**TongaHealth Annual Business Plan and Budget 2016-17**

**1. Vision**

A healthy Tonga where everyone is responsible for promoting health and everyone shares in the benefits of a healthy population.

**2. Mission**

TongaHealth’s Mission is to prevent and reduce harm from Non-Communicable Diseases (NCDs).

**3. Objectives**

The scope of activity is consistent with the Health Promotion Foundation Act 2007, its role and function as secretariat to the National NCDs Committee as detailed in the MOU signed by the Chairman of the National NCDs Committee and the TongaHealth Board Chairman , the objectives and strategies of the National Strategy for prevention and control of NCDs 2015-2020 (National NCDs Strategy 2015-2020), the Statement of Corporate Intent 2016/2017, and other existing TongaHealth policies.

In 2016-17 TongaHealth will:

* Develop and implement a high quality grants program that efficiently and effectively supports the delivery of health promotion activities pursuant to the National NCDs Strategy 2015-2020; and that engenders strong stakeholder trust and cooperation
* Identify and fund priority research activities to support monitoring and evaluation of the National NCDs Strategy 2015-2020.
* Build international connections to share good practice.
* Continue with implementation of Capacity Development Plan 2015-2020
* Implement the Communications Strategy 2016/2017
* Review all TongaHealth policies
* Extend office accommodation to cater for expanded staff capacity
* Seek other donors for increased funding pool for grants program.

**4. Background**

TongaHealth proposes to build on work plans developed with partners for 16 months beginning in March 2016, until June 2017.

Funding for the operations of TongaHealth and the implementation of the National NCDs Strategy 2015-2020 will be provided by the Tonga Government in its Annual Budget allocation to TongaHealth. It is proposed that the Tonga Government will provide $500,000 in its recurrent budget to TongaHealth for operational costs, monitoring and evaluation and grants. The Australian Government via DFAT is providing in FY 2016-17 implementation funding of AUD$400,000, which TongaHealth is grateful for. This funding is for delivery of activities against the National NCDs Strategy 2015-2020, which will be disbursed to partners against the agreed work plans. TongaHealth will assess the performance of partners to confirm the allocation of funds for FY 2016-17. Funding for senior positions of Finance Manager and Monitoring & Evaluation Manager will be provided from the DFAT implementation funds.

In accordance with the Australian Government Agreement, TongaHealth will need to have disbursed to partners at least 70% of the AUD$500,000 by 30 September 2016 in order to seek funding from the Australian Government for FY 2016-17.

**5. Timelines**

Table 1 below outlines the proposed timelines for TongaHealth’s work plan for FY 2016-17.

**6. Approval processes**

The Annual Plan has to be recommended by the Advisory Committees to the TongaHealth Board for approval before it is submitted to the National NCD Committee for final approval. The Annual Budget and global allocation of funds to priority areas is recommended by the Advisory Committees for approval and recommendation by the TongaHealth Board to the National NCD Committee for final approval. Grants will be recommended by the Advisory Committees to the TongaHealth Board for approval and recommendation to the National NCD Committee for final approval. Grants of more than or equal to TOP 100,000 will require the approval of the National NCD Committee. Grants less than TOP 100,000 will require the approval of the TongaHealth Board. Grants will be recommended by the Advisory Committees and the CEO of TongaHealth for approval.

Table 1: Proposed TongaHealth work plan timelines FY 2016-17

| **Work plan activities** | **Timelines** | **Progress Notes** |
| --- | --- | --- |
|  |  |
| Review of TongaHealth policies including Child Protection Policy, Fraud Policy, Financial Policy, Administration Manual and Governance Manual | Ongoing during July to December 2016 | CPP, Fraud, Financial policies completed |
| Review M&E Framework and Risk Management Framework | March 2016 | Almost completed |
| Finalise and implement Communications Strategy | July 2016 | Ongoing |
| Build office premises to cater for additional staff | September 2016 | Completed by Mid-December 2016 |
| Finalise research expenditure (Tobacco control, STEPS gap and Global School Health Survey Surveillance, Consumer research, etc) | September 2016 |  |
| Launch Tobacco mass media campaign | May 2016 | Completed |
| Submit FY 2015/16 acquittal to Australian Government | By 31 July 2016 | Completed |
| **16 month partner work planning** |  |
| Finalise grant templates and tools for partner work planning sessions | By 31 January 2016 | Completed |
| Undertake partner capacity assessments | January to September 2016 | Almost completed |
| Undertake partner work planning sessions | March to September 2016 | Completed in September 2016 |
| Submit partner work plans to Advisory Committees for review | September 2016 | Completed in September 2016 |
| Submit partner work plans (and proposed grant amounts) to TongaHealth Board and NNCDC for approval | September 2016 | Approved by the TongaHealth Board |
| Enter into 16 month partner grant agreements | April to September 2016 |  |
| Ongoing partner capacity development ‘one-on-one’ and/or group training sessions | Commencing May 2016 | Ongoing |
| Strategic Plan 2016-2020 finalised | March 2016 | Completed |
| Statement of Corporate Intent, Annual Business plan and Budget 2016-2017 submitted to Minister for Health for approval | By 1 June 2016 | Completed in July 2016 |
| **FY 2015/16 ‘Stage one’ funds** |  |
| Disburse ‘stage one’ funds to partners | March and April 2016 | May - September 2016 |
| 70% of AUD$500,000 funds disbursed | By 30 September 2016 |  |
| Preliminary assessment of partners ‘stage one’ performance | By December 2016 |  |
| Submit FY 2015/16 acquittal to Australian Government | By 31 July 2016 | Completed |
| **FY 2016/17 ‘Stage two’ funds** |  |
| Submit high level budget and work plan to Board for approval  | July 2016 | Completed |
| Submit high level budget and work plan to NNCDC for approval | September 2016 | To be completed on 25 November 2016 |
|  |  |  |
| Submit ‘stage two’ high-level budget to Australian Government | October 2016 |  |

**6. Proposed Capacity Building Activities**

TongaHealth will integrate capacity development plans into partners’ work plans to mitigate any identified risks. Capacity development will be overseen by TongaHealth in ‘one-on-one’ and/or group training sessions; but may be delivered by external consultants as required. It is anticipated that TongaHealth will oversee partner capacity development in relation to matters such as:

* activity delivery;
* financial management;
* monitoring and evaluation activities and reporting;
* child protection; and
* anti-corruption.

**7. High-level budget FY 2016-17**

Table 2 below outlines the high-level budget allocation for FY 2016-17. The budget allocation is informed by the National NCDs Strategy 2015 – 2020.

Table 2: High-level budget allocation for FY 2016-17.

| **High-level budget for FY 2016/17 activities** | **GoT Funds** | **Dr Tapa Bequest** | **DFAT Impl.** | **Total** |
| --- | --- | --- | --- | --- |
| **Business Activity** | **Description** | **(TOP)** | **(TOP)** | **(TOP)** | **(TOP)** |
| Government of Tonga |  | 500,000 |  |  | 500,000 |
| DFAT |  |  |  | 666,556 | 666,556 |
| Investment Income |  |  | 60,260 |  | 60,260 |
| **Total Income** |  | **500,000** | **60,260** | **666,556** | **1,226,816** |
| Capacity Development Plan implementation | * Develop multi-year plan and budget for ongoing organisational capacity development then implement.
 |  | 12,000 |  |  |
| Grants for strategy 1.1 (halt the number of babies exposed to the risks associated with being born to a mother with diabetes).Grants for strategy 1.2 (improve infant and toddler nutrition). | * Implement the ‘First 1,000’ days program.
* Clinical management of pregnant women with, or at risk, of diabetes.
* Interventions support women to maintain a healthier weight during the childbearing years.
* Breast counsellors assist mothers to maintain breastfeeding.
 |  |  | 80,000 | 80,000 |
| Grants for strategy 2.1 (more Tongans are meeting the WHO Global Physical Activity Guidelines). | * Economic measures make sports equipment more affordable.
* Community programs increase the availability of physical activity.
* Assist high-risk or priority groups re-engage in physical activity.
* Improved provision of physical activity in schools.
* Media campaign builds demand for physical activity.
* Curriculum encourages young people’s physical activity.
* Expansion of the Fiefia program amongst Nuku’alofa based workers.
 | 10,000 |  | 118,000 | 128,000 |
| Grants for strategy 2.2 (Tongans are eating a healthier diet). | * Strengthened management of Tongan fisheries.
* Economic measures increase costs of unhealthy foods and reduce costs of healthier foods.
* Increased supply, diversity and nutritional value of agricultural products.
* Partnership with local food producers encourages the adoption of voluntary measures to modify basic foods goods to make them healthier.
* School and child care centres are health and nutrition promoting environments.
* Improve children and adolescents health related knowledge, attitude and behaviours through curriculum interventions – PSHLP.
* Strengthened labelling helps consumers choose healthier foods.
 | 24,000 |  | 200,000 | 224,000 |
| Grants for strategy 2.3 (reduce alcohol related harm). | * Community mobilisation supports alcohol free environments and limits sale of liquor to minors.
* Develop and implement a liquor licensing policy.
* Support and strengthen the responsible service of alcohol.
* Raise public awareness about alcohol related harm.
* Strengthen community collaboration with police to improve reporting of violations.
 | 10,000 |  | 60,000 | 70,000 |
| Grants for strategy 2.4 (reduce tobacco related harm). | * Economic measures continue to increase the price of tobacco.
* Mass media campaign to increase intention to quit, reduce uptake and educate.
* Cessation services support smokers to quit.
* Expanded smoke free settings.
* Strengthen tobacco control enforcement.
 | 40,000 |  | 60,000 | 100,000 |
| Strategy 4.1 Research Activities | * Pre and Post Survey for the mass media anti-tobacco campaign.
* STEPS Gap Survey.
* Global Schools Health Survey.
* Population Census 2016
* KABP on Maternal and Child Health
* Price elasticity of demand of ‘healthy’ compared to ‘unhealthy’ food
* KABP survey on alcohol use and related harm
 | 20,000 |  | 62,719 | 82,719 |
| Strategy 4.1 Monitoring Activities | * Monitoring and Evaluation of partner activities.
 | 10,000 |  | 20,721 | 30,721 |
| Work Planning | * Work planning sessions with partners.
 | 5,000 |  |  | 5,000 |
| Sponsorships | 5,000 |  |  | 5,000 |
| *NCD Strategy Implementation sub-total* | *124,000* | *12,000* | *601,440* | *725,440* |
| Communications& Marketing | * Website; meetings &workshops; printing costs; posters, banners, and signs; and TV and radio advertising.
 | 37,900 |  |  | 37,900 |
| Governance | * Board member fees; Board meeting expenses; mentoring & support; and incidentals.
 | 46,180 |  |  | 46,180 |
| Human Resource Management | * Staff salaries; staff recruitment; and training, development & support.
 | 231,425 |  | 66,5571 | 297,983 |
| IT & Corporate Communication | * Accounting system; database; Telephone and internet; and computer software and consumables.
 | 9,500 |  |  | 9,500 |
| Transport & Travel | * International and domestic travel; and motor vehicle fuel and maintenance.
 | 24,200 |  |  | 24,200 |
| General Admin | * Stationery & office supplies; water; insurance; bank charges; audit fees; memberships & subscriptions; postage; cleaning etc.
 | 28,248 |  |  | 28,248 |
| Dr Tapa Scholarships |  |  | 60,260 |  | 60,694 |
| *Recurrent Expenditure sub-total* | *381,951* | *60,260* | *-* |  |
|  |  |  |  |  |  |
| **Total Expenditure** | **501,453** | **48,260** | **667,997** | **1,169,451** |
| **Surplus / (Deficit)** | **(1,453)** | **60,260** | **(1,441)** | **57,365** |

1 The salary and on-costs for the TongaHealth Finance Manager and M&E Manager positions are currently funded by DFAT.