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TONGA HEALTH PROMOTION FOUNDATION

### Capacity Development Plan

### 2016-2020

Prepared by TongaHealth staff during a workshop in April 2015 with support from Alison Morgan and Sara Goede (Social Marketing Adviser)

*Promoting an Active and Healthy Tonga*

**Acronyms**

CEO Chief Executive Officer

CPA Creative Production Adviser

DFAT Australia’s Department of Foreign Affairs and Trade

GESI Gender Equality and Social Inclusion

IP Intellectual Property

JICA Japanese International Cooperation Agency

MAFFF Ministry of Agriculture, Forestry, Food and Fisheries

M&E Monitoring and Evaluation

NCD Non Communicable Diseases

PWD People with a disability

SMA Social marketing adviser

TOP Tonga Pa’anga

**Background**

The following plan is designed to support TongaHealth to transition from a small agency administering selected community grants and undertaking a defined set of health promotion activities, to an organisation that is responsible for the implementation, monitoring and evaluation of the National Non Communicable Disease (NCD) Strategy 2015-2019.

From 2016 TongaHealth will be the secretariat for the National NCD Committee. Specific capabilities required for this role include:

* Leadership and stakeholder relationship development and management
* Financial management and systems development to ensure financial reporting compliance of both TongaHealth and grantees
* Design, monitoring and evaluation of activities to support the implementation of the NCD strategy,
* Supporting relevant legislative change processes, including policy formation, advocacy and communication

The changes are summarised in Table 1.

| **Table 1 Changes to TongaHealth functions** |
| --- |
| TongaHealth until 2015 | TongaHealth from 2015 |
| Staff of seven | Staff of ten |
| Budget of TOP 500,000 | Budget anticipated to be >TOP 1,000,000 |
| Small grants directly to local community groups (sporting equipment and vegetable seedlings) | Managing a granting facility with other government agencies and organisations as the grant holders /implementers |
| Managing a public health scholarship fund | Unchanged |
| Produce regular media products | Commissioning agency for media products |
| Monitoring TongaHealth grants and activities | Responsible for the monitoring and evaluation for the national NCD strategy |

The transition to the new function began in early 2014. Staff expressed some dissatisfaction with the changes, feeling that the community trust in TongaHealth had been compromised when particular activities were discontinued, and when some of the community grants were reduced in size. There has been some staff turnover during the change process, although the reasons for staff resignations were reportedly related to better pay rather than dissatisfaction with TongaHealth.

The organisation is currently understaffed, with two current vacancies within a total staff of seven. In addition, three new positions a been approved, and are currently being recruited including; a senior finance manager, a senior office manager and a monitoring and evaluation manager (see annex 1 for TongaHealth organogram). With such significant senior staffing gaps in the organisation it is hard to meaningfully map the individual capacity needs as many of the current gaps may be addressed with the new appointments.

Following a participatory workshop involving all staff in April 2015, the following *program* and *organisational* priorities were identified

1. ***Systems development***

The areas requiring further development include:

* + *Organisational policy review –* TongaHealth has a well developed set of policies that guide the current activities and provide clear guidelines for delegated authority, financial reporting, and human resource management. They have worked well for the scope of existing services. Some policy review will be necessary with the change in responsibility and this is a role the new senior administration manager would be well placed to undertake. Current staff are not able to articulate all the changes that have resulted from the changed function of TongaHealth. *Recommendations: All staff review the TongaHealth mission and vision statements, the rationale for the new NCD strategy and the implications for TongaHealth’s role as secretariat. In-house at an annual staff retreat.*
	+ *Governance strengthening –* TongaHealth has a supportive and involved board of directors. Clear definition of governance (board) and management (CEO and staff) responsibilities is essential as TongaHealth grows and changes in function.  *Recommendation: Board and senior management receive externally sourced training in board governance, e.g. Australian Institute for Company Directors courses, on line*
	+ *Human Resource Management -* TongaHealth is a small organization with seven current positions, three new planned positions and two current vacancies. The responsibilities for position descriptions and recruitment currently fall to the CEO and the board. As the organization doubles in size a review of the human resource policies and processes is timely. Some additional attention to the retention of staff will be important for the expanded role of the organization, to avoid the costs of staff turnovers.
	+ *Financial management of grants* – from being a small direct community granting agency TongaHealth, under the new NCD strategy, will be responsible for managing a granting facility that will include overseeing government and other agencies’ grant management processes. The current systems for small community grants are insufficient for the expanded role and in the lead up to the launch of the NCD strategy finalising the processes and systems for how TongaHealth will set up and manage the new granting facility are a priority.
1. ***Advocacy, Networking & Relationship Management***

TongaHealth is moving from producing regular media products (short television and radio shows) to a role to promote the national strategy, and as a commissioning body for particular media products. Senior staff require media skills to promote and defend the NCD strategy, and to commission a range of media products. *Recommendations: media training be given to all senior staff. Revise the position description of the Media and Communications Officer who resigned in April, to include skills in data base management, commissioning of media production.*

During the workshop the need to better engage with the many relevant stakeholders of TongaHealth was highlighted. Current stakeholder relations have been opportunistic and a more strategic approach is required to ensure buy in for the new NCD strategy and the revitalized role of TongaHealth. A stakeholder mapping exercise was conducted during the workshop and the following broad categories of stakeholder were identified:

* + Promoters: Stakeholders who attach a high priority to the reform policy a priority and whose actions can have an impact on the implementation of the policy. For TongaHealth they include (among many): Tonga Communication Corporation, Ministry of Health, Ministry of Agriculture, Forestry, Food and Fishers, NISHI trading company, The Royal Family, the Cabinet legislators, donors such as DFAT and JICA.
	+ Defenders: Stakeholders who attach a high priority to the reform policy but whose actions cannot have an impact on the implementation of the policy. Examples include the Tonga Youth Congress, some church groups, including The Salvation Army.
	+ Latents: Stakeholders whose actions can affect the implementation of the reform policy but who attach a low priority to this policy. These include those who may potentially oppose the work of TongaHealth, e.g. British American Tobacco, some of the larger food importers, and also include those who have considerable influence but have as yet not embraced the work of TongaHealth, including many of the Churches, some specific donors and some NGOs.
	+ Apathetics: Stakeholders whose actions cannot affect the implementation of the reform policy and who attach a low priority to this policy. Examples identified included Banks, some smaller NGOs.

*Recommendations: specific training in stakeholder relationship management, including developing a database of stakeholders, and a strategy for engagement through improved communications (website content management) regular meetings with stakeholders, promotional events etc. Support from VicHealth through exchange visits to support a relationship management strategy, or consider a short term consultant (through Scope Global) to develop a stakeholder management system.*

1. ***Monitoring and evaluation skills***

M&E skills are required to oversee grant recipients and to monitor the NCD strategy implementation and impact. Impact evaluation is a new area for Tongahealth and currently staff have little expertise in this area. The appointment of a M&E manager may address this gap however the program and senior administration staff would benefit from understanding the principles and approached of undertaking an impact evaluation. *Recommendation: Subsequent to the M&E manager being recruited, review the existing competencies for M&E. Suggest that short term consultants may assist in training TongaHealth in M&E.*

1. ***Sectoral Policy analysis, formation and research***

The new role for TongaHealth in developing and coordinating the implementation of the new national NCD strategy necessitates the organisation being able to provide commentary and analysis on policies and approaches to address NCDs. The Tobacco Control Act provides a good case study of the skills required to institute legislative change. Skills required include knowledge of legislative processes, ability to review and synthesise evidence (or commission relevant research where such synthesis is absent), and the ability to communicate the rationale for any policy changes, including responding to responses from opposing interests. *Recommendation: The responsibility to lead this will be with the (as yet unfilled position) Senior Administrator/ Legislative change coordinator and capacity development activities should be discussed with the new appointee. Options include mentoring by the current Social Marketing Advisor consultant,*

**Approach**

The following principles guide the design and implementation of the capacity development work plan:

1. *Alignment* All proposed capacity development activities should support TongaHealth’s core functions, further TongaHealth’s national and international influence and be consistent with the vision and mission of TongaHealth.
2. *Peer Support* Where possible capacity development activities will be designed to involve teams, either internally in TongaHealth or with relevant partner organisations, rather than for individuals. This principle recognizes that organizational change rarely occurs with capacity development of a single individual. Where possible, TongaHealth will foster cross-institutional links and professional networks, both nationally and regionally with other agencies involved in health promotion and NCD reduction.
3. *Accountability* All capacity development activities have an evaluative component or follow up supervision to support sustainable change. All workshops should include some follow up tasks for participants, in order for them to practice the skills acquired. Consequently, after all training there should be opportunities for providing some ongoing mentoring and support for those tasks. Follow-up includes: mentoring, reflection meetings, professional critiques, etc
4. *Flexibility* Recognising that opportunities may arise that are outside of the plan below (through unanticipated donor funded opportunities or visiting experts etc), TongaHealth will be open to additional supports, after evaluating any new capacity development opportunities against a. – c. above.
5. *Inclusion* Resources are used in way that ensure the inclusion of marginalised groups: GESI, outer island populations, PWD.
6. *Local over international based training* With a small team absences from the workplace results are best minimized. Training or capacity development activities should first explore local mentoring, short course opportunities first, followed by bringing in experts for on the job support, and lastly, international options where beneficial (selected study tours) or unable to be provided in Tonga (specific short course opportunities in other countries.

The table below is a draft capacity development plan. The overall goal is that TongaHealth achieves a level of individual and organisational capability to fulfil their organisational responsibilities, that ultimately results in improved health outcomes for the population of Tonga.

**Capacity Development Plan and Indicators**

| **Narrative** | **Indicators** | **Timing** | **Approach** | **Resourcing & responsibility** | **Notes**  |
| --- | --- | --- | --- | --- | --- |
| **Purpose:**To enable Tongahealth to fulfil its mission to promote an active and healthy Tonga |  |  |  |  |  |
| 2016 | 2017 | 2018 | 2019 | 2020 |
| **Program Component 1: Improved Organisational Capacity**Effective management & implementation systems in place for Facility Partners. | * Improved management and program systems in place and functioning efficiently.
* TongaHealth demonstrate improved capacity for problem solving
 |  |  |  |  |  |  |  |  |
| **Outcome 1.1:** TongaHealth has documents clearly articulating mission statements, organisational values & operational principles that are understood by staff. | * TongaHealth has clear vision, mission, values statements & operational principles that are understood & accepted by the staff.
 |  |  |  |  |  |  |  |  |
| **Activity 1.1.1:** Workshop to develop &/or confirm the organisational mission, values & operational principles. | * All staff able to articulate the new scope and mandate for TongaHeath
 | X | X | X | X | X | Include in annual workplan preparation workshop | Internally resourcedSenior Administrator | With the new strategy and new role for TongaHealth all staff need to understand the new operational structure |
| **Outcome 1.2:** TongaHealth has documented systems for governance & management decision-making. | * Transparent and clear decision making processes in the organisation, based on rigorous analysis
* Changes made to organisational structure allowing delegation of responsibility and encouraging innovation
* Improved efficiency of administrative systems in organisation
 |  |  |  |  |  |  |  |  |
| **Activity 1.2.1:** Review of current institutional decision making processes | * Delegation authorities developed (financial and management) and shared with all staff
 | X |  | X |  | X |  | CEO and Senior Administrator responsibility | As TongaHealth grows some delegated authorities need to be in place to cover absences |
| **Activity 1.2.2:** Board Governance capacity  | * Board policies clearly delineate board and executive responsibilities
 | X |  | X |  | X | Mentoring by Board chair of similar organisation | CEO, senior managers and board | Resources available from NZ and/or Aust Institute of Company directors. Review every 2 years |
| **Outcome 1.3: Human Resource management** | * To be able to manage staff, ensuring sufficient staff for organisational structure
* HR database functioning and supporting regular performance development
* TongaHealth has processes in place for efficient and just management of staff
 |  |  |  |  |  |  |  | TongaHealth expanding by 80% |
| **Activity 1.3.1** Training in staff appraisal and performance review mechanisms | * Training undertaken and documented
 | X |  |  |  |  | In house training – through staff meetings or within annual planning day |  |  |
| **Activity 1.3.2** Review recruitment policy | * Recruitment policy and process updated and reviewed
 | X |  |  |  |  | In house time with local HR consultant support if required | CEO and senior administration manager  |  |
| **Activity 1.3.3** HR database development training | * HR database in place with regular performance review and professional development planning taking place
 | X | X | X | X | X | To be in the workplan of the senior admin manager |  | Annual reviewAdditional training contingent on skills of senior administration manager |
| **Outcome 1.4:** **Financial Management systems****Finance and admin team able to manage TongaHealth funds** | * Monitor the budget and financial acquittal according to TongaHealth needs and keeping them updated
 |  |  |  |  |  |  |  |  |
| **Activity 1.4.1: Training in MYOB use** | * TongaHealth accounts are up to date and correctly entered using selected software
 | X |  |  |  |  | Short course in MYOB or OJT from finance manager |  |  |
| **Activity 1.4.2: Financial systems development training** | TongaHealth accounts are in place to manage grant management and financial oversight of dispersed funds | X | X | X | X | X | Local accountant to provide training if newly recruited finance manager requires support | Finance team and CEO | Explore the possibility to align TongaHealth budget with government budget lines, review annually |
| **Outcome 4: Risk Management plan developed and addresses the risks of the new structure** | * Risk management plan endorsed by staff and board
 |  |  |  |  |  |  |  |  |
| **Activity 1.4.1 Risk management training development workshop** | * Training completed
 | X |  |  | X |  | TongaHealth board member a risk management expert | CEO/Board – senior managers |  |
| **Program Component 2: Advocacy, Networking & Relationship Management**Tongahealth is able to communicate & promote their work effectively and garner buy in from relevant stakeholders | * Increased level of influence, respect and trust of TongaHealth in the NCD sector
* Tongahealth recognised s the leading health promotion agency
 |  |  |  |  |  |  |  |  |
| **Outcome 2.1:** Stakeholder relationships managed well and stakeholders fulfilling the function for TongaHealth’s mission | * TongaHealth has a system in place to identify, engage with and support relevant stakeholders

Stakeholders are aware of the role of TongaHealth in fulfilling the NCD strategy |  |  |  |  |  |  |  | Involves all Stakeholders identified as major players in NCD work |
| **Activity 2.1.1:** Stakeholder engagement strategy developed | * Stakeholder engagement strategy endorsed by senior staff and board and communicated to all staff
 | X | X | X | X | X | Consultant support from VicHealth | CEO and senior admin | Review annually |
| **Activity 2.1.2:** Sectoral stakeholder workshops to introduce revised TongaHealth function | * Workshop reports
* All key stakeholders invited to participate at least once per year
 | X | X | X | X | X | SMA and Vichealth for workshop design and delivery | Vichealth as the resource |  |
| **Activity 2.1.3:** Communication templates (web based, print or through social media) developed | * Regular updates on TongaHealth activities being communicated to stakeholders
 | X | X | X | X | X | In house time given to this activity | CEO, senior admin and media and IT staff members joint |  |
| **Outcome 2.2:** Media and communications team able to provide clear coherent content for a range of media platforms at high quality |  |  |  |  |  |  |  |  |  |
| **Activity 2.2.1** Style guides and content management processes development | * Guides developed
* 50% new content follows content development guidelines
 | X | X | X | X | X | Mentoring from External Expert |  | Review guides each year |
| **Activity 2.2.2** Public speaking and media training for stakeholders who front the camera or do radio interviews (presenting complex technical messages clearly) | * After training senior staff assessed to be confident about giving press interviews and are able to provide clear and coherent messages to public
 | X | X | X | X | X | Media expert delivers workshop to all senior managers and program staff and selected stakeholders |  | Media training with stakeholders could become an annual activity that can support stakeholder relations |
| **Activity 2.2.3** Training in knowledge and compliance with IP issues | * Staff confident of IP issues and apply appropriately
 | X |  |  |  |  | Mentoring from local secondee (CPA) |  |  |
| **Activity 2.2.4** Training in how to transfer between analog and HD digital productions | * All current materials are available in digital format and archived materials in an accessible format
 | X |  |  |  |  | Short training in managing conversion (local expert) | May require equipmentMedia and IT personnel |  |
| **Activity 2.2.5** Presentation skills training | * Staff receive training and apply the lessons learned in all presentations given on behalf of TongaHealth
 | X |  | X |  | X | Training by Tonga Institute of Higher Education | All senior and program staff |  |
| **Outcome 2.3:** Database of donors, stakeholders, grantees developed and maintained | To produce summary reports of grant applicants and recipients |  |  |  |  |  |  |  |  |
| **Activity 2.3.1:** In house training of data input and report generation by data base developer | Training completed and data base populated with TongaHealth stakeholders | X |  |  |  |  | Data base developer (external and local) | In the workplan already | Media and comms team responsibility |
| **Program Component 3: Monitoring and Evaluation**TongaHealth is able to undertake process and outcome monitoring and evaluation of both partners and programs | * Evidence informs all components of the project cycle for programs undertaken by TongaHealth
* M&E framework supporting TongaHealth implementation
 |  |  |  |  |  |  |  |  |
| **Outcome 3.1:** Revised M&E framework developed | * Staff and stakeholders are aware of M&E activities proposed for the strategy
 |  |  |  |  |  |  |  |  |
| **Activity 3.1.1:** M&E workshop  | * Workshop undertaken and M&E framework endorsed
 | X |  |  |  |  | Social Marketing consultant and new M&E manager |  |  |
| **Activity 3.1.2:** Stakeholder M&E training  | * Stakeholder training in expected M&E processes for all subgrantees in new NCD strategy
 | X | X | X | X | X | Social marketing consultant and new M&E manager |  |  |
| **Activity 3.1.3:** Grant management reporting system developed | * Grant tracking process in use and informs M&E activities
 | X | X | X | X | X | M&E manager responsibility |  | Review every grant cycle |
| **Outcome 3.2:** Staff are able to develop the plans to monitor and evaluate different granting mechanisms and with different grantees | * All subgrantess have M&E processes defined and agreed upon
 |  |  |  |  |  |  |  |  |
| **Activity 3.1.1:** Formal M&E training for M&E, senior admin manager and program manager | Training completed | X | X |  |  |  | Modular package external or M&E technical expertise (medium term consultant) |  | Depends on the experience of the M&E manager – review once this position is filled |
| **Program Component 4: Sectoral Policy analysis, formation and research**TongaHealth is able to undertake policy research relevant to core areas, is able to develop and inform new policy | * NCD strategy is informed by evidence commissioned and reviewed by Tonga Health
* TongaHealth responds in a timely fashion to requests for policy analysis throughout the implementation of the NCD strategy
* Changes to legislation, policies and/or resources due to advocacy undertaken by TongaHealth
 |  |  |  |  |  |  |  |  |
| **Outcome 4.1:** Staff confident in undertaking or overseeing health policy research |  |  | X |  |  |  |  | Through SPC |  |
| **Activity 4.1.1:** Training in Policy analysis and frameworks for policy review | Training completed | X |  | X |  |  | Health policy analysis training – formal short course options or in house consultant | For CEO and senior managersExternal funding required | Review capacity in 2017 to set activities for final three year of the plan |
| **Activity 4.1.2:** Guidelines for how to undertake policy analysis and research developed  | Policy analysis guidelines in place | X |  |  |  |  |  | As above |  |
| **Activity 4.1.3:** Staff are mentored through a cycle of policy review and research of a relevant NCD policy  | Selected policy has documented process of development and research |  | X |  |  |  | One on one mentoring | As above |  |

**Annex 1 TongaHealth Organogram with new staff positions included**