



KINGDOM OF TONGA

Sexual and Reproductive Health Rights Needs Assessment

April 2015





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ABBREVIATIONS

ABR	Adolescent Birth Rate
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CoC	Continuum of Care
CPR	Contraceptive prevalence rate
CSO	Civil Society Organization
EOC	Essential Obstetric Care
EmOC	Emergency Obstetric Care
EmNOC	Emergency Neonatal and Obstetric Care
FBO	Faith Based Organisation
FP	Family Planning
GBV	Gender Based Violence
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HDI	Human Development Index (UNDP)
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
NSO	National Statistics Office
NGO	Non-Government Organisation
PoA	Plan of Action
PICCT	Provider-initiated confidential counselling and testing [for STIs and HIV]
PICts	Pacific Island Countries and Territories
PPTCT	Prevention of parent to child transmission [of HIV]
PPH	Postpartum Haemorrhage
SDGs	Sustainable Development Goals
SPC	Secretariat of the Pacific Community
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCCT	Voluntary Confidential Counselling and Testing (for HIV and STIs)
WHO	World Health Organization

EXECUTIVE SUMMARY



The Republic of Tonga (Tonga) has achieved mixed progress in incorporating gender and rights into its national sexual and reproductive health (SRH) agenda. This report reviews Tonga's rights-led approach to sexual and reproductive health and presented within are the results of the Sexual and Reproductive Health Rights (SRHR) Needs Assessment, conducted during an In-Country mission in November-December 2014. The work was commissioned by The Ministry of Health (MOH), Tonga; and technical support was provided by UNFPA, Pacific Sub Regional Office and its contracted consultants.

The SRHR Needs Assessment included a comprehensive literature review and in-country qualitative and quantitative data collection from key informant interviews and focus group discussions with senior MOH personnel, healthcare providers, other government ministries, non-government organizations (NGO's), civil society organizations (CSO's) and development partners. Fourteen randomly selected health facilities were chosen to participate in this assessment, 12 operated by government and 2 operated by The Tonga Family Health Association (TFHA).

Consultations were guided by UNFPA's *SRHR Needs Assessment Tools for SRHR, and HIV (Appendix 2)*, and collected information on partnerships, policy, SRH service delivery and its key enabling factors, family planning, mother and newborn health, prevention and management of sexually transmitted infections (STIs) and HIV and gender based violence management.

Commitment to rights-based health and social development: Tonga is committed to preserving the human rights of all Tongans including the most vulnerable groups: females, children and young people. Tonga's commitment is evidenced by the signing of a number of international conventions and treaties including: the Convention on the Rights of the Child (1993), and The Convention on the Rights of Persons with Disabilities (2007). Tonga has not ratified the Convention on the Elimination of All Forms of Discrimination Against Women (1995)

Other international commitments for the promotion of gender equity and equality include: Tonga's pledge to *The International Conference on Population and Development (ICPD) Plan of Action, The Moana Declaration 2013*, where Parliamentarians re-committed to advocating for the International Conference on Population and Development (ICPD) Programme of Action (PoA) and the key actions for implementation, the Millennium Development Goals and endorsement of the *Pacific Sexual Health and well-being Shared Agenda 2015-2019*.

At the national level, the Tonga Strategic Development Framework (2011-2014) and the *Ministry of Health Corporate Plan* guide programme plans and actions. Strategic health themes include:

- Healthy communities and populations through improved services;
- Health sector development;
- Staff training and development; and
- Service partnerships.

A young and growing nation: Tonga's population is scattered across 700,000 square kilometres of ocean which provides challenges to deliver universal access to cost-effective and quality SRH services. Tonga has a young population with 56% less than 24 years of age, of which 37% are aged less than 14 and 9% are 65 years or over. The annual population growth rate is 0.3% and the urban population makes up only 23% of the entire population.

Health priorities and status: The health system in Tonga is well developed and managed by the Ministry of Health. Tonga's currency is weak against the New Zealand and Australian dollar which has seen the need for cost cutting exercises within the Ministry of Health.

The clinical care component of the health system is well established, with a network of community hospitals, health centers and reproductive and child health clinics providing a range of primary health care services, however service gaps exist, especially to the outer islands. Despite this, Tonga has made significant progress against MDGs, notably, in reducing the infant mortality rate to 13.2/1000 and the maternal mortality ratio to 37/100,000 live births. Attendance at antenatal clinics has also improved from 85% in 2008 to near universal coverage of 99%.

Key issues to address in the Tonga health sector include:

- High burden and incidence of non-communicable diseases;
- High adult fertility rates;
- High teenage fertility rates;
- High burden and incidence of STIs; and
- Low rates of contraceptive prevalence.

The percentage of women of reproductive age who are using (or whose partner is using) a contraceptive method at a particular point in time, also known as contraceptive prevalence rate (CPR) is 28.4, which is well below the 2015 MDG target of 55. This in turn equates to Tonga having a relatively high adolescent birth rate of 30%.

Gender equity and equality: Gender can be explained as the accepted economic, political, and socio-cultural attributes, constraints, and opportunities associated with being identified in the broader society as a girl, a boy, a woman, a man, or as a gender non-conforming individual, and the expectations of each of these as defined at the individual, family, community, and at organizational levels.

Traditionally the place of Tongan women is “in the house”, however similar to many other PICTS, western influences are changing this dynamic. Political representation of women at the national level in Tonga is small with only 2 females in parliament. Contrarily, almost 70% of health workers are women, including half of all managerial posts and half of the generalist medical practitioner posts.

Findings Policy: A key policy finding is the need for a current integrated Sexual and Reproductive Health and HIV Policy.

At a national level there are a number of policies, albeit some of them outdated, that guide health and social development including:

- Tonga Strategic Development Framework 2011- 2014;
- National Integrated Sexual and Reproductive Health Strategic Plan 2014-2018;
- National Strategic Plan for HIV & STIs 2009 -2013;
- FP Evidence Based Service Guidelines 2007;
- Standard Protocols and Procedure Manual in Midwifery, Obs and Gynecology 2005; and
- Tonga Service Guidelines for management of STIs 2008.

Findings: System: Although Tonga relies heavily on funding from development partners, which presents a challenge in terms of sustaining specialist services, the country has a well-established, publically funded health system, although SRH is not a prioritized strategic focus. Gaps within the system include:

- The need for a comprehensive current best practice SRH training programme for the school of nursing, health practitioners and peer educators;
- Gaps in the availability of the 7 essential medicines and equipment and consumables required to deliver a quality EmOC service; and
- Gaps in the Tonga Health Information System (THIS) SRH data collection instruments (e.g. MS 1 reporting form) and in the system that generates SRH service implementation statistics.

Findings Service delivery: Of the 14 facilities assessed, they all provide a range of SRH and HIV services, either in house and/or through outreach health programmes that include: family planning services, prevention and management of STIs, antenatal, maternal (ANC) and newborn care, prevention and management of gender based violence and prevention of unsafe abortion and management of post abortion care.

Whilst the two hospitals provide all of these services, there are gaps in service provision in the 6 health centers and 6 health clinics. These include the inability to provide comprehensive EmOC, as the seven essential medicines were not available; and although a range of counselling services are available, the prevention and management aspects of gender based violence and abortion are lacking. (Refer to Summary of SRH Service Provision, Table 7, pg. 35)

Conclusions and recommendations: Challenges to improving SRH and to the delivery of SRH services to achieve universal access exist within the Tongan health system. These include under-staffing, outdated policies and guidelines, the need for information, educational and communication materials at health facilities and for community outreach; and the fiscal and geographical challenges of preventing stock outs of essential drugs and medical consumables in all health facilities, especially the outer islands.

Many of these challenges can be addressed through continued strong, national-level leadership from within the Ministry of Health Public Health Department and through better informed, consultative and collaborative planning and programme implementation.

A key recommendation that can guide a more integrated approach to providing SRH and HIV services in Tonga is to develop an integrated Sexual and Reproductive Health Policy that compliments the *National Integrated Sexual and Reproductive Health Strategic Plan 2014-2018*.

As importantly, it is crucial for SRHR advocates and stakeholders both in Tonga and the region, to rigorously and consultatively identify gender and other social determinants of health within each local context and integrate findings into SRH programme designs, in an effort to address the impact of activities on women, girls, boys, and men, with the ultimate goal of promoting equal access to health care for all.



1. INTRODUCTION

The Kingdom of Tonga is the only constitutional monarchy in the Pacific and is spread over 700,000 square kilometres of the South Pacific Ocean and comprises of 171 islands, of which 40 are inhabited. It has five Administrative Divisions: Tongatapu (the main Island), Vava'u, Ha'apai, Eua and Ongo Niua. Tongatapu has a predominant share of 73% of the total population, followed by Vava'u 15%, Ha'apai 7%, 'Eua 5%, and Ongo Niua 1%. Tonga is prone to natural disasters and recent ones included a tsunami that hit Niua Islands in September 2009 and the more recent category 5 cyclone Ian that hit the Ha'api Island group in January 2014. The population of Tonga is 103,036 (2011) and there is a high migration rate, with over 150,000 people living in New Zealand, Australia and The United States of America¹.

The World Bank classifies Tonga as a lower middle income country and its HDI value in 2013 was 0.705, which is in the high human development category, positioning the country at 100 out of 187 countries and territories². Tonga's economy is for the most part agricultural, mainly fishing. Tonga relies heavily on imported goods and has a small export market. Tonga has an employment population ratio of only 37% and has a very family orientated traditional style of economic cooperation. Many Tongan families rely on remittances from their overseas family members.

Tonga's commitment to preserving the human rights of all Tongans is evidenced by the signing of a number of international conventions and treaties, including: the *Convention on the Rights of the Child* (1993) and the *Convention on the Rights of Persons with Disabilities* (2007). Commitments have also been made to upholding the SRHR of Tongans, specifically through the promotion of gender equity and equality, evidenced by a commitment to the *Millennium Development Goals*, *The International Conference on Population and Development (ICPD) Plan of Action*, *The Pacific Policy Framework for Achieving Universal Access to Reproductive Health Services and Commodities (2009-2015)*, the Moana Declaration 2013, where Parliamentarians re-committed to advocating for the International Conference on Population and Development (ICPD) Programme of Action (PoA) and the key actions for implementation. Other commitments have included Tonga endorsing the Pacific Sexual Health and Well-being Shared Agenda 2015-2019. Tonga has not ratified the *Convention on the Elimination of All Forms of Discrimination Against Women* (1995).

¹ Secretariat of Pacific Communities (2014), Population and Development Profiles, Pacific Island Countries.

² UNDP 2014, Human Development Report 2014, Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience, Explanatory note on the 2014 Human Development Report composite indices, Tonga HDI.

1.1 Sexual and Reproductive Health Rights (SRHR)

Sexual and reproductive health rights are fundamental human rights and are integral to the well-being of all populations including adolescents, youth and men and women of reproductive age.

In practise, this means that both women and men have the means to have a healthy sexual life and have the number of children they want, when they want them. It also means women can deliver their babies safely and have access to quality services and information that will ensure their newborns survive. A comprehensive sexual and reproductive health care package has three key principal components: family planning, sexual health and maternal health.

In an effort to help decision makers to evaluate future SRHR investments for Tonga, a needs assessment was commissioned by The Ministry of Health, Tonga and this report will constitute part of a comprehensive collaboration to inform a revised Reproductive Health Strategy for Tonga.

1.2 Tonga's Public Health System

Tonga has a well-established, publicly funded health system administered by the Ministry of Health (MOH) and its vision is *“to be the healthiest nation compared to its Pacific neighbours and as judged by international standards by 2020”*³. Tonga's public health services are provided free of charge and health facilities are well dispersed which results in high levels of access to healthcare, except for limited access for small populations on the smaller isolated islands. In implementing its services and activities the Ministry is governed by the following Acts:

- Therapeutics Goods Act 2001
- Pharmacy Act 2001
- Nurses Act 2001
- Medical and Dental Practice Act 2001
- Health Practitioners Act 2001
- Mental Health Act 2001
- Tobacco Act 2001
- Drugs and Poisons (Amendment Act 2001)
- Public Health Act 2005
- Health Services Act 1991
- Garbage Act 1945
- Health Promotion Act 2007

Key strategic result areas and goals are categorized by (1) Healthy communities and populations through improved services; (2) Health sector development; (3) Staff training and development; and (4) Service partnerships.

³ WHO (2012), Health Service Delivery Profile, Tonga, 2012, pg. 1.

Tonga has a two tier system of public healthcare, one formal one, based on the perception of disease and a second informal system, based on the perception of sickness. The formal system administered by the MOH, is sought when Tongan's have conditions considered to be introduced by Europeans, e.g. Diabetes. The latter more traditional informal health sector, administered by traditional healers, is not recognized by government as a health provider. This system is utilized when conditions are considered to be traditionally Tongan.

Both systems are accepted widely and household surveys have reported that the traditional system is trusted by the community, especially in very remote isolated island communities where the formal system does not reach. There is also a small private health sector administered by traditional healers, off duty government doctors, three pharmacists and a small number of non-government organizations⁴.

The MOH operates through a network of health facilities that include Vaiola Hospital, the national referral hospital in Nuku'alofa, 3 community hospitals, 14 community health centers and 34 reproductive and child health clinics across the five administrative divisions. The spread of government health facilities across the five administrative divisions is provided in table 1(below).

Tonga, like many other PICTs, has a shortage of health professionals and it has recently been reported that only 75% of established nursing positions are currently filled⁵. In January 2013, there were 809 health workers employed by the Ministry of Health, with the nursing workforce making up 38.4%. Over 50% of Tonga's health workforce are under 40 years of age and the 3% that are above retirement age of 60 years have much needed skills⁶. Almost 70% of health workers are women, including half of all managerial posts and half of the generalist medical practitioner posts.

The distribution of the health workforce corresponds to the population distribution, but specialist skills are centralized in Tongatapu. The private sector employs 16 practitioners and six of these private practitioners also work in the public service.

Table 1 : Government Health Facilities by Administrative Division

Division	No. of Health Facilities	Catchment Population	Number of Beds per Facility
Tongatapu	27	69%	199
Vava'u	9	16%	43
Ha'apai	8	9%	22
Eua	4	5%	17
Ongo Niua	4	1	0

⁴ Ibid

⁵ UNFPA (2014), Family Planning and Reproductive Health Commodity Needs Assessment, Kingdom of Tonga, Ministry of Health, Tonga and UNFPA, Pacific Sub-Regional Office.

⁶ WHO (2013), Human Resources for Health, Country Profiles, Tonga, compiled in collaboration with UNSW Human Resources for Health Knowledge Hub.

1.3 Overall Health Priorities and Status in Tonga

The MOH Corporate Plan 2008-2012 guided health priorities in Tonga for that period and its theme, “Looking at the future, building on the past” was aligned with the National Strategic Development Plan⁷. There were six key result areas including:

- Build capability and effectiveness in preventive health services to fight the NCD epidemic and communicable diseases;
- Improve the efficiency and effectiveness of curative health service delivery;
- Provision of services in the outer island districts and community health centers;
- Build staff commitment and development;
- Improve customer service; and
- Continue to improve the health infrastructure and ICT.

Tonga has a high burden of non-communicable diseases (NCDs) and was the first Pacific country to launch a National Strategy to Prevent NCDs in 2003. Tonga is the only country, of 44 that has chosen MDG Goal 6c: “NCDs halted by 2015 and begun to see the reverse the incidence of NCDs” as its priority under the MDG accelerated framework (MAF)⁸.

Tonga has a number of national social plans and policies relevant to ICPD priorities⁹. These include:

- Sustainable Development;
- Youth;
- Disability (Draft);
- Urbanization;
- Gender;
- Education; and
- Sexual and Reproductive Health.

The 2013 review of the ICPD PoA in the Pacific also reported that SRH was an integral component of primary health care in Tonga; that referral mechanisms and guidelines exist and that health workers had received training on the elimination of stigma, SRH, rights and HIV (UNFPA, 2013, p.25)¹⁰. Other key results of the 2013 ICPD PoA review (that correspond to ICPD priorities), indicate that Tonga has:

- Increased women’s availability to SRH information and counselling;
- Addressed the issue of preventing parent to child transmission (PPTCT) of HIV; and
- Emergency Obstetric Care (EmOC) programmes in place, however the provision of EmOC in the outer Islands is not adequate.

⁷ Government of Tonga (2008), Ministry Of Health, Corporate Plan 2008/09-2011/12.

⁸ Tonga Health Information System (2013), Tenth Pacific Health Ministers Meeting 2-4 July 2013 Apia, Samoa

⁹ UNFPA (2013), Pacific Regional ICDP Review: Review of the Implementation of the International Conference on Population and Development Programme of Action Beyond 2014.

¹⁰ UNFPA (2013), Pacific Regional ICDP Review: Review of the Implementation of the International Conference on Population and Development Programme of Action Beyond 2014.

1.4 Population, Social Development and Health Related Indicators

Of the total population of 103,036 people recorded in the 2011 Census, there were 52,001 males and 51,035 females. 56% of Tongan's population are less than 24 years of age, of which 37% are aged less than 14, and 9% are 65 years or more. The annual population growth rate is 0.3% and the urban population makes up only 23% of the population¹¹.

Key development indicators for Tonga are shown in Table 2 below.

Table 2: Key Development Indicators, Tonga 2009-2011 ¹²

Indicator	Measure	Year
Human Development Index	0.7	2011
Adult literacy rate (%)	99.0	2010
Total health expenditure (% of GDP)	3.0	2009
Proportion of people living below national poverty line (%)	22.5	2009

Cause of death data is collected from death certificates and hospital records and this information is essential to monitor mortality trends to identify key public health issues and target interventions accordingly. Table 3 below shows Tonga's key health indicators.

Table 3: Key Health Indicators

Indicator	Measure	Year
Life expectancy at birth (years) -Men	74	2010
Life expectancy at birth (years) -Women	69	2010
Crude Birth Rate (per 1,000 population)	26.0	2010
Crude Death Rate (per 1,000 population)	5.3	2010
Maternal Mortality Ratio (per 100,000 live births)	37.1	2010
Neonatal Mortality Rate (per 1,000 live births)	7.8	2011
Infant (<1 year) Mortality Rate (per 1,000)	13.2	2011
Under 5 years Mortality Rate (per 1,000)	15.4	2010

There has been a consistent improvement in the under-five mortality rate in Tonga since 1990. Although this decline is encouraging, the under-five mortality rate is not yet in line with the country's target of 8 deaths per 1,000 live births as defined by Millennium Development Goal 4 (MDG 4).

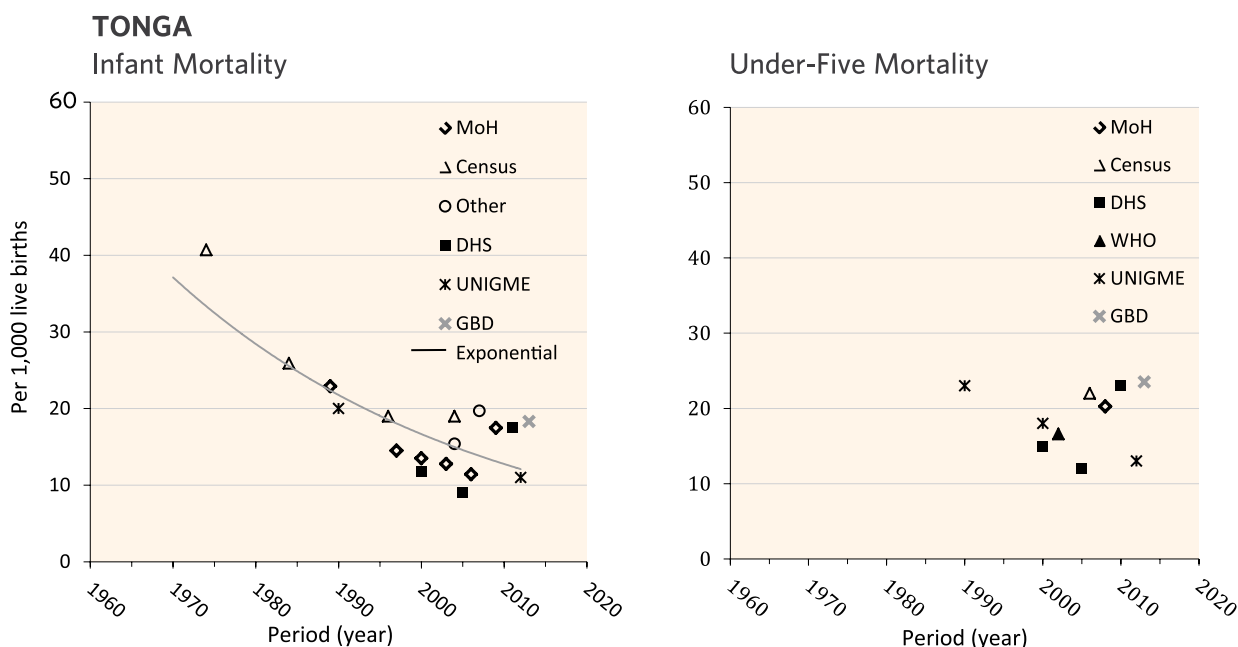
In 2010 the three most prominent known causes of death for children below the age of five years were congenital anomalies (29%), prematurity (22%) and birth asphyxia (11%). Other contributing factors to child mortality included: pneumonia (9%), injuries (7%) and neonatal sepsis (4%).

¹¹ Ibid

¹² WHO (2012), Kingdom of Tonga, Health Services Delivery Profile 2012.

Other reports have also indicated similar trends, including SPC (2014) as depicted in Figure 1 below, “Infant mortality is below 20 deaths per 1,000, with recent increases attributable to the reconciliation of data between sources, with previous estimates potentially biased by undercount” (SPC, pp. 63-64.)¹³.

Figure 1 : Trends in infant and under 5 mortality in Tonga.



Key: SPC: Secretariat of Pacific Community, UNIGME: United Nations Interagency Group for Child Mortality Estimation, KNSO: Tonga National Statistics office, WHO: World Health Organization: GBD: Global Burden of Disease Study. *Note (SPC 2014): UNIGME and GBD estimates were not included in the trend lines as they are not a primary source of data but were for comparison purposes only.*

In 2010 the MOH reported:

- NCDs accounted for four of the five leading causes of mortality;
- Infant, under-five, and maternal mortality rates have declined; and
- Infectious diseases have been largely brought under control¹⁴.

According to a 2012 *NCD Risk Factors Report*, non-communicable diseases are the biggest burden of disease in Tonga. The prevalence of overweight in adults is 92.1% and the prevalence of obesity is the highest in the world at 68.7%. To this end, the burden of diabetes and cardiovascular disease are high and contributing factors include; an ageing population, increasing urbanization, and westernized diets¹⁵.

Table 4 below provides a summary of progress against MDGs for Tonga and shows good progress with 5 of 7 on track and two with mixed progress.^{16, 17, 18}.

¹³ Secretariat of Pacific Communities (2014), Mortality Trends in Pacific Island States.

¹⁴ WHO (2012), Health Service Delivery Profile, Kingdom of Tonga.








¹⁵ WHO (2013), Human Resources for Health, Country Profiles, Tonga, compiled in collaboration with UNSW Human Resources for Health Knowledge Hub.

¹⁶ Pacific Islands Forum Secretariat (2013), Pacific Regional MDG's tracking report, pg. 24.

¹⁷ UNFPA (2014), Family Planning and Reproductive Health Commodity Needs Assessment, MOH Tonga and UNFPA Pacific, Sub Regional Office

¹⁸ UNFPA (2014), Population and Development Profiles: Pacific Island Countries.

Table 4: Summary of Tonga's progress against MDGs.

MDG	Progress	Description of Progress
	MIXED PROGRESS	<ul style="list-style-type: none"> Many people from Ha'apai have migrated to the capital for work and education There is limited access to essential services for poorer communities on the outer islands High youth employment and overall high employment rate (46%) Low food poverty and low levels of malnutrition Obesity in children is a concern and is related to poor nutrition
	ON TRACK	<ul style="list-style-type: none"> High literacy rate, school enrolment numbers and retention rates with close to equal opportunities for boys and girls in primary, secondary and tertiary education
	MIXED PROGRESS	<ul style="list-style-type: none"> Close to equal opportunities for boys and girls in primary, secondary and tertiary education Poor economic participation of females 3.6 parliament seats held by women Few women represented in senior civil service roles, however number of women starting private businesses is increasing Traditional views that decision making is the domain of men
	ON TRACK	<ul style="list-style-type: none"> Relatively low child mortality rate due to government's commitment to providing immunisations, antenatal care and 98% of births attended by a skilled health worker
	ON TRACK	<ul style="list-style-type: none"> The Maternal Mortality Ratio have improved from 205/1000 in 1995 to 37/1000 in 2010 which means Tonga has met this MDG target Contraceptive prevalence rate is low at 28.4% and the total fertility rate is 3.9%, which is similar to what it was 10 years ago
	ON TRACK	<ul style="list-style-type: none"> 18 cases of HIV/AIDS since 1987 High STI rates Poor knowledge of HIV and AIDS Low condom use (12.3% men and 0.1% women) No malaria and TB cases have decreased, consistent with successful treatment rates
	ON TRACK	<ul style="list-style-type: none"> Recent steps taken to improve environmental sustainability (Energy Roadmap) High access to clean water sources and sanitation has improved Increased informal settlements in the Capital due to migration from the outer Islands for employment.

MDG Progress Summary

Tonga is progressing well against most MDGs, however there are three key areas of slow progress:

- % of population living below the Basics Needs Poverty Line increased from 16.2% (2001) to 22.5% (2009);
- The proportion of female representation in the National Parliament places Tonga at one of the lowest ranking in the world; and
- The overall prevalence of diabetes in Tonga is estimated at 15.1%, which is double the prevalence rate in 1973¹⁹.

¹⁹ Tonga Health Information System (2013), Tenth Pacific Health Ministers Meeting 2-4 July 2013 Apia, Samoa

1.5 Reproductive Health Indicators

The Reproductive Health Programme in Tonga is considered to be a role model in the region because of the successes it has achieved in its implementation and results. The 2013 review of the ICPD PoA in the Pacific reported on “Addressing Reproductive Rights, Morbidity and Mortality” and key achievements reported by Tonga included completion of a Demographic Health Survey and an increase in pre and post counselling for STIs and HIV. Interestingly, Tonga did not report any relevant issues in this area of health to address in the next 5-10 years. Table 5 below provides a summary of Tonga’s Sexual and Reproductive Health indicator results for 2010-2012.

Table 5: Sexual and Reproductive Health indicators for Tonga^{20,21}

Indicator	Year	Value
Maternal Mortality Rate (per 100,000 live births)	2010	37.1
Skilled attendance at Delivery	2012	98%
Contraceptive Prevalence Rate (CPR)	2012	28%
Unmet need for Contraceptives	2012	25%
Total Fertility Rate (TFR) (per 1000)	2011	3.8
Adolescent Fertility Rate (per 1000)	2011	30
ANC visits (≥ 1 visit)	2010	99%

Tonga’s fertility rate remains high, although it has been declining slowly, decreasing from 4.1 in 1986 to 3.7 in 2010. The high fertility rate places a considerable economic burden on a large proportion of the population.

Tonga has a reported maternal mortality ratio of 36 deaths per 100,000 live births and 99% of births are attended by a trained professional. Figure 2 below shows a decrease in maternal mortality rates in Tonga to 37 in 2010 which means Tonga has exceeded the MDG target of 51 and Figure 3 shows the actual number of maternal deaths from 1995-2010²².

Figure 2: Maternal Mortality Ratios in Tonga (1995 - 2010)

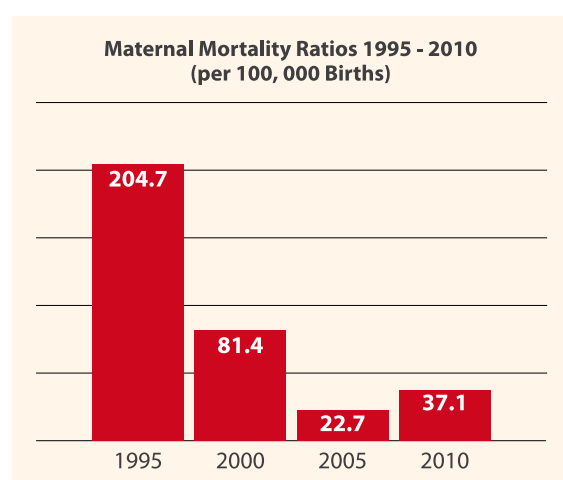
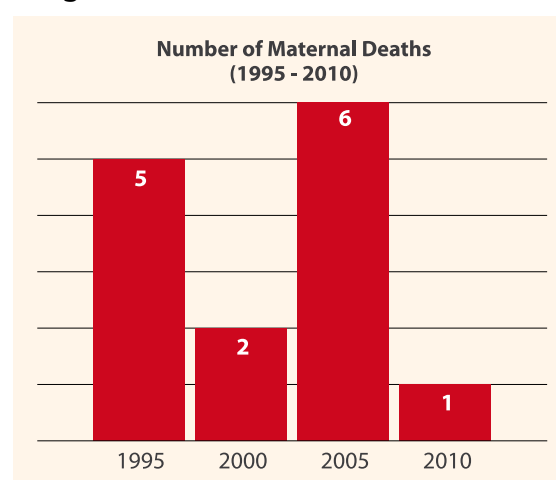


Figure 3: Number of Maternal Deaths in Tonga (1995 - 2010)



²⁰ UNFPA (2014), Family Planning and Reproductive Health Commodity Needs Assessment, MOH Tonga and UNFPA Pacific, Sub Regional Office

²¹ UNFPA (2014), Population and Development Profiles: Pacific Island Countries.

²² UNFPA (2014), Family Planning and Reproductive Health Commodity Security Needs Assessment -Tonga

1.6 STI and HIV prevention and management

Tonga has a National Strategic Plan for HIV & STIs, albeit dated 2009-2013. The Ministry of Health offers routine screening for HIV of all potential blood donors, those seeking visas for immigration purposes and overseas travel, for all medical examinations for residency and employment purposes and for seafarers. The first case of HIV in Tonga was recorded in 1987. Since then, a total of 17 people have been diagnosed as HIV-positive in Tonga, with the most recent cases identified in 2008²³.

Since 2007 antenatal mothers have been routinely screened at Vaiola Hospital ANC clinic. TB and STI cases are also routinely screened for HIV. Testing is available at the four major hospitals and at TFHA clinics; and all tests are sent to the respective hospital laboratories for processing. All confirmatory tests are sent to a laboratory in Melbourne, Australia, which provides the service at no charge.

HIV data is routinely collected from the hospitals and TFHA, however, this data does not include any cases that may be diagnosed through private clinics and pharmacies or the outer islands where data is not routinely collected. Anti-retroviral treatment is funded through the Global Fund to fight AIDS, TB and Malaria (GFATM) and provided through the Fiji Pharmaceutical Services at the request of the treating physician. In 2011, the HIV prevalence rate in Tonga was reported to be 0.002%²⁴.

In the past the diagnosis of STIs in Tonga was thought to be significantly under-reported as data were only available from the STI clinic in Vaiola and the TFHA clinic, but not from the outer island hospitals, health centers or private clinics and pharmacies. However, STIs are now incorporated as a notifiable disease into the Public Health Act and the MOH provides syndromic and laboratory-based management. It has been reported that other treatment regimes were often pursued through informal networks to avoid public scrutiny. TFHA also operates a SRH clinic which includes STI management and treatment²⁵.

While syphilis has a very low prevalence in Tonga, the chlamydia prevalence rate was reported to be 22% in 2013, which is a steady increase since 2009. In order to address this, the intervention focus of controlling STIs aims to reduce new chlamydia infections and targeted strategic health information campaigns to increase awareness have been delivered. Clinicians practice the syndromic management of symptomatic STIs and also include partner counselling. Tonga has reported an increase in those receiving STI and HIV pre and post counselling²⁶. Table 6 below, although not categorized by type, shows the number of curable STIs in Tonga between 1997 and 2007.

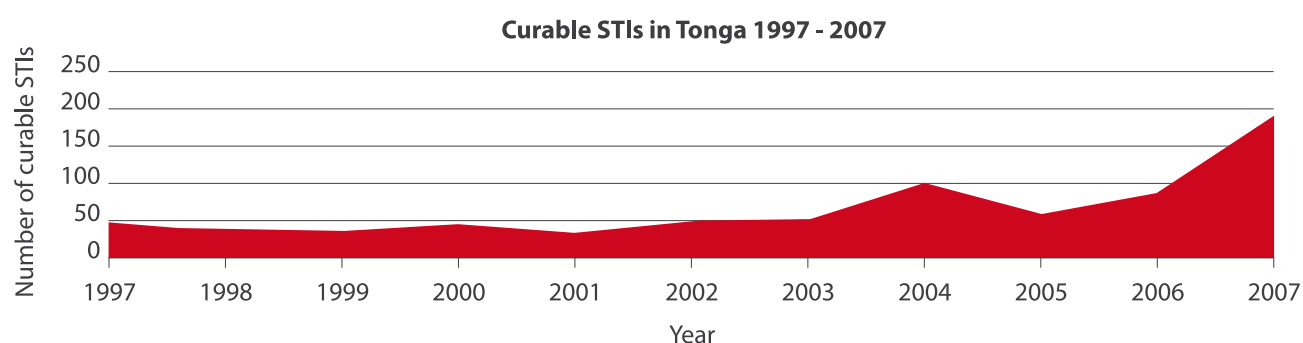
²³ Kingdom of Tonga (2009), National Strategic Plan for HIV & STIs, 2009-2013

²⁴ *ibid*

²⁵ *ibid*

²⁶ UNFPA (2013), Pacific Regional ICDP Review, Review of the Implementation of the International Conference on Population and Development Programme of Action Beyond 2014, UNFPA, Pacific Sub-Regional Office.

Table 6: Curable STIs in Tonga 1997 - 2007²⁷



1.7 Integration of SRHS and HIV

In 2008, in order to meet targets for Universal Access to RH Services and Commodities for MDGs 5A and 5B, the Pacific Ministers for Health Meeting in Nadi, Fiji, through their Pacific Policy Framework, highlighted the need for 'sexual and reproductive health, including FP, RHCS and HIV to be incorporated into national and sub-national development plans'²⁸; and there has been a gradual move towards the integration of SRH and HIV programmes in Tonga.

Although there is no current SRH National Policy, Tonga has a *National Integrated Sexual and Reproductive Health Strategic Plan (2014-2018)* which guides the SRH programme. The Country Coordinating Mechanism (CCM) is the HIV and AIDS programme governing committee and is chaired by the Honourable Minister for Health.

Risk vulnerability mapping for Tonga noted important factors to be considered when planning the integration of SRHR and HIV services. They include addressing issues in relation to vulnerable groups including: men having sex with men (MSM), male and female commercial sex workers and international seafarers. Other issues to consider include migration displaced mobility and limited HIV screening capacities at antenatal clinics²⁹. The impetus to integrate SRHS and HIV includes the need to improve access to a range of these services for both men and women³⁰.

²⁷ Kingdom of Tonga (2009), National Strategic Plan for HIV & STIs, 2009-2013

²⁸ SPC (2008), downloaded from, http://www.spc.int/ppapd/index.php?option=com_content&task=view&id=259, accessed 01 April 2015.

²⁹ Buchanan-Aruwafu (2007), An Integrated Picture: HIV Risk and Vulnerability in the Pacific: Research Gaps, Priorities and Approaches.

³⁰ Maharaj, P and Cleland, J. (2005), Integration of sexual and reproductive health services in KwaZulu-Natal, South Africa, Oxford University Press & the London School of Hygiene and Tropical Medicine. doi:10.1093/heapol/czi038

Apart from the cost saving and sharing aspect of integration, there is a need to integrate SRH and HIV service coverage, as behaviours that prevent HIV transmission also prevent sexually transmitted infections and unintended pregnancies; and many HIV infections are sexually transmitted or associated with pregnancy, childbirth, and breastfeeding³¹.

1.8 Gender Based Violence

As gender based violence (GBV) is prevalent across Pacific island countries, governments and health systems have worked to integrate GBV prevention and response programmes and training for health workers into their policy agendas. Tonga has reported providing “gender based violence training for health workers and adolescent health programmes that integrate GBV, sexual violence and intimate partner violence prevention and outreach strategies” (UNFPA, 2013, p. 28)³².

A 2009 study of domestic violence in Tonga found:

- 79% of Tongan women and girls have experienced physical or sexual violence in their lifetime;
- 68% of Tongan women and girls are affected by physical violence perpetrated by mainly their fathers or teachers;
- 33% of married or ever partnered women are victims of physical violence;
- 17% of married or ever partnered women are victims of sexual violence;
- 24% of married or ever partnered women are subject to emotional violence; and
- Perpetrators of violence are just as likely to be well respected and educated Tongan men³³.

1.9 Summary of Sexual and Reproductive Health Status in Tonga

Tonga is leading the RH agenda in the Pacific because of the implementation and successes of its SRH program at hospital, health centre and reproductive and child health clinic levels in conjunction with strong leadership and commitment from the Minister for Health and senior MOH personnel. There is also active engagement with a range of NGOs, CSOs and development partners that are also committed to improving RH programmes.

Tonga has a number of national Acts of Parliament and policies and guidelines in place to address health and social development issues. There is no current SRHR strategy in place to guide health planners and health workers, however, the 2008-2011 RH Programme Strategy is currently being reviewed and there is strong support to integrate HIV into the next framework³⁴.

31 Warren, C.E., Mayhew, S.H., Vassall, A., Kimani, J. K., Church, K., Dayo Obure, C., Friend du-Preez, N., Abuya, T., Mutemwa, R., Colombini, M., Birdthistle, I., Askew, I and Watts, C., BMC Public Health 2012, 12:973 <http://www.biomedcentral.com/1471-2458/12/973>

32 Ibid (11)

33 Kainga, Nofo 'A, (2012), National Study on Domestic Violence against Women in Tonga, 2009.

34 UNFPA (2014), Family Planning and Reproductive Health Commodity Needs Assessment, Kingdom of Tonga, Ministry of Health, Tonga and UNFPA, Pacific Sub-Regional Office.

Tonga have already exceeded progress against MDG 5 as significant achievements have been made in reducing maternal mortality to 37/100,000 live births against the MDG target of 51/100,000. Infant mortality has also improved to 17 per 1,000 live births and is on track to meet MDG 4. Progress has also been made in improving immunization coverage to 89%, increasing antenatal coverage (at least 1 visit) to 99% and increasing the number of skilled birth attendants to 99%.

Some disparities remain and these include the need to further identify and address the underlying factors that contribute to:

- Unmet need for family planning – 25% (2012);
- Low contraceptive prevalence rate – 28% (2012) ;
- Teenage pregnancies;
- High incidence of STI's and poor self-referrals for treatment; and
- Low female condom use.



2. PURPOSE AND METHODOLOGY

The purpose of this needs assessment is to establish the level to which the SRP rights and needs of the population of Tonga have been met and to assess what needs have not been met. This report provides an overview of the existing available sexual and reproductive health services in Tonga, identifies the gaps, issues and challenges that exist and provides recommendations to improve rights based sexual and reproductive health services in Tonga.

The timing of this needs assessment is aligned with the conclusion of the International Conference on Population and Development (ICPD) in 2014, the conclusion of the Millennium Development Goals (MDGs) in 2015 and the design of the Sustainable Development Goals (SDGs) in continuation of the MDGs.

2.1 Desk Review

A thorough desk review was undertaken in April 2015 by a UNFPA Consultant to determine the existence and use of relevant SRH indicators, policies, plans and laws and to assess Tonga's commitment to a rights based approach to sexual and reproductive health services and their delivery across Tonga.

The desk review explored relevant and available 2000-2014 literature on reproductive health status, service delivery and utilisation and the extent to which services are meeting the needs of the Tongans. National census and demographic information was analysed and findings collated against a range of regional technical reports and reviews.

2.2 Consultative Needs Assessment

The consultative needs assessment was conducted in Tonga by the Fiji National University (FNU) (contracted by UNFPA) in February 2015 and included key informant interviews and focus group discussions with health workers in 12 health facilities and with SRH and HIV coordinators and programme managers from MOH, with representatives from other government ministries, non-government organizations and civil society. (Refer to **Appendix 3** for full list of interviewee names, health facilities visited and other partner agencies that participated in key informant interviews and focus group discussions).

Site Selection: A random selection of 14 health facilities were chosen for this assessment. These included 12 government facilities (1 hospital-Vaiola National Referral Hospital, 4 health centers and 5 reproductive and child health clinics on Tongatapu Island and 2 health centers and 1 reproductive and child health clinic on Vava'u Island). The remaining 2/14 facilities included: 1 health clinic operated by Tonga Family Health Association and 1 health clinic operated by Vava'u Family Health Association.

Assessment Tool: The Assessment Tool used for key informant interviews with MOH personnel, health facility managers and for focus group discussions with health workers was provided by UNFPA (Refer to **Appendix 2** for Assessment Tool).

2.3 Analysis and Limitations

2.3.1 Analysis:

Section 3 of this report provides the summary and analysis of data collected through the consultative needs assessment. Information is presented in the order established by UNFPA's Pacific Sub Regional Office, within the Need Assessment Tools for Sexual Reproductive Health and Rights, and HIV (Refer to **Appendix 2**). Data discussion and summary tables are presented in the following subsections:

Policy: HIV and STI strategies and policies; gaps and factors which prevent or enable service integration; clinical protocols and service guidelines; stakeholder participation; legislative and legal frameworks which enable/inhibit service development/delivery.

System: Development partners, funding and coordination mechanisms; civil society and stakeholder engagement; planning and management of programmes; human resourcing; capacity development processes and needs; reproductive health commodities; laboratory and programme support services; data management, monitoring and reporting.

Service Delivery: The availability of essential SRH and HIV services; current status of service integration; prevention and management of abortion; response to gender-based violence and sexual assault; peer education and outreach services; condom programming.

2.3.2 Limitations:

Although there are numerous best practice guidelines available to assist national reproductive health programmes to conduct SRH needs assessments³⁵, they require effective planning, and collaborative and consultative setting of timeframes for data collection exercises. The model of conducting key informant interviews and focus group discussions with a sample of MOH senior managers, health managers and representatives from CSOs, NGOs and development partners, was planned so as to provide a cross section of information for the review. However, this cannot be considered as fully comprehensive, as the information collected from the sample does not necessarily reflect all SRHR programmes in the country. This would have been achieved only by visiting all health facilities, which the timing of the assessment did not allow.

A further limitation of this assessment is that data was collected from service providers and facilities only and service users were not included in the sample. This would have helped to determine, first hand, if and how their SRHR are met or neglected. Future assessments should consider a combination of senior health planners, implementers and users.

³⁵ UNFPA, 2010; A Guide to Tools for Assessments in SRH; www.unfpa.org/webdav/.../publications/2010/srh_guide/index.html; accessed 18th November 2014.

Information collected during the desk review, focus group discussions and key informant interviews has informed the findings of this needs assessment. Consistent with the assessment tools and report format provided by UNFPA's Pacific Sub-Regional Office, the findings are presented in terms of their relevance to reproductive health and family planning programmes and services, particularly in relation to SRHR as depicted by the Tonga Ministry of Health strategic plans and policies.

Finally, due to an imminent deadline for submission of this report, the desk review and report compilation was done in a very short timeframe, so the literature review may not be as comprehensive as it could be if additional time were available, albeit, every effort was made to research the subject at hand and to provide recent and relevant references.



3. FINDINGS

The findings of the SRPR needs assessment are reported in this section. In the course of analysing the data, some service gaps, barriers and challenges to service delivery were noted. These may impact the delivery of a comprehensive and best practice rights based sexual and reproductive health and family planning service in Tonga, therefore where appropriate, recommendations have been made (in section 4 of this report) to address these perceived gaps.

3.1 Policy

The results of the policy component, Section A of the SRHS need assessment tool are reported in this section and they cover three specific areas of policy, namely: System to support SRHR, availability of a SRH policy and guidelines and protocols that support the SRH programme.

3.1.1 Availability of the Policy

Tonga does not have a current SRH Policy, however the *Integrated National Strategic Plan for Sexual and Reproductive Health 2014-2018*, currently guides SRH management in the country.

3.1.2 System to Support SRHR

The MOH budget was increased in 2011/2012 to \$22.56 million, a 4.8 million increase compared with 2007/2008, which shows commitment from Government to invest in the health of Tongans. Like other Pacific island nations, the SRH programme also relies on funding from development partners, therefore sustaining progress remains a challenge. Key development partners include UNFPA, UNICEF, UNAIDS, WHO, SPC, Australian Agency for International Development (AusAID), GFATM, The World Bank, NZ AID and Japan International Cooperation Agency (JICA).

Tonga is a signatory to the International Health Regulations and health laws in Tonga (applicable to this assessment) include:

- Health Services Act 1991;
- Public Health Act 2005;
- Health Promotion Act 2007;
- Health Practitioners Review Act 2001;
- Medical Services Regulations;
- Therapeutic Goods Act 2001;
- Pharmacy Act 2001;
- Medical and Dental Practice Act 2001;
- Nurses Act 2001;
- National Inclusive Education Policy 2007; and
- The Family Protection Act 2013.

A minimal package of RSRH is provided at all levels of the government health system in Tonga including at Vaiola Hospital (the national referral hospital), 3 community hospitals, 14 health centers and 34 reproductive and child health clinics.³⁶ (Refer to **Appendix 4** for Summary of health services by facility type and essential services delivered).

3.1.3 Guidelines and Protocols

The SRH policy that will supersede the RH Policy 2008-2012 is currently being drafted, however there are a number of national policies, plans and guidelines that help to guide different aspects of SRH, STI and HIV practice. These include:

- National Strategic Plan for HIV & STIs 2009 -2013;
- National Integrated Sexual and Reproductive Health Strategic Plan (2014-2018);
- FP Evidence Based Service Guidelines 2007;
- Standard Protocols and Procedure Manual in Midwifery, Obs and Gynecology 2005; and
- Tonga Service Guidelines for management of STIs (2008).

3.2 System

This section provides the results of Section B of the needs assessment and covers partnerships, planning, management and administration, staffing, human resources and capacity development, logistics and supplies, laboratory support, monitoring and evaluation and the health information system.

3.2.1 Partnerships

A diverse range of partners are involved in implementing SRH in Tonga and activities are coordinated by a central coordinating committee. Anecdotal evidence suggests that the committee has representation from 40 organisations³⁷.

There is evidence of strong partner engagement between MOH, other government ministries, NGOs, CSOs and development partners. Partners and key stakeholders in SRH programming include:

Government

- Ministry of Health
- Ministry of Education
- Ministry of Internal Affairs

NGO's

- Tonga Family Health Association (TFHA)
- Ministry of Agriculture, fisheries and Forestry (MAFF)
- Red Cross
- Women and Children Crisis Center
- Tonga National Youth Congress
- National Disability Forum
- Salvation Army

³⁶ WHO (2012), Kingdom of Tonga, Health Services Delivery Profile 2012.

³⁷ UNFPA (2014), Family Planning and Reproductive Health Commodity Needs Assessment, Kingdom of Tonga, Ministry of Health, Tonga and UNFPA, Pacific Sub-Regional Office.

CSO's

- Tonga Council of Churches
- Civil Society Forum
- NATA
- Tonga Leiti Association

Technical

- UNFPA
- WHO
- Global Fund
- UNAIDS
- Australian Aid
- IPPF
- JICA

In relation to SRH programme implementation, TFHA plays a key and active role in providing a range of SRH, STI and HIV services in Tonga. One of their highly successful endeavours is the Nuku'alofa clinic that conducts HIV and STI awareness programmes and offers screening and counselling for STIs and HIV.

3.2.2 Planning, Management and Administration

The MOH has good leadership, governance and accountability mechanisms in place to ensure programmes are implemented as planned. There is also evidence of regular dialogue to coordinate programme implementation and to avoid duplication, re-work and wastage of precious SRH resources.

There has been mixed progress in integrating SRH and HIV and a number of separate policies, planning, management and administrative structures are in place. However there is strong support from the MOH and partner organisations to adopt more of an integrated approach to SRHR and HIV.

3.2.3 Staffing, Human Resources and Capacity Development

Up skilling and capacity building has been highlighted as a need for many health workers. Government health centers are managed by health officers while nurses are responsible for managing health clinics. The priority areas for specialized training for Tongan doctors are pediatrics, medicine, surgery, anesthetics, obstetrics and gynecology and psychiatry³⁸. Interestingly, for a country with such a high rural population, specializing in public health is not included.

SRH is not on the list of top priorities for MoH Tonga. However, a strategic SRHR priority for Tonga is to maintain both high quality and coverage of skilled attendants at births through improved training, coverage and supervision of qualified midwives. In Tonga, a skilled birth attendant is a trained doctor, midwife or registered nurse. A current estimate of skilled attendants at births is 99% which is higher than the average regional coverage of 93%.

³⁸ WHO (2012), Health Service Delivery Profile, Tonga 2012.

There is no on-going programme of training for SRH. JICA worked with the Queen Salote School of Nursing from 2010-2014 to develop and implement a needs based in-service SRH training package. However, there is no continuing training programme to upskill either tutors at the School of Nursing or RH practitioners in the field, to maintain and expand their skills and knowledge, and there are no mentoring programmes to monitor skills retention³⁹.

3.2.4 Logistics and Supplies

WHO recommends the availability of seven lifesaving medicines for facilities that provide essential obstetric care including⁴⁰:

- Oxytocin injection for maternal health prevents and treats Postpartum Haemorrhage (PPH);
- Misoprostol tablets also for PPH;
- Magnesium Sulphate (MgSO₄) injection to prevent pre-eclampsia and treats eclampsia;
- Antibiotics;
 - Gentamicin injection to prevent maternal sepsis;
 - Metronidazole injection to prevent maternal sepsis; and
 - Crystalline Penicillin injection to prevent maternal sepsis;
- Ante-natal Corticosteroids to prevent pre-term respiratory distress syndrome in new born babies;
- Chlorhexidine to prevent umbilical cord infections; and,
- Resuscitation devices to treat newborn asphyxia.

Vaiola and Vava'u hospitals were the only health facilities that had all 7 life-saving medicines. Only one health center (Ta'anea Health Center on Vava'u) had 3 of the seven. All other facilities did not have any.

3.2.5 Laboratory Support

Laboratory services are provided at Vaiola Hospital and at Prince Ngu Hospital. The laboratory at the Vaiola Hospital has the capacity to provide both HIV and SRH laboratory services, but only if an adequate quantity of the required supplies are provided regularly. It was also reported that laboratory staff need training on the various tests required for SRH and HIV.

In general the allocation of funding available from MOH is inadequate to cover the costs of all laboratory supplies, drugs and other medical supplies and the MOH have introduced cost cutting measures in place to avoid wastage, including restrictions on prescribing and dispensing drugs⁴¹.

39 UNFPA (2014), Family Planning and Reproductive Health Commodity Needs Assessment, Kingdom of Tonga, Ministry of Health, Tonga and UNFPA, Pacific Sub-Regional Office.

40 PATH (2013), *Scaling up Lifesaving Commodities for Women, Children, and Newborns – An advocacy Toolkit*, Washington DC, USA, p6.

41 WHO (2009), Review of essential pharmaceutical financing and expenditures in selected Pacific Island Countries.

3.2.6 Monitoring and Evaluation

There is little evidence of a robust M&E system within the MOH, however the Tonga Health Information System (THIS) requires all health facilities to collect service data for a range of services including SRH, which could be used to monitor SRH service delivery and if robust enough, could also be used as a secondary source of data as a component of a SRH program evaluation exercise. Many donor agencies stipulate the need to collect data for a number of performance indicators and these donors, including UNFPA, UNICEF, WHO and SPC regularly evaluate specific systems of care they have funded.

3.2.7 Health Information System

Mother and child health, fertility and RH data is collected at facility level and submitted monthly to the Health Information Unit for entering into THIS. Feedback from the assessment suggests that the reporting form needs to be reviewed as it does not have all the required fields for all RH services. There is no evidence of regular 360° feedback to the health workers who provide the data; and the Health Information Unit has limited personnel to conduct supervisory visits, especially to the outer islands.

Areas of health information management not discussed, so unknown at the time of writing this report include: the quality of the information submitted, the timeliness of submission of reports from health facilities to the THIS Unit, local capacity to interpret data and report results for national and local level SRH planning purposes.

3.3 Service Delivery

This section provides the results of section C of the SRHR needs assessment and includes HIV integrated into SRH, overall perspective on linkages in SRH and HIV Services, peer education, community outreach and engagement, family planning, prevention of unsafe abortion, prevalence and management of STIs, youth friendly health services (YFHS) and condom programming.

3.3.1 Family Planning Services

All 14 health facilities assessed provide family planning services and HIV awareness, prevention and counselling and the promotion of the use of condoms to prevent HIV and STIs. Hospitals ANC clinics at the 2 hospitals assessed also offer HIV counselling through their family planning programmes.

3.3.2 Antenatal Care

Antenatal care is provided at all 14 health facilities and HIV awareness and prevention and HIV counselling is provided as a component of ANC services at all 14 facilities. HIV testing and treatment services is provided at the 2 hospitals, but not at health centers or clinics.

3.3.3 Maternal and Newborn Care

Eleven sites visited include only HIV awareness and prevention counselling in their maternal and new born care services. The two hospitals and the Tongan Family Health Association clinic provide counselling and HIV testing and treatment.

3.3.4 Prevention of Unsafe Abortion and Management of Post-Abortion Care

Abortion is illegal in Tonga however there have been a few reported cases of women presenting to government health facilities for post abortion care. All health clinics provide HIV counselling for abortion cases and only 3 of the 6 health centers offer HIV counselling for post abortion cases that are referred to them from the hospitals. HIV counselling is also offered to post abortion cases at the 2 hospitals.

3.3.5. Prevention of Parent to Child transmission of HIV

Prevention of mother to child transmission is provided at the 2 hospitals for HIV positive mothers. Most health facility level respondents stated that provided with the required resources, they have the capacity to provide PPTCT for HIV as a component of RH services. First booking mothers that present to the hospital ante natal clinics are tested for HIV, syphilis and chlamydia.

There are 14 accredited HIV sites of which 2 are operated by the Tonga Family Health Association, and are located in Tongatapu and Vava'u. The remaining 12 clinics are MOH facilities, located either in ante natal clinics or in the health centers. HIV counselling and testing and information on reproductive health issues such as STI's are offered. There is SRH and HIV integration occurring at this service delivery level and with the new strategic plan in place there is potential to strengthen the integration of services

The assessment profiled the extent of the provision of 8 essential HIV services which are: i) HIV counselling and testing, ii) treatment for opportunistic infections, iii) home based care, iv) psycho (just checking if Pshyco is the right word here) social support, v) HIV prevention information and services to the general population, vi) condom provision vii) the prevention of mother to child transmission and viii) the provision of specific information to the general population.

The hospitals provide most of the essential HIV services while the health centers and the clinics only provide counselling, advocacy and condoms. Four of the 6 government health clinics only provide HIV counselling, condom provision and educational information.

Five out of the 6 health centers provide HIV information, counselling and condoms to the general population. Ta'anea Health center (Vava'u) provides pre-test and post-test HIV counselling and treatment to HIV positive cases. Note: The nurse practitioner who manages the Vava'u Hospital STI clinic also looks after the Ta'anea Reproductive Health Center.

There is low prevalence of HIV in Tonga and there were no current HIV cases recorded at any of the facilities assessed. However, all respondents stated if they have future HIV positive cases, pending the availability of the required resources, it would be possible for the facilities to offer the 8 essential components of HIV care and management.

3.3.6 Prevention and Management of STIs

Community outreach and awareness programmes include a range of SRH topics including STI prevention. HIV services are one-on-one with STI individual counselling carried out at all health centers and clinics visited. Apart from the hospitals, only the TFHA clinic located in Tongatapu and Ta'anea Health Center provide HIV testing and treatment as a component of their prevention and management of STI programme. Condoms were available at all 14 health facilities.

3.3.7 Prevention and Management of Gender Based Violence

Tonga has not ratified CEDAW, however, through collaborative efforts between Government and CSOs, the Tonga Family Protection Act was passed in 2013 in an effort to endorse protection of all people, specifically women and children, by criminalizing domestic violence and providing a range of protection and safety orders. Key national stakeholders partnered in a campaign to advocate for the Family Protection bill and SPC supported training, provided access to information on lobbying strategies and facilitated sub-regional violence against women (VAW) consultations⁴².

There are no formal GBV prevention and management programmes at the health centers or clinics and GBV cases are typically referred to either a hospital or to the Women and Children Crisis Center, Tonga National Center for Women and the police. However 3 health clinic respondents reported that they provide HIV information during GBV counselling and these are Tofoa Health Clinic and 2 TFHA operated clinics.

There are 4 reproductive health centers that include HIV information during counselling of GBV cases and 3 of these are located in Tongatapu (Houma, Kolonga, Kolovai clinics) and one health center, on the outer island of Vava'u (Ta'anea Clinic). HIV is part of the GBV counselling and awareness programmes in both Vaiola Hospital and Prince Wellington Ngu Hospital, Vava'u.

3.3.8 Peer Education Programmes

The TFHA plays a lead role in providing peer education programmes in Tonga. There is limited work done by the Ministry of Health for peer education. The TFHA has programmes where unemployed youth and young school leavers are trained to advocate for sexual reproductive health rights.

There are 60 trained peer educators, with an equal gender split, who apart from being peer educators, also provide train the trainer programs to develop peer educators. The peer education programme is under the youth wing of the TFHA and this unit is overseen by the youth coordinator. The youth wing is a component of the adolescent project which includes peer education, livelihood training, young mother's programmes, community outreach initiatives and the youth drop in center. The Filitonu drama group deliver SRH messages through drama and coordinate fun evening activities in the communities during outreach. School visits are also a component of the peer educator's role.

⁴² Kingdom of Tonga (2013, Family Protection Act, 2013.

In terms of population coverage, peer educators cover the entire country including key vulnerable groups; young people, lesbians, gays, bisexual and transgender (LGBT) and sex workers. There are registers for recording population reach and there is also a database for recording details of each peer education program delivered. Peer educators work on a voluntary basis and receive regular training from the TFHA.

3.3.9 YFHS and Condom Programming

There are a total of 15 accredited sites for youth friendly health services located in Tongatapu and the outer Islands. These include 11 secondary schools, 1 youth center, 2 reproductive health centers and 1 clinic. Clinics sites are located in peri-urban areas as these have been identified as high youth density areas, therefore increasing access of youth friendly health services to the youth population. There are also peer motivators trained, who advocate Youth Friendly Health Services to young people.

School clinics are operated by district nurses who visit schools at least once a week and two school clinics employ their own school nurses who provide YFHS to students. There are also school counsellors in the school clinics which is an initiative driven by the Tonga Principal's Association. Wages for these counsellors was an issue at the initial stage of implementation, however the Parents-Teacher Association of Schools now cover these costs.

There has been an assessment of YFHS clinics completed, and a goal of the assessment was to explore factors to strengthen YFHS delivery to young people. Trained peer educators conducted the assessment by visiting and using YFHS clinic services as 'mystery clients'. This enabled a primary observation style assessment of the service.

3.3.10 Community Outreach Programmes

Community outreach is actively conducted in Tonga through a 'Settings' Approach. There are 4 settings used and these are: schools, villages, workplaces and churches. Apart from visiting communities and advocating, the media is widely used as a mean of outreach with daily talk back shows and weekly TV shows broadcasted on local television. However, there are no SRH outreach programmes that specifically target vulnerable sub-populations.

Community outreach primarily focuses on NCDs as this is at the top the MOH's priorities, however sexual reproductive health topics are advocated including HIV and STI and family planning. Community outreach conducted in schools is basic and typically only includes basic body physiological changes and STI and HIV.

The MOH Health Promotion Unit works with community committees, councils and health groups, CSOs and FBOs to organize and implement outreach programmes. Health groups were founded from a Church/MOH partnership and their key mandate is to coordinate the implementation of health programmes in community and village settings.

There is a shortage of SRH information, education and communication materials in all health facilities. These are an important element of both facility level service delivery and outreach programmes as they serve to consolidate information provided by health workers and peer educators. IECs can also be distributed to other community members which increases the population reached in terms of sharing important health promotion and disease prevention messages.

3.3.11 HIV and SRH integration

The previous Tonga Reproductive Health Policy supported the integration of a range of RH and HIV and STI services and all levels of the health service deliver a minimum package of RH, STI and HIV services. Partnerships with NGOs and CSOs are noteworthy and there is a referral system in place.

In practise, there has been some integration of SRH and HIV services and the National Integrated Reproductive Health Strategic Plan (2014-2018) will serve to strengthen integration between the two services, although an overarching integrated SRH and HIV policy is required.

Summary of SRH Service Provision

The availability of 5 essential reproductive health services were reviewed at the 14 health facilities assessed. These included: Family planning, STI prevention and management, antenatal and newborn care, prevention and management of gender based violence and prevention and management of abortion. Refer to table 7 below for results.

Table 7: Availability of SRH services by facility type

Essential Sexual Reproductive Health services		Hospital x 2	Health Center x 6	Health Clinic X 6
Family Planning	Family planning counselling	✓	✓	✓
	Provision of commodities	✓	✓	
STI Prevention and Management	Awareness & prevention	✓	✓	✓
	Testing and Treatment	✓	✓	1 clinic ✓ 5 clinics ✗
Antenatal and newborn care	Referral		✓	✓
	ANC counselling	✓	✓	
	Pregnancy checks (1-12)	✓	✓	✓
	Post birth: 2 & 6 weeks	✓	✓	
GBV: Prevention and Management	Awareness/referral/reporting	✓	✓	
	Examination/response/reporting	✓	✓	
Abortion: Prevention and Management	Referral	N/A	✓	✓
	Abortion medical treatment	✓	4 centers ✓ 2 centers ✗	✗
	Post abortion care	✓	✓	✓

Key: P= Service provided X=Service Not Provided.

Results show that the 2 hospitals provide all aspects of the 5 essential SRH service components but only one health clinic (operated by Tonga Family Health Association) provide STI testing and treatment, whereas all other health clinics do not provide these services, albeit they do provide STI awareness and prevention services.

In relation to abortion prevention and management, only 2 of 6 health centers provide referral, abortion medical treatment and post abortion care. This element of SRH service is not provided at any health clinic.

This assessment did not assess the quality of any of these services.

4. CONCLUSION AND RECOMMENDATIONS



Tonga is committed to protecting the human rights of all Tongans including the most vulnerable; women, children and young people, through its Constitution, its membership of the United Nations, by ratifying international conventions and treaties and through the development of gender and rights-based national and sectoral policies. However, Tonga has not ratified CEDAW.

Tonga has a robust health system with strong leadership, albeit SRHR is not a key priority in the Ministry of Health's current corporate plan. Similar to many other PICTs, Tonga has a range of challenges to face, including geographical isolation, economic, cultural and fiscal constraints that present stumbling blocks to the development agenda.

Within the health system, challenges to improving SRH and to the delivery of services which meet basic SRHR include under-staffing, outdated policies and guidelines and the fiscal and geographical challenges of preventing stock outs of essential drugs and medical consumables in all health facilities, especially the outer islands.

Many of these challenges can be addressed through continued national level leadership from within the Ministry of Health and through informed, consultative and collaborative planning and programme implementation. Strategic priorities must be established based on available evidence and through consultation with key affected populations and other stakeholders to ensure supply meets demand.

There is a need to ensure timely and effective strategic planning that will also help to identify service and demand gaps and will also maximize the use of minimal resources to avoid rework and wastage of resources.

It is also essential to continue to work to strengthen legislation, policy and political and social commitment to gender equality and equity at all levels must be established to strengthen SRHR. While it is within the domain of The Ministry of Health to lead the SRHR agenda, NGOs, CSOs and FBOs play a critical and major role in implementing SRH programmes in Tonga.

On a final note, it is important for all SRHR advocates and stakeholders both in Tonga and the region, to rigorously and consultatively identify gender and other social determinants of health within each local context and integrate findings into SRH programme designs, in an effort to address the impact of activities on women, girls, boys, and men, with the ultimate goal of promoting equal access to health care for all.

A summary of recommendations is provided overleaf.

SUMMARY OF RECOMMENDATIONS



Policy Recommendations

- Legislation, policies and guidelines need to be in place and updated to ensure they reflect best current practice and are also harmonious with the local context.
- Finalize and endorse an *Integrated Sexual and Reproductive Health and HIV policy for Tonga* and work collaboratively with key stakeholders to integrate the policy into local practice culture.
- Work collaboratively to ensure the Integrated Reproductive Health Strategic Plan (2014-2018) is embedded in local practice culture.

System Recommendations

- Strengthen the role of the Country Coordinating Mechanism (CCM) Committee to drive and monitor the HIV and SRH programme in Tonga, including its reach to the outer Islands.
- Review SRH curriculum and individual training packages to ensure a standardized approach to providing current best practice SRH and HIV information in Tonga.
- Provide on-going and regular training on SRH and services for SRH practitioners in the hospitals, health centers and health clinics as up skilling and capacity building has been highlighted as a priority need for most of the health facilities assessed. This will also potentially increase the confidence of clients to use health center and clinic services, rather than bypassing these for hospital based services.
- In an effort to improving the preventative aspects of SRH including minimising unwanted pregnancies and the incidence of STIs, work with the Ministry of Education, NGOs and CSOs to develop counselling skills for health practitioners, teachers and peer educators.
- Review staffing needs and training requirements of the Tonga National Health Information System (THIS) Unit staff, in an effort to strengthen the ability of this unit to provide outreach support; and to increase quantity and quality of output generated.
- Review THIS reporting requirements for SRH and HIV to ensure elements of the MS 1 reporting form corresponds to information required for monitoring current activities and planning future SRH programmes (e.g. MS 1 does not currently include unmet need for family planning).
- The roll out of an integrated Sexual and Reproductive Health and HIV policy is an opportunity to advocate for the need to strengthen coordination and linkages between SRH and HIV and also to educate health workers about the rights based approach to these services.
- Provide the seven essential medicines and equipment and consumables needed for EmOC to all health facilities (that are expected to provide this service).
- Review the National Health Promotion Unit's budget and operations in an effort to increase the production and regular distribution of a range of current SRH IEC materials.

Service Delivery Recommendations

- Strengthen prevention and management of STIs, GBV and abortion programmes at clinic and health center levels (as they currently only provide counselling).
- Research the underlying factors associated with the unmet need for family planning and contraceptive services and devise and implement social behavioural change and marketing strategies to address these factors.

APPENDIX 1: REFERENCES



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APPENDIX 2: NEED ASSESSMENT TOOLS FOR SEXUAL REPRODUCTIVE HEALTH AND RIGHTS AND HIV



Need Assessment Tools for Sexual Reproductive Health and Rights and HIV

Purpose

The needs assessment tools cover a broad range of linkages and issues including policy, systems and services.

Assessment Components	Key areas of assessment
1. Policy	<ul style="list-style-type: none"> - Political Positions--National Policies/Guidelines - Funding/Budgetary Support - Policy: Leadership (Champions)/Political Will
2. System	<ul style="list-style-type: none"> - Partnerships - Planning, Management and Administration - Staffing, Human Resources and Capacity Development - Logistics/Supplies - Laboratory Support - Monitoring and Evaluation - Health information system
3. Service delivery	<ul style="list-style-type: none"> - HIV integrated into SRH - Overall Perspective on Linkages in SRH and HIV Services - Peer education programme - Community engagement/outreach/ youth leadership and engagement - Family planning services - YFHS and - Condom programming - VAW survivor services and support
4. Humanitarian	<ul style="list-style-type: none"> - Availability of the policy - System to support SRHR - Guideline and protocol

Source: Draft tools provided by UNFPA, Pacific Sub-Regional Office.

Methodology

- Stakeholder consultation
- Conduct desk review
- Conduct interviews: formal, informal, or group discussion
- Data collection/information

Target Audiences

1. Policy: Coordinator, Programme managers, director for health services
2. System: Coordinator, Programme managers
3. Service delivery: target for any type of health care workers working at the clinical level, youth and communities (clients)

Measurable:

Components	Information collection
Service Availability: look at the physical presence of services	<ul style="list-style-type: none">▪ Facility density▪ health worker density▪ service utilization
Service readiness: Look at Capacity to deliver services	<ul style="list-style-type: none">▪ Basic amenities▪ equipment & supplies▪ diagnostics▪ essential medicines & commodities▪ Human resource Capacity: capacity at facility level, Training need (RH, FP), and training curriculum
Specific service readiness areas	Family planning, Antenatal care, Neonatal care Obstetric care and child health (curative, immunization) HIV, PPTCT, TB, Malaria, YFHS and Chronic Diseases, VAW
EmOC indicators	Availability and distribution of facilities fully functioning at EmONC levels: <ul style="list-style-type: none">▪ Institutional delivery rate▪ Met need▪ Population-based caesarean rate▪ Direct obstetric case fatality rate▪ Intrapartum stillbirth and early neonatal death rate▪ % maternal deaths due to indirect causes

Guidance documents:

- SARA and EMONC
- A Guide to Tools for Assessments in Sexual and Reproductive Health
- Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages, A Generic Guide
- Responding to Intimate Partner Violence and Sexual Violence against Women, WHO clinical and policy guidelines

Assessment Questionnaire

A. Policy

SECTION 1: Political Positions National Policies/Guidelines				Comments	Source of information
1.	Is there a national HIV strategy/policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Add column for countries	
2.	What is the title of strategy and timeframe				
3.	Is there a national SRH strategy/policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.	Probe question for Q5 Does the country also have an evidence based National Health Sector policy that Incorporates RH and HIV? (For SRHR Results matrix indicator 3.2a)				
5.	What is the title of strategy and timeframe				
6.	Are there any direct policy relevance to linkages between SRH and HIV in the country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.	Does SRH policy include HIV prevention, treatment, care and support issues? (VCCT-FP, BCC on HIV-SRH)				
8.	Has SRH policy been made a priority in term of - Funding, legislation, or health sector strategy				
9.	Probe question for Q10 - Does the country have a protocol for family planning services in place? - Which stakeholders are responsible for carrying out the protocol? List. - Are the procedures in line with human rights standards? - Are the procedures for delivering FP services free from discrimination, coercion and violence? (For SRHR Results framework indicator 1.4a)				

10. List any service protocols, policy guidelines, manuals, etc., that are specifically geared towards increasing SRH and HIV link					
11. Is there a participatory platform that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programmes? Y/N.If so, describe. (For SP/MCP5 Output 3.1 Indicator 4)					
12. Determine whether there is a legislative framework to supports (or does not support) the implementation of SRH and HIV linkages.					
13. What are the laws affecting key groups (SWs, IDUs, MSM, other) and what is their impact?					
SECTION 2: Funding/Budgetary Support					
14. What are the main of funding source for SRH and HIV If possible, give a break down					
15. Are there specific cases of donors putting restrictions on HIV programmes regarding SRH components or vice versa					
16. Within the budgets for specific SRH services, what is the proportion allocated to HIV prevention and care?					
B. System					
SECTION 1: Partnership					
1. Who are the major development partners for SRH?					Source of information
2. Who are the major development partners for HIV?					
3. If any, who are the major champions supporting (policy, financial and/or technical) SRH and HIV linkages?					

4. Is there any multi-sectoral technical group working on linkages issues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. What is the role of civil society in <u>SRH programming</u> e.g. Advocacy, planning, implementation, and monitoring			
6. Are the following elements of civil society involved in the SRH and/or HIV responses? PLHIV, Young people, key populations,			
SECTION 2: Planning, Management and Administration			
7. Probe question for Q8 What programmes (national/donor funded) are in place to prevent STI's and HIV among young people? List. (For SP/MCP5 output 3.1 indicator 3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8. Is there a joint planning of HIV and SRH programmes?			
9. To what extent have SRH services integrated HIV and have HIV services integrated SRH			
10. Probe question for Q11 - Are there any CSOs supporting the institutionalization of programmes to engagement and boys on gender equality 9including GBV), SRH and RR? If so describe status and list CSOs. (For SP/MCP5 output 2.1 indicator 6)			
11. What institutions are providing integrated services for HIV and SRH? (Ex. government facilities? NGOs, FBO, private sector.)			
12. Is there a policy on GBV or VAW? Is the health sector referred to in national Domestic Violence legislation?			

SECTION 3: Staffing, Human Resources and Capacity Development			
13. What are the highest priority training needs in the health sector, i.e. who needs to be trained on what subjects or skills?			
14. Where is SRH training offered (pre service, post service)			
15. What is the enrolment for the training			
16. Does capacity building on SRH and HIV integrate guiding principles and values? (e.g. Stigma, gender, male involvement, attitude with key population...etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
17. Are there training materials and curricula on SRH which include HIV prevention, treatment and care at programme and service-delivery levels and as part of pre-service training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
18. Are curricula and training materials revised and updated regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
19. In relation to staff for SRH and HIV programmes, what are the biggest challenges? (retention, recruitment, task shifting, Workload and burnout, Quality			
20. What solutions have you found to those challenges?			
SECTION 4: Logistic and Supply (Summary of RHCS Assessment)			
21. To what extent do logistics systems support service-delivery integration? (separate supply, planning, recording and monitoring)			

SECTION 5: Laboratory Support			
22. Do laboratory facilities serve the needs for both SRH and HIV services? (Haemoglobin, Blood grouping and typing, STI diagnosis, HIV diagnosis, including rapid tests, CD4 count? HIV viral load, liver function tests, urinalysis, random blood sugar, and pregnancy testing)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
SECTION 6: Monitoring and Evaluation			
23. How do the monitoring and evaluation structures capture results of SRH programmes? (Access to services, uptake of services, Quality, client satisfaction, client profile)			
24. What <u>indicators</u> are being used to capture integration between SRH and HIV? (e.g. HIV clients receiving SRH services, SRH clients receiving HIV services)			
25. To what extent does supportive supervision at the health service-delivery level support effective SRH Services?			
26. Is the data collected on SRH and HIV disaggregated by sex, age and HIV status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
27. Is the current HIS captured all essential information on SRHR?			
28. Describe the information flow.			
29. Does the essential SRH indicator are capture in the clinic report form (Unclear)			
30. Are client registers for use of SRHR/GBV/ YFHSs services established in the various health clinical outlets, SDPs, and community centers? List places having this data collection register for clients.			

C. Service delivery

SECTION 1: Mapping facilities and service available

<p>1. Which of the following essential SRH services are offered at this facility?</p>	<p>1. Family planning <input type="checkbox"/></p> <p>2. Prevention and management of STI <input type="checkbox"/> (For SRHR results matrix indicator 3c)</p> <p>3. Maternal (ANC) and newborn care <input type="checkbox"/> (For SRHR results matrix indicator 3c)</p> <p>4. Prevention and management of gender-based violence <input type="checkbox"/></p> <p>5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/></p> <p>6. Other (specify):..... <input type="checkbox"/></p> <p>7. None <input type="checkbox"/></p> <p>8. Unsure, don't know <input type="checkbox"/></p> <p>9. 7 lifesaving maternal/ RH medicines from the WHO list. <input type="checkbox"/> (For SRHR results matrix indicator 1.2a)</p>
<p>2. Which of the following essential HIV services are integrated with SRH services at this facility?</p>	<p>1. HIV counselling and testing (if yes) <input type="checkbox"/></p> <p> a. VCT <input type="checkbox"/></p> <p> b. PICT <input type="checkbox"/></p> <p>2. Treatment for OIs and HIV <input type="checkbox"/></p> <p>3. Home-based care <input type="checkbox"/></p> <p>4. Psycho-social support <input type="checkbox"/></p> <p>5. HIV prevention information and services for general population <input type="checkbox"/></p> <p>6. Condom provision <input type="checkbox"/></p> <p>7. PPTCT(four prongs) <input type="checkbox"/></p> <p> a. prong 1: prevention of HIV among women of childbearing age and partners <input type="checkbox"/></p> <p> b. prong 2: prevention of unintended pregnancies in HIV+ women <input type="checkbox"/></p> <p> c. prong 3: prevention of HIV transmission from an HIV+ woman to her child <input type="checkbox"/></p> <p> d. prong 4: care & support for the HIV+ mother and her family <input type="checkbox"/></p> <p>8. Specific HIV information and services for key populations <input type="checkbox"/></p> <p> a. IDUs (e.g. Harm Reduction) <input type="checkbox"/></p> <p> b. MSM <input type="checkbox"/></p> <p> c. SWs <input type="checkbox"/></p> <p> d. Other key populations (specify): <input type="checkbox"/></p> <p>9. Other services (specify):..... <input type="checkbox"/></p> <p>10.No integration <input type="checkbox"/></p> <p>11. Unsure, don't know <input type="checkbox"/></p>

SECTION 1: Mapping facilities and service available

3. How does your facility offer HIV services within:	1. Prevention and management of STI services <input type="checkbox"/> 2. Maternal and newborn care services <input type="checkbox"/> 3. Prevention and management of gender-based violence <input type="checkbox"/> 4. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/> 5. Family planning? <input type="checkbox"/>								
4. Are the privacy and confidentiality of clients maintain at services delivery	Yes <input type="checkbox"/> No <input type="checkbox"/> Please clarify:								
5. Are the following equipment available Nationally	<table border="1"> <tr> <td>a. Sanitary towels in the examination room</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>b. Consent forms</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>c. Sexual assault evidence collection kits</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>d. Clean clothes for survival use if they have to leave clothes for the forensics/ evidence</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>	a. Sanitary towels in the examination room	Yes <input type="checkbox"/> No <input type="checkbox"/>	b. Consent forms	Yes <input type="checkbox"/> No <input type="checkbox"/>	c. Sexual assault evidence collection kits	Yes <input type="checkbox"/> No <input type="checkbox"/>	d. Clean clothes for survival use if they have to leave clothes for the forensics/ evidence	Yes <input type="checkbox"/> No <input type="checkbox"/>
a. Sanitary towels in the examination room	Yes <input type="checkbox"/> No <input type="checkbox"/>								
b. Consent forms	Yes <input type="checkbox"/> No <input type="checkbox"/>								
c. Sexual assault evidence collection kits	Yes <input type="checkbox"/> No <input type="checkbox"/>								
d. Clean clothes for survival use if they have to leave clothes for the forensics/ evidence	Yes <input type="checkbox"/> No <input type="checkbox"/>								
6. Is the emergency contraceptive available at the clinic	Yes <input type="checkbox"/> No <input type="checkbox"/>								
7. Problem experienced with the sexual assault evidence collection kits	<table border="1"> <tr> <td>a. Keep evidence locked away</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>b. Share the rape kits and see if medical staff have comments on the contents</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>c. Availability of treatment in examination room</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>	a. Keep evidence locked away	Yes <input type="checkbox"/> No <input type="checkbox"/>	b. Share the rape kits and see if medical staff have comments on the contents	Yes <input type="checkbox"/> No <input type="checkbox"/>	c. Availability of treatment in examination room	Yes <input type="checkbox"/> No <input type="checkbox"/>		
a. Keep evidence locked away	Yes <input type="checkbox"/> No <input type="checkbox"/>								
b. Share the rape kits and see if medical staff have comments on the contents	Yes <input type="checkbox"/> No <input type="checkbox"/>								
c. Availability of treatment in examination room	Yes <input type="checkbox"/> No <input type="checkbox"/>								
8. Available of tests and treatment									
a. Where people who have been raped first present (OB/GYN, ER, other) b. Triage or reason of delays in examination of patient c. Where do patient normally wait d. Who examine the patients e. How the patient information normally collected and stored f. Do you have forensics training or protocol g. Has staff been involved in giving evidence in court? What was the experienced?	Yes <input type="checkbox"/> No <input type="checkbox"/>								

SECTION 1: Mapping facilities and service available

9. What was the comment reaction of the staff toward rape cases		
10. Where does the victims normally refer to:	a. Legal b. Psychological c. Shelter	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Are the following testing and treatment are available for the victims	a. Pregnancy test b. PEP for HIV c. PEP for STI	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Do the staff have undergo training on	a. Sexual violence (adult) b. Sexual assault (children) c. Physical assault	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Is VAW integrated in ANC care	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14. Is VAW integrated in family planning services	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 2: Peer Education Programme

	Comments	Source of information
15. Which Organizations are involved in Peer Education Programmes?		
16. Are Peer educators supported by an administrative structure? If so, what is the structure?		
17. Do peer educators receive financial support for their work?		
18. Do Peer educators cover the entire country? If not, which parts?		
19. Probe question for Q20 Do the peer educators keep a record/register of the above people that they educate? If so, how many of the people from the above groups have peer educators reached or provided services to over the last two years? What is the target number of young people to be reached by peer educators per annum? <i>(For SRHR results matrix indicator 2.2a)</i>		
20. Do Peer educators work with: <ul style="list-style-type: none"> ▪ Young people ▪ Sex workers ▪ LGBT 		
21. Are materials available on SRH issues for peer educators to use and distribute?		

SECTION 2: Peer Education Programme		
	Comments	Source of information
22. Do the peer educators distribute condoms (male/female) and/or lubricant?		
23. Probe question for Q24 How many peer educators have been trained in SRHR over the last two years? How many more needs to be trained per annum? (For SRHR results matrix indicator 8a)		
24. Are peer educators offered regular training? If so how often and by whom?		
25. Are there trained trainers in country?		
26. How many peer education trainers are there? How many of them are female? How much more trained trainers does the country need? (For SRHR results matrix indicator 8b and 8c)		
27. If available get list of all peer educators in the country, their location, age, and gender.		

SECTION 3: Community outreach		
	Comments	Source of information
28. List the organizations/ institutions provide outreach on SRH to communities. And list the target groups		
29. List the organizations/ institutions provide outreach on HIV to communities. And list the target groups		
30. Are there existing SRH committees in the communities consisting of community members and religious leaders? Y/N Explain and list. How many community leaders, gatekeepers and religious leaders have been trained on SRHR? (For SRHR results matrix indicators 10b and 10d)		
27. Do the community outreach reach out to the key population (SWs, MSM and transgender)		

28. Probe question for Q29 Does the country have a SBCC (Social Behavioural change Communication) Strategy for adolescents, youth and those from key populations? Y/N <i>(For SP/MCP5 Output 1.1 Indicator 11)</i>		
29. 28. Are there any IEC materials on SRHR available in the country?		
30. Any available IEC materiel focus on linkages (SRHR and HIV)?		
31. Probe question for Q32 Is the national CSE/FLE education curriculum aligned with international standards? Y/N <i>(For SP/MCP5 Output 3.1 indicator 5)</i>		
32. Do the outreach programme provide Comprehensive sexuality education at primary and secondary		

SECTION 4: Youth leadership		
	Comments	Source of information
33. Does the country have a strategy/policy/guidelines/national standard on YFHS? If so, describe.		
34. How many facilities offer some form of youth friendly health services? List them.		
35. Have YFHS facility assessments been done? If so, in which facilities?		
36. How are organizations of young people involved in responses to HIV and in SRH programming (part of situation analysis, planning, budgeting, implementing, evaluation, youth engagement)		
Youth Involvement		
35. Is there a youth advisory committee on SRH, HIV in the country?		
36. Does the national youth council deal with SRH issues? If so, how?		
37. Are young people consulted in health sector policy development, planning and/or reporting?		

SECTION 5: Condom Programming

38. Where are condoms (male and female) available?	<input type="checkbox"/> health centers <input type="checkbox"/> bars & nightclubs <input type="checkbox"/> shops Other: _____	
39. Are condoms for sale in the country?		
40. Is lubricant available in the country? Where?		
41. Are there community-based distributors in the country?		
42. Are condoms available equally in rural areas as in urban areas?		

D. Humanitarian

1. Does the policy reflect some kind of needed response in times of crisis/disaster?
2. Does the system enable or support SRHR in times of crisis?
3. Are there service delivery guidelines for SRHR during humanitarian crisis?
4. Does the country have a humanitarian contingency plan that include elements for addressing SRH needs of women, adolescents and youth including services for survivors of sexual violence in crises?
Y/N.
If possible obtain contingency plan document.
(For SP/MCP5 indicator 12 output 1.1)

APPENDIX 3A: LIST OF KEY INFORMANTS.



Ministry of Health Supervisor/Coordinator Interviewees

1. Dr. 'Amelia Afuha'amango - Chief Nursing Officer
2. Sister Afu Tei - SRH Programme Manager
3. Tu'akoi 'Ahio - Principal Health Administrator
4. Sione Hufanga - Principal Health Planning Officer , HIS Coordinator
5. Uaisele 'Epenisa- Computer Operator ,Health Information System
6. Angela Fineanganofa -HIV Counsellor
7. Dr. 'Ofa Tukia - Doctor in Charge, Health Promotion Unit
8. Melenaite Mahe -Pharmacist, MOH
9. Eka Buadromo - Specialist Pathologist
10. Siope Kupu - Health Research Officer
11. Sister Ana T - Senior Public Health Nurse, Prince Ngu Hospital

Health Facilities Assessed and Names of Interviewees

1. Tofoa Reproductive Health Clinic -Sela Tuitupou, Reproductive Health Nurse
2. Kolofo'ou 1 Reproductive Health Clinic -Ana Taufu, Senior Midwife
3. Kolomotu'a Reproductive Health Clinic - Sanitina Makaafi , Senior Reproductive Health
4. Maufanga 1 Reproductive Health Clinics Hulita Matoto, Reproductive Health Nurse
5. Houma health Center- Kuluveti Wolfram, Reproductive Health Nurse
6. Fuamotu Health Center- Latai Fifita, Reproductive Health Nurse
7. Kolonga Health Center- Fifita Fili, Reproductive Health Nurse
8. Kolovai Health Center - Limisesi Kaivelata, Reproductive Health Nurse
9. Tefisi Health Center Senior-Maramatha Fevaleaki- Public Health Nurse
10. Ta'anea Health Center - Emeline Takai, Nurse Practitioner
11. Prince Ngu Hospital STI Clinic- Emeline Takai
12. Prince Ngu Hospital Obs and Gyne - Meliame Tupou, Senior Nursing Sister
13. Vaiola Hospital, Obs and gynecology - Senior Midwife
14. Vaiola Hospital, ANC -Taina Palaki, Senior Midwife.

Tertiary Institution

1. Queen Salote School of Nursing: Tilema Cama, School Principle.

Non-Governmental Organizations

1. Tonga Family Health: Amelia Hoponoa, Director and Kathy Mafi, Program Manager.
2. Red Cross : Eva Tuuholoaki
3. Tonga Family Health Association – Vika Fina, Clinic Coordinator
4. Vava'u Family Health Association – Ilisapeti Kolopeakua, Clinic staff

Civil Society Organizations

1. Andrew Toe'afi – Civil Society Forum of Tonga (CSFT) information Officer and Pelenatita Kara, CSFT Program Manager
2. Manitasi Leger- Tonga National Development Leadership Forum (TNLDF) Secretariat
3. Betty Blake – President MAFF (Ma'a Fafine mo e Famili)

APPENDIX 3B:

LIST OF FOCUS GROUP DISCUSSION PARTICIPANTS



Focus Group Discussion 1: Ministry of Health Employees

- Ilaisaane V -MOH
- Ana Pouhila- MOH Leola T-MOH
- Eugene Taio- MOH
- Moala Lutui - MOH
- Afu Tei - MOH
- Eniselina Noema - Health Information -MOH
- Vaiolupe Finau- Health Information -MOH
- Taufua Mone - MOH

Focus Group Discussion 2: Other Government

- Ma'ata Mafi- Ministry of Finance and National Planning
- Ma'aimoa Mafile'o - Ministry of Finance and National Planning
- Aulola 'Ake- Ministry womens' Affairs
- Angela Fineanganofa - HIV Counsellor

Focus Group Discussion 3: NGO's & CSO's

- Lesley Young - Women and Children's Crisis Center
- Savelio Lavelua - Tonga National Youth Congress
- Penineta Jugroop -Tonga National Youth Congress
- Betty Akoteu- Salvation Army

Focus Group Discussion 4: Development Partners

- Poaki G Totau - WHO/UNFPA officer
- Saula M-THSSP Officer
- Elsie Tupou- UNFPA

APPENDIX 4: SUMMARY OF HEALTH FACILITIES IN TONGA



Facility	Essential Services		Expanded Services
	Public health, prevention and outreach	Clinical (primary and secondary)	
Reproductive and child health clinics (34)	<ul style="list-style-type: none"> • Family planning and nutrition • HIV/AIDS and STI prevention • Sanitation and hygiene • Immunization (EPI) • Infection control • School health • Reproductive health • Rheumatic heart screening program 	<ul style="list-style-type: none"> • Primary care • General practitioner services • First aid treatment for emergencies • Management of antenatal care, low risk birthing and postnatal care not requiring hospitalization • Maternal and child health and family planning 	
Health centres (14)	<i>As for reproductive and child health clinics</i> <ul style="list-style-type: none"> • Mental health education and awareness 	<i>As for reproductive and child health clinics</i> <ul style="list-style-type: none"> • Dental clinic • Medical and minor surgical emergencies 	<ul style="list-style-type: none"> • Limited outreach activities to provinces • NGOs <ul style="list-style-type: none"> ◦ Mental health services
Community hospitals (3) 87 beds (total)	<i>As for health centers</i> <ul style="list-style-type: none"> • Health surveillance • HIV/AIDS and STI prevention including screening, surveillance and education • Programs for the reduction of tobacco, alcohol consumption, substance abuse and obesity 	<i>As for health centers</i> <ul style="list-style-type: none"> • Dental care (extraction, fillings and dentures) • Management of antenatal care, birthing and postnatal care • Management, treatment and care of STIs including HIV/AIDS • Medical and minor surgical emergencies • Outpatient consultations 	<ul style="list-style-type: none"> • Visiting specialist teams <ul style="list-style-type: none"> ◦ Limited outreach services
National referral hospital (1) 199 beds	<i>As for community hospitals</i>	<i>As for community hospitals</i> <ul style="list-style-type: none"> • General practice (primary care) • Emergency department • Operating theatre • Outpatient clinics • Secondary level general medical and surgical services • Treatment for chronic diseases including follow-up care • Laboratory • Radiology • Pharmaceuticals • Dietetics • Physiotherapy • Mental health <ul style="list-style-type: none"> ◦ Psychiatric ward ◦ Inpatient and outpatient care ◦ 12 beds 	<ul style="list-style-type: none"> • Visiting specialist teams <ul style="list-style-type: none"> ◦ Hearing services ◦ Eye surgery ◦ Corrective orthopaedic surgery ◦ Rheumatic heart disease • Overseas referrals


Sources: Sorensen 2011;¹ WHO 2011;⁴ Somanathan & Hafez n.d;⁵ AusAID 2009;¹¹ MOH 2007¹⁵

Source: WHO (2012), Tonga Health Service Delivery Profile, pg.3.



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