr Viliami Pakalani	Ministry of Health								

	PARTICIPANTS	REPRESENTING	POSITION/TITLE	ETR/New NSP May 2013	Data Collection June 2013	RH Policy Oct 2013	NSP Nov 2013	RF EPE Dec 2013	GARPR Mar 2014	Harmonized TNISRHSP June 2014
	Mrs. Angela Fineanganofo	Ministry of Health	HIV/STIs Program Coordinator							
	Mrs. Levaitai ‘Asaeli	Ministry of Health								
	Ms. ‘Aholata Manu	Ministry of Health	VCCT Training & Sites Accreditation, HIV Counsellor							
	Ms. Lu’isa Toetu’u	Ministry of Health	Senior Assist. Director-WID							
	Ms. Meredith Kennedy	Ministry of Health								
	NP Fusi Kaho	Ministry of Health								
	RHN ‘Alisi Fifita	Ministry of Health								
	RHN ‘Atalua Afu Tei	Ministry of Health	Supervising PH Sister							
	RHN ‘Emeline Takai	Ministry of Health								
	RHN ‘Uinisi U Vaikimo’unga	Ministry of Health								
	Sr. Meliame Tupou	Ministry of Health								
	Sr Sela Paasi	Ministry of Health	CNO							
	Sr Sulia Nonu	Ministry of Health	Infection Control Sister							
	Sr Tilema Cama									
LOCAL STAKEHOLDERS										
	Dr. Seini Kupu	Local Consultant (Program EPE)								
	Ltd Commander Lokotui	Ministry of Defense								
	Mr. ‘Alipuke ‘Esau	Vava’u Youth Congress								
	Mr. Anitelu Toe’api	Civil Society Forum Tonga								
	Mr. Bruno Toke	Ministry of Tourism								
	Mr. Finau Kailahi	Tonga Family Health Association (Youth)								
	Mr. Joshua Sefesi	Vava’u Family Health								

	PARTICIPANTS	REPRESENTING	POSITION/TITLE	ETR/New NSP May 2013	Data Collection June 2013	RH Policy Oct 2013	NSP Nov 2013	RF EPE Dec 2013	GARPR Mar 2014	Harmonized TNISRHSP June 2014
		(Youth)								
	Mr. Kilifi Talia'uli	Community								
	Mr. Koliniasi Taufa	Community								
	Mr. Lutoviko Tapueluelu	Tonga Broadcasting Commission								
	Mr. Peni Vainikolo	Vava'u High School (YFS)								
	Mr. Pesalili Tu'a	Vava'u Youth Congress								
	Mr Rhema Misa	Nata								
	Mr Rodger Palu	Tonga Family Health Association	Filitonu							
	Mr. Salesi Paea	Hospitality & Business								
	Mr. Salili Tu'a	Faith Based Organisation								
	Mr. Savelio Lavelua	Tonga National Youth Congress								
	Mr. Silivesesteli Loloa	Tonga National Youth Congress (Youth)								
	Mr. U Palu		Training attendant & Beneficiary							
	Mrs. Amelia T Hoponoa	Tonga Family Health Association								
	Mrs. Betty Blake	Ma'a Fafine & Famili	Director							
	Mrs. Dorothy B Fauonuku	Talanoa Project (TNCC)	Project Assistant							

	PARTICIPANTS	REPRESENTING	POSITION/TITLE	ETR/New NSP May 2013	Data Collection June 2013	RH Policy Oct 2013	NSP Nov 2013	RF EPE Dec 2013	GARPR Mar 2014	Harmonized TNISRHSP June 2014
	Mrs. Fuiva Kavaliku	Tonga National Centre for Women & Children								
	Mrs. Katherine V Mafi	Tonga Family Health Association	Coordinator for school based clinic project							
	Mrs. Leotisia Malakai	Mailefihi & Siu'ilikutapu College (YFS)								
	Mrs. Lesila To'ia	Women & Children Crisis Centre	Project Implementer							
	Mrs Mele Moala		Community Based Project Implementer, RF NSP support							
	Mrs. Ofa Tukia Guttenbeil-Likiliki	Women & Children Crisis Centre	Director							
	Mrs. Piula Fonokalafi	Tonga Trust								
	Mrs Polotu Fakafanua-Paunga	Director of Women in Development (WID)	Ministry of Internal Affairs (MIA)							
	Mrs. Tofa Finau	Ministry of Labour & Commerce								
	Ms. Agabe Tuinukuafe	Tonga Leiti's Association	TLA Project Implementer, CAG Recipient							
	Ms. Alexandra Fielea	Tonga Family Health Association (Youth)								
	Ms Baleisuva Huni	Talitha Project								
	Ms. Betty Akoteu	Salvation Army								
	Ms. Eva Tu'uholoaki	Tonga Red Cross Society								
	Ms. Initi Tu'iono	Salvation Army	Finance Officer – RF							

	PARTICIPANTS	REPRESENTING	POSITION/TITLE	ETR/New NSP May 2013	Data Collection June 2013	RH Policy Oct 2013	NSP Nov 2013	RF EPE Dec 2013	GARPR Mar 2014	Harmonized TNISRHSP June 2014
			Competitive Grants Program							
	Ms. Joey Joleen Mataele	Tonga Leiti's Association	President							
	Ms. Katalina Tohi	Broadcom Broadcasting								
	Ms. Lata Tangi	Tonga Family Health Association (Volunteer)								
	Ms. Latino Ulavalu	Tonga Leiti's Association								
	Ms Lavinia		NGO & Beneficiary							
	Ms. Lee College Faeola	Youth								
	Ms. Leilani Fainga'a	Tonga Leiti's Association								
	Ms. Lola B Koloamatangi	Tonga National Centre for Women & Children	Chairlady of HIV Stakeholder Committee							
	Ms. Noland Fanua	Tonga Leiti's Association (Vava'u)								
	Ms. Penita Moata'ane	Tonga National Youth Congress (Youth								
	Ms. Pulupaki Ika	Ministry of Internal Affairs								
	Ms. Resitara Apa	Pacific Sexual Diversity Network	Pacific Sexual Diversity Network (PSDN)							
	Ms. Satia Mahe	Tonga Leiti's Association (Vava'u)								
	Ms. Valeti Fine	Vava'u Family Health								

	PARTICIPANTS	REPRESENTING	POSITION/TITLE	ETR/New NSP May 2013	Data Collection June 2013	RH Policy Oct 2013	NSP Nov 2013	RF EPE Dec 2013	GARPR Mar 2014	Harmonized TNISRHSP June 2014
		Centre								
	Ms. Vanessa Lolohea	Tonga National Youth Congress								
	Rev Fe'ofa'aki Fusifaka	Faith Based Organisation								
	Rev Filifai'esea Lilo	Forum of Church Leaders								
	RN 'Elisapeti Kolopeua	Vava'u Family Health Centre	Health Care Worker							
	RN Vika A Finau	Tonga Family Health Association	VCCT and Sexual Health Nurse							
REGIONAL PARTNERS										
	Dr Alan Garvez	Secretariat of the Pacific Community								
	Dr Olayinka Ajayi	Secretariat of the Pacific Community	Monitoring & Evaluation Officer							
	Dr Sophaganine Ali	Secretariat of the Pacific Community	Regional STI Advisor							
	Dr Wame Baravilala									
	Michael Sami									
	Ranadi Levula	Secretariat of the Pacific Community	Monitoring & Evaluation Assistant							
	Sala Tupou-Tamani	Secretariat of the Pacific Community	Grant Management Unit – Grant Coordinator							
	Shupiwe Suffolk	Secretariat of the Pacific Community	Grant Management Unit – Grant Officer							
Position and Organisation TBC										
	Dr John Lee Taione									

	PARTICIPANTS	REPRESENTING	POSITION/TITLE	ETR/New NSP May 2013	Data Collection June 2013	RH Policy Oct 2013	NSP Nov 2013	RF EPE Dec 2013	GARPR Mar 2014	Harmonized TNISRHSP June 2014
	Dr Duke Mataka									
	Ms Iemaima Havea									
	Mr Lopeti Senituli									
	Ms Tufui Faletau									
	Mr Tatafu Moeaki									
	Mr Sione Lolohea									
	Ms Emily M Pouvalu									
	Mr Ponapate Taunisila									
	Ms ‘Ana Veikoso									
	Mr Paula Fonua									
	APC Lau’aitu Tupouniua									
	Inspector Seteone Polutele									
	Mr Faleata Leha									
	Mr Uepi Vea									
	Ms Silongo Fakasi’eiki									
	Rev Siketi Tonga									
	Mr Tevita Koloamatangi									
	Mr Manitasi Ledger									
	Ms Nanise Fifita									
	Sr Keiti Ann Kanongata’a									

Appendix: Stakeholders Self Assessment Feedbacks

Kingdom of Tonga
Ministry of Health

Country Coordinating Mechanism Committee (CCM) as of June 2013

Member(s)	Designation	Detail Contact
1. **Lord Tu'i'afitu**	Chairman	Minister of Health, Ministry of Health moh@health.gov.to Phone: 676 23 233 ext. 1411
2. **Mr. Sione Taumoefolau**	Deputy Chairman	Director General, Tonga Red Cross Society director.general@tongaredcorss.org Phone: 676 21 360
3. **Dr. Siale 'Akauola**	Member	Director of Health (CEO), Ministry of Health Tonga PIRMCCM Alternate Member sakauola@health.gov.to Phone: 676 23 233 ext. 1412
4. **Dr. Reynold 'Ofanoa**	Member	Chief Medical Officer, Public Health Division Ministry of Health Tonga PIRMCCM Member reynoldofanoa@gmail.com Phone: 676 23 200 ext. 1325
5. **Mrs. 'Amelia Hoponoa**	Member	Executive Director, Tonga Family Health Association PIRMCCM Executive Member ahoponoa@tongafamilyhealth.org.to Phone: 676 22 770
6. **Mrs. Polotu F Paunga**	Member	Deputy Director & Head Women's Affairs

No.	Name	Role	Details
			Ministry of Internal Affairs pfpaunga@mia.gov.to Phone: 676 27 145
7.	**Ms. Vanessa Lolohea**	Member	Executive Director, Tonga National Youth Congress vanessa_lolohea@hotmail.com Phone: 676 25 474
8.	**Rev Filifai'esea Lilo**	Member	Secretariat, Forum of Church Leaders Desk at the Ministry of Internal Affairs fili_lilo@gmail.com Phone: 676 28 976
9.	**Dr. 'Ofa Tukia**	Member	Medical Officer In-charge - Communicable Disease Section, Ministry of Health o.tukia@gmail.com Phone: 676 23 200 ext. 1505
10.	Tonga National Council of Churches		To be Confirm
11.	Ministry of Finance & National Planning		To be Confirm
12.	Ministry of Education& Training		To be Confirm
13.	**Mr. Sosaia Penitani**	Member	National TB Program Coordinator Global Fund Project, Ministry of Health spenitani@health.gov.to Phone: 676 23 200 ext. 1499
14.	**Ms. Angela P Fineanganofo**	Member	CCM Secretariat National HIV/STIs Program Coordinator Global Fund Project, Ministry of Health apfineanganofo@gmail.com Phone: 676 23 200 ext. 1330
15.	**Ms. 'Amelia Ngahe**	Corresponding	Secretary for Minister Ministry of Health angahe@health.gov.to Phone: 676 28 233 ext. 1430

Member's Review will include Member from Vulnerable Groups & PLWHIV

REFERENCES

Key TNISRHSP Development Documents

End of Term Review, HIV & STIs (2009-2013): outcomes notes and frameworks, May 2013. Tonga CCM/MoH

Endorsed Finalized Objectives, Interventions and Frameworks for Integrated NSP(2014-2018), Tonga CCM/MoH

Tonga Reproductive Health Policy, 2014-2017. Tonga MoH

Other References

Asia Pacific Coalition on Male Sexual Health (2012) Men who have Sex with Men and the 2011 Political Declaration on HIV/AIDS. *In Focus: Civil Society Perspectives on the 2011 HIV/AIDS HLM*, 5. APCAS0

Asia Pacific Coalition on Male Sexual Health (2012) Pacific Legal Environments for Men who have Sex with Men and Transgender People. *APCOM Policy Brief*. Bangkok: APCOM

Drysdale, R., Thomas, A., Tikinitabua, V. (2002) *Sexual Health Education: a training manual for the Pacific*, 3rd Edition. Family Planning Australia

Jansen, H., Johansson-Fau, S., Hafoka-Blake, B. & 'Ilolahia G. (2012) *National Study on Domestic Violence against Women in Tonga, 2009*. Nuku'alofa. Ma`a Fafine mo e Famili Inc.

Kupu, S. (2013) *The Response Fund End of Project Evaluation*. Nuku'alofa, Kingdom of Tonga: Country Coordinating Mechanism

McMillian, K. (2013) *Sex work and HIV/STI prevention in the Pacific Region, including analysis in the needs of, and lessons learnt from, programs in four selected countries.* Suva Regional Office: Secretariat of the Pacific Community

McLeod, R. Malefoasi, G. (2014) *RF Global End of Program Evaluation: Independent Evaluation Report*, Final Draft. Noumea: Secretariat of the Pacific Community

Ministry of Finance and National Planning (2010) *2nd National Millennium Development Goals Report – Tonga: Status and Progress between 1990–2010*. Nuku'alofa, Kingdom of Tonga

Ministry of Health (2009) *Evidence based guidelines in family planning for health workers*. Nuku'alofa, Kingdom of Tonga

Ministry of Health Tonga (2009) *Second Generation HIV Surveillance in Antenatal Clinic Attendees and Youth, Tonga, 2008*. Nuku'alofa, Kingdom of Tonga: MOH

Ministry of Health (2010) *Tonga National Strategy to prevent and control non communicable diseases 2010-2015*. Nuku'alofa, Kingdom of Tonga: MOH

Ministry of Health (2013, June) *Data Management Training Workshop report.* Nuku'alofa, Kingdom of Tonga: Health Planning & Information Division, MOH.

Ministry of Health (2013) *Lao Ki Malu'i'o e famili*. Nuku'alofa, Kingdom of Tonga

Ministry of Health (2013) *Reproductive Health Policy and Strategy 2014 - 2017*. Nuku'alofa, Kingdom of Tonga

Ministry of Health (2014) *Revised National Policy on gender and development Strategic Plan of Action 2014 – 2018*. Nuku'alofa, Kingdom of Tonga

Pacific Disability Forum. Australia Pacific Islands Disability Support (2012) *Capacity Development for Effective and Efficient Disabled Persons Organisation in Pacific Islands Countries: Report of Tonga component of Research.* PDF. APIDS

Parliament of Tonga (2013) *Tonga Family Protection Act 2013 Implementation Plan.* Working Draft. Nuku'alofa, Kingdom of Tonga

Secretariat of the Pacific Community (2004) *National Strategy to prevent and control Non Communicable Diseases: Tonga (2004 – 2009)*. New Caledonia: SPC

Secretariat of the Pacific Community (2012) *HIV Surveillance in Pacific Island Countries and Territories Report*. Noumea, New Caledonia: SPC

Secretariat of the Pacific Community (2013) *Pacific Islands HIV and STI Response Fund 2009-2013: 2013 Annual Report.* Noumea, New Caledonia: SPC

Secretariat of the Pacific Community (2012) *Key Tonga DHS Indicators*. Noumea. Available from: http://www.spc.int/sdd/index.php/en/downloads/doc_download/741-tonga-2012-dhs-factsheet

Secretariat of the Pacific Community (2014) *Pacific Islands HIV and STI Response Fund 2009 – 2013: Final Activity Completion Report*. Noumea, New Caledonia: SPC

Statistics Department of Tonga (2011) *Tonga National Population and Housing Census 2011: Preliminary Result.* Nuku'alofa. Available from: http://www.spc.int/prism/tonga/index.php/population-censuses/population-census-2011

The African Union Commission (2011) *Plan of action on sexual and reproductive health and rights (Maputo Plan of Action).* Maputo, Mozambique: African Union

Tonga Family Health Association (2013) *Annual Workplan 2013 and M&E Framework*. Nuku'alofa, Kingdom of Tonga

UNAIDS (2014) *Global Aids Response Progress Report.* Nuku'alofa, Kingdom of Tonga

United States Department of State. *2011 Trafficking in Persons Report* - Tonga, 27 June 2011, available at: http://www.refworld.org/docid/4e12ee3e32.html [accessed 21 July 2014]

World Health Organisation (1997) *Women's Health in a Social Context in the Western Pacific Region*. WHO Regional Office for the Western Pacific, Manila, Philippines

World Health Organisation (2010) *Achieving the Health-Related MDGs in the Western Pacific Region: Progress Report 2010.* WHO Regional Office for the Western Pacific Region, Manila, Philippines