

*TONGAN  
PLAN OF ACTION  
FOR  
NUTRITION*



TONGA  
1995

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# TONGAN PLAN OF ACTION FOR NUTRITION

## INTRODUCTION

Despite considerable progress in recent decades, the world still falls far short of the goal of adequate food and nutrition for all. Besides vast numbers still not having enough food of adequate quantity and quality, over two billion people subsist on diets that lack the essential vitamins and minerals required for normal growth and development.

In the Kingdom of Tonga, the nutrition and health problems are due to several factors such as lack of knowledge, inadequate income, family size, importation of poor quality foods, and personal behaviour or lifestyles. Although some apparent slowing growth occurs in the second and third years of life, it is the development of obesity and the noncommunicable diseases such as diabetes mellitus, high blood pressure, heart diseases, gout etc. that now constitute the gravest threat to the health of Tongans. Shortages of trained staff and limited finances have meant inadequate national infrastructure, production systems and social services, in particular in health.

In some countries of the world, political will, well-conceived policies and coherent actions have been shown to be able to dramatically reduce malnutrition and ill-health, even in the face of limited resources. Financial resources for nutrition and health are likely to remain very limited in Tonga, as will human resources. Coherent action can still be taken at local and national levels but will require an understanding of the situation, including the strengths and constraints existing in the country, in order to establish priorities.

## METHOD

Inherent in the idea of the National Plan of Action for Nutrition (NPAN) is the need to consider the nutritional impacts of overall development plans. Short and long-term priority areas for action will need to be identified as the situation is expected to continue to change quite rapidly, and the problems and goals of today could be very different in even five years time. Goals will need to be specified, and quantified where possible; time frames established (again reflecting both short and longer term activities); roles defined ; estimates of needed resources calculated; and finally, some form of surveillance and evaluation needs to be developed.

The country has committed itself to a series of goals in the World Declaration on Nutrition (Annex 1). The development of the Plan involved not only government, but also those most affected, the people themselves: those in rural areas, and those most vulnerable, including women and children. Input from academic, nongovernmental and private sectors were enlisted. Tonga has a<sup>draft</sup> National Food and Nutrition Policy, a country paper prepared for the International Conference on Nutrition and there is an established, revived, actively functioning National Food and Nutrition Committee under the Central Planning Department.

This plan was finalized by multisectoral effort.

Dates of the workshop, list of participants and consultant are attached (Annex2).

## TONGAN PLAN OF ACTION FOR NUTRITION

AIM (National Broad Objective): Nutritional well being and Health of the people achieved and maintained.

PURPOSE: Sufficient foods (safe and nutritious) regularly available to all people.

### Outputs:

1. Nutritional objectives, considerations and components incorporated into the policies and programmes of other relevant sectors.
- ✓ 2. Household food security improved.
- ✓ 3. Food quality and safety improved.
- ✓ 4. Infectious diseases prevented and managed.
- ✓ 5. Breast-feeding promoted.
- ✓ 6. Socio-economically deprived and nutritionally vulnerable cared for.
- ✓ 7. Specific micro nutrient deficiencies prevented and controlled.
- ✓ 8. Appropriate diets and healthy lifestyles promoted.
- ✓ 9. Nutrition situations assessed, analysed and monitored.

# TONGAN PLAN OF ACTION FOR NUTRITION

## ACTIVITIES

### OUTPUT: 1

Nutritional objectives, considerations and components incorporated into the policies and programmes of other relevant sectors.

### 1.1 Food and nutrition policy and activities in the Central Planning Department will have been strengthened.

#### Activities:

- |         |   |                                     |
|---------|---|-------------------------------------|
| 1.1.1   | Appoint Nutrition Planner to the existing position in the Central Planning Department   | CPD<br>                             |
| 1.1.2   | Revive the National Food and Nutrition Committee (NFNC) and review and confirm membership, preferably with members with planning or nutrition and food experience. Appropriate NGOs to be considered for full members.                    | CPD/<br>  All<br>  Sectors<br> <br> |
| 1.1.3   | Carry out active programme of institutional development of NFNC, including examining possibility of becoming a statutory body. Minutes of meetings to be sent to Development Coordination Committee (DCC) and Cabinet on a monthly basis. | CPD/<br>  NFNC<br> <br> <br>        |
| 1.1.3.1 | The NFNC should help develop posters, charts and manuals for community training, and increasing nutrition awareness, as well as promoting vegetable and home gardening, cooking demonstrations etc.                                       | NFNC<br> <br> <br>                  |

### 1.2 All new policies will have been submitted to the National Food and Nutrition Committee.

#### Activities:

- |       |                                      |       |
|-------|--------------------------------------|-------|
| 1.2.1 | Submit all new policies to the NFNC. | NFNC/ |
|-------|--------------------------------------|-------|

		All   Sectors/   Relevant   NGOs/   Foreign   aid   projects   etc.
1.2.1.1.	Assess impacts of policies on nutritional status of any group in the community likely to be affected.	   
1.2.1.2	Raise awareness of all policy makers (especially if not represented on NFNC) to economic and social aspects of NCDs, iron deficiency anaemia, breast-feeding etc.	       
1.2.1.3	Disseminate approved policies for public information.	 
1.2.2	Submit for review all projects related to food and nutrition, however peripherally.	NFNC   

**1.3 All education and communication programmes related to food, nutrition and health to be implemented by other Ministries/Departments and NGOs will have been coordinated by NFNC.**

**Activities:**

1.3.1.	Establish integrated Nutrition Education Programmes for the youth and parents through all media and formats, including radio, village and community level meetings and seminars.	NFNC/  MOH/  MOE/  MAF/  MOF/  MLCI  NGOs  TNCC
1.3.1.1	Consider the integration or complementarity of the ongoing monthly integrated MCH plan	 •



	of family planning, breast-feeding and immunization in all food and nutrition activities.	   
1.3.1.2	Emphasize the importance of local and regional foods.eg. by teaching in schools, Agricultural Show competitions and demonstrations.etc.	     
1.3.1.3	Promote knowledge of local foods through home gardening, demonstrations of cooking and food preparation, by the designing of 'user-friendly' training manuals on local food values for community use, and possible commercial applications of local foods.	         
1.3.2	Upgrade knowledge of consumer skills - especially reading food labels and buying skills, including at village level.	NFNC/   MAF/   MOH/   MOE/   FSP/   Village/   Communi-   ties
1.3.2.1	Distribute training manual on food values.	
1.3.2.2	Translate into Tongan some food labels eg. especially warnings and for powdered milks etc.	   
1.3.2.3	Encourage and support the formation of a consumer association.	 
1.3.4	Encourage the practice of responsible personal health decision-making skills to promote health.eg. choosing a prudent diet, choosing not to smoke, to drink alcohol in moderation or not at all, to exercise etc.	NFNC/   MOH/   MOE/   All   Sectors/   INGOs/   TNCC
1.3.4.1.	Develop training programmes, radio and other information to help the making of wise health choices.	   

## OUTPUT:2

### HOUSEHOLD FOOD SECURITY IMPROVED.

#### 2.1 Food production research will have been carried out.

##### Activities:

2.1.1	Carry out food production research through the Ministry of Agriculture and Forestry, Research Division.	MAF   
2.1.1.1	Do research on resistant varieties of crops and foods.	 
2.1.1.2	Do research on crop protection technologies.	 
2.1.1.3	Carry out research on rapid and disease-free propagation of crops and other foods such as trees, vines etc.	   
2.1.1.4	Encourage the acceptance of nutritious foods and crops e.g. legumes.	 
2.1.1.5	Expand animal production aiming at self-sufficiency by encouraging the community to raise poultry and pigs at home.	     
2.1.2	Disseminate all research findings for information/distribution by reporting findings to NFNC for wider distribution.	NFNC/   MAF/   MLCI/   USP etc.
2.1.3	Study feasibility of establishing a dairy industry.	MAF/   MLCI

#### 2.2 Environmental Impact Assessments (EIA) will have been performed.

##### Activity:

2.2.1	Allow 1- 5% of project costs for an EIA for every proposal, where appropriate,	CPD/   NFNC
-------	--	----------------

that comes up before the NFNC and submit  
a proposal on how to mitigate any  
identified problems.

|  
|  
|

## 2.3 Sound crop production technologies will have been adopted.

### Activities:

- |         |   |  |
|---------|---|--|
| 2.3.1   | Promote vegetables and home gardening, emphasizing fruits and vegetables e.g. through schools, village/community officers, village farm meetings, active family food production programmes, ensuring seedlings are available etc. | NFNC<br>  MAF<br>  MOE/<br>  NGOs<br> <br> |
| 2.3.1.1 | Submit all plans to promote vegetable and home gardening to NFNC to review and to advise so as to avoid duplication of efforts.   | <br> <br> <br>                             |
| 2.3.2   | Encourage inclusion of legumes in gardens and diets by working at grassroots level through the Women's Development Section of MAF.  | MAF<br> <br> <br>                          |
| 2.3.3   | Strengthen women's section of MAF, especially training on skills for nutritious food preparation, preservation and processing, home gardening, distribution of healthy cookbooks etc.   | MAF/<br> <br> <br>                         |
| 2.3.4   | Increase and improve education and training of all Tongans on nutrition and foods through all methods including training of trainers, vocational courses on nutrition etc.  | NFNC/<br>  MAF/<br>  MOE/<br>  NGOs<br>    |
| 2.3.5   | Encourage District Agriculture Committees and District Women's Agricultural Committees to meet monthly and to set new planting targets on a village basis.  | MAF<br> <br> <br>                          |

## 2.4 Appropriate land use policies will have been developed and adopted.

### Activity:

- |       |   |                 |
|-------|---|-----------------|
| 2.4.1 | Review and reinforce ongoing activities with input from Ministry of Lands and Survey. | NFNC<br>  MLSNR |
|-------|---|-----------------|

## 2.5 Food production for export and local consumption will have been increased.

### Activities:

- |         |   |  |
|---------|---|--|
| 2.5.1   | Collate, analyse and disseminate agricultural/horticultural/fishing information through various media but especially at a local grass roots level on a weekly basis by working with farmers and fishermen directly, including reporting on the radio of local and export sales. | NFNC/<br>  MAF<br>  MOF/<br>  Media<br> <br> |
| 2.5.2   | Increase adoption rates of improved technology eg. organic farming, fruit trees etc. including development of organic farming manuals and charts and leaflets.  | MAF/<br>  MOE<br> <br>                       |
| 2.5.3   | Increase volume of vegetable and fruit marketed locally by expanding information on planting and producing procedures e.g. of citrus trees.   | MAF/<br>  MLCI<br> <br>                      |
| 2.5.3.1 | Identify potential markets for local fruit and vegetables.  | <br>   |

## 2.6 Production of fish and other marine products will have been increased..

### Activities:

- |       |   |                    |
|-------|---|--------------------|
| 2.6.1 | Encourage commercial production of quality fish and marine products for both domestic consumption and export through training | MOF/<br>  MLCI<br> |
|-------|---|--------------------|

	and consultancies and research into new fishing techniques.	 
2.6.2	Create an environment conducive to the development of private sector involvement in fisheries, including protection to local fishermen by implementation of the Fisheries Conservation Management Act.	MOF/   MFN   MLCI   
2.6.3	Encourage alternative fishing habitats to prevent over-exploitation of traditional fishing grounds eg development of aquaculture and dissemination of relevant information in Tongan as well as English.	MOF/   MLSNR     
2.6.4	Promote consumption of marine products e.g. by emphasizing fish is good for health, nutrition and the prevention of cardiovascular diseases.	MOF/   MOH/   MOE/   NGOs 

## 2.7 Employment opportunities will have increased.

### Activities:

2.7.1	Offer technical and vocational education for girls and boys e.g. by job participation, work experience.	MOE/   MLCI/   TNCC/   PM's Offic
2.7.2	Establish new food industries.	MLCI

## OUTPUT 3

### FOOD QUALITY AND SAFETY IMPROVED.

#### 3.1 The national awareness of Public Health and Food Safety issues will have been raised.

##### Activities:

- |       |   |                                      |
|-------|---|--------------------------------------|
| 3.1.1 | Develop, implement and maintain a National Food Standards Code.   | MLCI/<br>  MOH                       |
| 3.1.2 | Examine feasibility of conducting a survey which examines the level of pesticides and contaminants in the Tongan diet, probably by expansion of MAF Laboratory.       | MLCI/<br>  MAF<br> <br>              |
| 3.1.3 | Develop a mechanism to coordinate the recall of food products which pose a risk to public health.   | MLCI/<br>  MOH<br>                   |
| 3.1.4 | Develop, implement and maintain a National Code of Practice.  | MLCI<br>                             |
| 3.1.5 | Publish a "Food Composition Table" which lists nutrients available in the Tongan Food supply and thus allows scientific, dietetic and nutritional advice to be given. | NFNC<br>  MLCI/<br>  MOH/<br> <br>   |
| 3.1.6 | Develop programme of consumer education.  | NFNC/<br>  MOE/<br>  MOH/<br>  INGOs |

### 3.2 Mechanism for Food Products Quality Assurance and Development will have been worked out.

#### Activities:

- |       |  |                               |
|-------|--|-------------------------------|
| 3.2.1 | Examine feasibility of establishing a Food Research & Development Centre probably in cooperation with MAF or through a working group of MAF, MOH, MF, MLCI.  | NFNC/<br>  MLCI/<br>  MAF<br> |
| 3.2.2 | Provide technical services (information) and technologies needed by the food industry sector to meet the quality requirements of the market e.g. by support for training/ attachments from private enterprise and external bodies. | MLCI<br> <br> <br> <br>       |
| 3.2.3 | Train different levels of personnel from the government, food industries and village communities on the requirements for food quality control, food processing and good manufacturing practices.                                   | MLCI/<br>  MAF<br> <br> <br>  |
| 3.2.4 | Develop appropriate food processing technologies from various agricultural and fish resources for potential utilization and value added exports and create new food industries.  | MLCI/<br> <br> <br>           |

### 3.3 The necessary infrastructure and equipment for Food Quality and Safety will be in place.

#### Activity:

- |       |  |                           |
|-------|--|---------------------------|
| 3.3.1 | Provision of centrally based equipment such as computers, vehicle etc. | NFNC/<br>  MLCI/<br>  MAF |
|-------|--|---------------------------|

## OUTPUT:4

### INFECTIOUS DISEASES PREVENTED AND MANAGED.

#### 4.1 Awareness of inter-relationship of nutrition, environment and disease will have been increased by public education and by health promotion of personal hygiene.

##### Activities:

- |          |   |   |
|----------|---|---|
| 4.1.1    | Develop and disseminate health education/promotion materials, in particular on food handling, and the interaction between sick and healthy people.                                | MOH/<br>  MOE/<br>  TNCC/<br>  INGOs/<br>  community<br>  groups/<br>  MLCI/<br>  MOF/<br>  MAF |
| 4.1.1.1. | Promote health through vocational courses, workshops (e.g. on occupational health and safety) and through all available media (pamphlets, posters, radio and TV programmes etc.). | <br> <br> <br> <br>   |
| 4.1.2    | Raise awareness of close linkages between infectious diseases, nutrition and the environment through use of the mixed media.  | MOH/<br>  MOE/<br>  TNCC/<br>  INGOs<br>  community<br>  groups/<br>  MLSNR<br>  (EIA)          |

#### 4.2 High immunization coverage and follow up of the 1-5 years age group will have been maintained.

##### Activities:



- |       |   |   |
|-------|---|---|
| 4.2.1 | Continue to provide immunization to all Tongan children so that the target diseases of the Expanded Programme of Immunization (EPI) cease to be public health problems. (see intermediate goals for 1995: World Summit for Children and goals for year 2000). | MOH/<br>  MOE/<br>  MAF/<br>  NGOs/<br>  TNCC<br> <br> <br> |
| 4.2.2 | Ensure availability of vaccines and cold chain equipment, particularly in light of cessation of external funding for vaccines in 1996.  | MOH/<br>  MFN<br> <br>                                      |
| 4.2.3 | Ensure efficacy of vaccines by proper refrigeration and monitoring.   | MOH<br>   |
| 4.2.4 | Update knowledge of all health and related staff.   | MOH   |
| 4.2.5 | Raise awareness and strengthen community participation in the Expanded Programme on Immunization (EPI) and thus develop consumer demand of parents for all children to be immunized.  | MOH/<br>  Media/<br>  NGOs<br>  TNCC<br>                    |

4.3 Case diagnosis, case management and contact tracing will have been strengthened.

Activities:

- |       |   |   |
|-------|---|---|
| 4.3.1 | Provide training on diarrhoeal diseases prevention and control, management of respiratory diseases and other infectious diseases (possibly using refined WHO/UNICEF Integrated child management modules), to both public health community staff and hospital staff. | MOH<br> <br> <br> <br> <br> <br>                |
| 4.3.2 | Provide public information and training, particularly to mothers, on home management through training, workshops and the mixed media.   | MOH/<br>  Media/<br>  NGOs/<br>  TNCC/<br>  MOE |

## 4.4 Supportive measures from Environmental Health Section will have been strengthened.

### Activities:

- |         |   |  |
|---------|---|--|
| 4.4.1   | Raise the awareness of Government officials, health and agricultural workers, teachers and the community on the close interrelationships between nutrition, the environment and disease, using all available means and mixed media. | NFNC/<br>  MOH/<br>  MAF/<br>  MLSNR<br>  NGOs/<br>  Private<br>  enterprise<br> <br> <br> |
| 4.4.2   | Conduct an environmental impact assessment (EIA) under the auspices of NFNC.  | NFNC/<br>  MAF/  |
| 4.4.2.1 | Study the feasibility of establishing an EIA Unit within the NFNC.  | NFNC/<br>  CPD/<br>  MLSNR<br>  MAF  |
| 4.4.2.2 | Develop appropriate EIA criteria for health and nutrition activities.   | <br>   |
| 4.4.3   | Improve and sustain measures to ensure safe potable water, safe food, safe waste disposal e.g. by encouraging people to use tanks and similar measures.   | Town and<br>  local Councils/<br>  MOH/<br>  MAF/<br>  MOE/<br>  MLSNR etc                 |
| 4.4.4   | Encourage a 'health-promoting' environment i.e. an environment in which the healthy choices are the easy choices e.g. by not having tobacco advertising etc.  | MAF/<br>  MOH/<br>  CLD/<br>  NGOs<br>   |

## OUTPUT:5

### BREAST-FEEDING PROMOTED

#### 5.1 Virtually all women will be breast-feeding their infants

##### Activities:

- |       |   |   |
|-------|---|---|
| 5.1.1 | Empower all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with appropriate complementary foods well into the second year.                    | MOH/<br>  NGOs/<br>  TNCC/<br>  MOE<br>         |
| 5.1.1 | Increase awareness of mothers and the community on the critical importance of breast-feeding by on-going radio health programmes, development of IEC materials and the conduct of relevant workshops. | MOH<br>  NGOs<br>  TNCC<br>  MOE<br> <br>       |
| 5.1.2 | Empower all women to breast feed and to promote a community environment which supports this empowerment.  | <br> <br> <br>                                  |
| 5.1.3 | Organize activities for Breast-feeding Week on a regular, annual basis including such activities as a best (breast-fed ) baby contest.  | MOH/<br>  NGOs/<br>  TNCC/<br>  MOE/<br>  Media |

#### 5.2 The use of breast-milk substitutes will have been reduced.

##### Activities:

- |       |                                    |       |
|-------|------------------------------------|-------|
| 5.2.1 | Promote understanding of community | NFNC/ |
|-------|------------------------------------|-------|

- |       |  |                                      |
|-------|--|--------------------------------------|
|       | and government support for breast-feeding through all the mixed media and by workshops etc.  | MOH/<br>  MOE/<br>  INGOs            |
| 5.2.2 | Enforce and strengthen the provision of the Tongan adaptation of the WHO International Code on the Appropriate Marketing of Breast-Milk Substitutes. | NFNC/<br>  MOH/<br>  MOE/<br>  INGOs |
| 5.2.3 | Promote breast-feeding by increasing the tax on imported milk substitutes and feeding bottles.   | MOH/<br>  NFNC/<br>  MFN             |

5.3 All hospitals, and maternal and child health facilities, will have continued to function as 'baby-friendly' as defined in the ten steps of UNICEF/WHO.

Activities:

- |       |   |                         |
|-------|---|-------------------------|
| 5.3.1 | Disseminate and promote the 10 steps to all hospitals, health centres, health workers etc using all the mixed media.  | MOH<br> <br> <br>       |
| 5.3.2 | Further promote breast-feeding by ending distribution of free or low cost breast-milk substitutes in all maternity wards and in the hospitals.                    | MOH/<br>  MLCI<br> <br> |
| 5.3.3 | Facilitate breast-feeding by establishing simple breast milk banks in the Hospitals in Tonga (Vaiola Hospital, Ngu Hospital, Niu'ui Hospital, Niu'eiki Hospital). | MOH<br> <br> <br>       |

5.4 Growth of all infants will be routinely monitored up to 2 years.

Activities:

- |       |  |         |
|-------|--|---------|
| 5.4.1 | Increase the awareness and training of all health workers on growth promotion. | MOH<br> |
| 5.4.2 | Provide appropriate equipment and facilities.                                  | MOH/    |

		INGOs
5.4.3	Promote health education on growth promotion to all mothers and the community in general, including high schools and tertiary education students, recognizing them as potential mothers and parents.	MOH/   TNCC/   INGOs/   MOE 
5.4.4	Analyse existing data on infant and child growth that have been collected by current monitoring.	MOH   

## OUTPUT:6

### SOCIO-ECONOMICALLY DEPRIVED AND NUTRITIONALLY VULNERABLE CARED FOR.

6.1 Appropriate and relevant elements of nutrition will be routinely taught in school curricula starting from primary school.

#### Activities:

6.1.1	Strengthen health studies programme in primary schools.	MOE 
6.1.1.1	Target schools in the newly settled areas of Tongatapu and the outer islands.	 
6.1.2	Integrate health and nutrition in other subject areas, including involving parents during PTA meetings.	MOE/   INGOs/   MOH
6.1.2.1	Ensure schools and parents provide healthy packed lunches and school canteens and that boarding schools improve their meals available to boarding students.	     

## 6.2 Better public health and nutrition education with particular focus on women will have been promoted.

### Activities:

- |         |  |   |
|---------|--|---|
| 6.2.1   | Promote better public health and nutrition education with particular focus on women (especially those in deprived areas) but ideally including home economics education for both boys and girls. | NFNC/<br>  MOE/<br>  MOH/<br>  NGOs<br> |
| 6.2.1.1 | Reinforce the need for both boys and girls in forms 1 and 2 to study Health Studies and to extend this to the upper levels as well.  | <br> <br>                               |
| 6.2.1.2 | Produce information sheets for the community in the local language.  | <br>                                    |

## 6.3 Malnutrition of children under 5 years will not be a public health problem.

### Activities:

- |       |   |  |
|-------|---|--|
| 6.3.1 | Improve maternal diets and nutrition through health promotion and education using the mixed media and various formates. | MOH/<br>  MOE/<br>  MAF/<br>  NGOs<br> |
| 6.3.2 | Ensure all mothers have adequate ante-natal care.   | MOH<br>                                |
| 6.3.3 | Promote breast feeding as a means of reducing malnutrition.   | MOH/<br>  MOE/<br>  NGOs/<br>  TNCC    |
| 6.3.4 | Increase health and nutrition education on the timing and type of complementary foods and later diets for children.     | MOH/<br>  NFNC/<br>  NGOs<br> <br>     |

- |       |   |                     |
|-------|---|---------------------|
| 6.3.5 | Further strengthen the control and management of infectious diseases. | MOH/<br>  MLSNR<br> |
| 6.3.6 | Further reduce severe as well moderate malnutrition among children.   | MOH/<br>            |

## OUTPUT:7

### SPECIFIC MICRONUTRIENT DEFICIENCIES PREVENTED AND CONTROLLED

#### 7.1 Micronutrient status of national diets will be adequate.

##### Activities:

- |         |   |  |
|---------|---|--|
| 7.1.1   | Improve or maintain micronutrient (including iron) content of diets by nutrition information and health education through posters, charts and pamphlets and by training, with emphasis on including traditional Tongan foods. | MAF/<br>  MOH/<br>  NFNC/<br>  INGOs/<br>  MOE<br> |
| 7.1.1.1 | Promote micronutrient awareness in villages through on- going programmes of MAF and MOE.  | <br> <br>  |
| 7.1.1.2 | Utilize private sector involvement (e.g bakeries, restaurants) to sponsor better food and nutrition   | <br> <br>  |
| 7.1.2   | Improve awareness of iron content of diets, biological availability of iron in different food combinations and dietary enhancers and inhibitors to iron absorption, by wider dissemination of nutrition information.          | MAF/<br>  MOH<br> <br> <br> <br>                   |

7.1.2.1	Continue to distribute iron (and folate) supplements to pregnant women and monitor iron levels for pregnant women.	MOH   
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7.1.3	Investigate feasibility of iron fortification of appropriate foods and conduct relevant research if feasible.	MAF/   MLCI/   MOH 
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7.2 Tongan dietary guidelines will have been developed and disseminated.

Activities:

7.2.1	Develop and promote Tongan dietary guidelines through training and demonstrations and disseminate them through pamphlets to guard against micronutrient deficiencies.	NFNC/   MOH/   NGOs/   MAF/   MOE 
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7.2.2	Promote traditional foods through all means including training and demonstrations.	NFNC/   MOH/   MOE/   NGOs
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7.2.3	Encourage wise food choices by increasing information and availability	NFNC/   MAF/   MOH/   NGOs/   MOE
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## OUTPUT: 8

### APPROPRIATE DIETS AND HEALTHY LIFESTYLES PROMOTED

#### 8.1 A majority of Tongans will be convinced of the need to eat healthy diets.

##### Activities:

8.1.1	Promote nutrition and health education promotion, including counselling, through all available avenues e.g. schools, sporting clubs, churches etc and using all available media.	NFNC/   MOH/   NGOs/   TNCC/   MAF
8.1.1.1	Strengthen currently ongoing nutrition programmes.	 
8.1.2	Discourage importation of and consumption of less nutritious foods.	NFNC 
8.1.2.1	Study feasibility of differential (heavier) taxing on imported "less nutritious" foods.	   
8.1.2.2	By consumer education, increase demand for healthier foods such as leaner meat.	   
8.1.3	Encourage the consumption of local foods by marketing and other support for local foods e.g. by identifying them in the market, by import quotas etc.	NFNC/   MAF/   MLCI/ 
8.1.4	Offer dietary advice and diet counselling services, including through radio programmes, as well as on a one to one basis and by training for those counselling.	MOH     

## 8.2 A majority of Tongans of all ages will be taking regular appropriate exercise at all levels.

- |         |  |  |
|---------|--|--|
| 8.2.1   | Encourage appropriate exercise, at all levels for all ages (including the different stages of life - childhood, adolescence, adulthood and old age). | NFNC/<br>  MOE/<br>  NGOs/<br>  Scouts/<br>  Guides/<br>  TNCC/<br>  Sporting<br>  clubs |
| 8.2.1.1 | Use all forms of exercise including walking, physical education classes, music/movement/aerobic classes etc.   | MOH/<br>  MOE/<br>  NGOs/<br>  TNCC/<br>  Social/<br>  Sporting<br>  clubs               |

## 8.3 Levels of overweightness, obesity and noncommunicable diseases in the community will have stabilised.

- |         |  |   |
|---------|--|---|
| 8.3.1   | Widely disseminate health and nutrition education/promotion, focussing on energy input and output to combat overweightness, obesity and noncommunicable diseases in the community. | NFNC/<br>  MOH/<br>  MOE/<br>  MAF/<br>  NGOs |
| 8.3.1.1 | Disseminate information on obesity, diabetes, and other noncommunicable diseases by all means; pamphlets, charts, radio spots etc.   | <br> <br> <br>                                |
| 8.3.2   | Develop programmes for community outreach for diagnosis and management of the noncommunicable diseases, including diabetes.  | MOH<br> <br>                                  |
| 8.3.2.1 | Conduct training workshops for health workers and the community as well as disseminating information and conducting screening in the community.                                    | <br> <br> <br>                                |

- |         |   |   |
|---------|---|---|
| 8.3.3   | Promote Community activities, competitions (e.g.weight loss, beauty contests, aerobics, marathons etc) and other incentives to lose or maintain weight. | NFNC/<br>  MOH/<br>  MOE/<br>  NGOs/<br>  Local<br>  Councils/<br>  Private<br>  enterprise |
| 8.3.3.1 | Feature energy balance (weight control) as one aspect of World Food Day activities (October 16).  | <br> <br>   |

8.4 The level of risk factors for the noncommunicable diseases (such as smoking and consumption of high energy /fat diets and alcohol ) will have been reduced.

Activities:

- |         |   |  |
|---------|---|--|
| 8.4.1   | Reduce unhealthy lifestyle behaviours leading to increased levels of NCD risk factors by health education/promotion to reduce people's demand for cigarettes, alcohol and drugs, with specific gearing towards young non-smokers. | MOH/<br>  MLCI/<br>  TNCC/<br>  NGOs/<br>  MOE/<br>                      |
| 8.4.1.1 | Conduct activities on World No Tobacco Day (May 1), and other NCD risk factors.   | <br> <br>  |
| 8.4.2   | Encourage the adoption of legislation that supports healthy lifestyles  | MOH/<br>  MLCI/<br>  CLD/<br>  CPD/<br>  TCNN/<br>  NGOs<br>  (lobbying) |
| 8.4.2.1 | Review existing legislation.  |  |
| 8.4.2.2 | Adopt and adapt WHO Action Plan on Tobacco or Health 1995 that uses incentives, persuasion and legislation e.g. banning of smoking in public  | <br> <br> <br>   |

- |       |   |  |
|-------|---|--|
|       | places, work places, restaurants etc.   |  |
| 8.4.3 | Try innovative incentives e.g. by introducing a special tax on cigarettes and alcohol, the proceeds of which would be used for health promotion activities. | CPD/<br>  MFN/<br>  MOH/<br>  NGOs<br>  (lobbying) |
| 8.4.4 | Reduce supply by imposing differential import taxes on cigarettes and alcohol relative to nicotine/tar and alcohol levels respectively.                     | MLCI/<br>  MOH/<br>  NGOs/<br>  TNCC               |

8.5 The results of the 1992 Nutrition/NCD survey will have been analysed and released for general information and use.

Activities:

- |        |   |                          |
|--------|---|--------------------------|
| 8.5.1. | Finalize analysis and compilation of results. | MOH/                     |
| 8.5.2  | Dissemination of results.                     | MOH/<br>  NFNC/<br>  MOE |
| 8.5.3  | Convene NCD workshop for policy makers.       | MOH                      |

## OUTPUT: 9

### NUTRITION SITUATION ASSESSED, ANALYSED AND MONITORED.

#### 9.1 Surveys and research activities related to health and nutrition will be processed through NFNC.

##### Activities:

- |         |  |   |
|---------|--|---|
| 9.1.1   | Develop framework by which nutrition-related surveys and research can be reviewed, ensuring plans are made for analysis and dissemination. | CPD/<br>  NFNC/<br>  MOH/<br>  NFNC<br> |
| 9.1.1.1 | Evaluate usefulness and relevance of the 1986 National Nutrition Survey.   | <br>                                    |

#### 9.2 National Nutrition data will be available for policy making and other purposes.

##### Activities:

- |       |  |                            |
|-------|--|----------------------------|
| 9.2.1 | Conduct feasibility of plan to conduct a national nutrition survey, taking into account the 1986 survey and 1992 NCD/Nutrition Survey. | NFNC<br> <br> <br>         |
| 9.2.2 | Develop Planning Committee and propose methodology depending upon the result of the review of earlier surveys and clear through NFNC.  | <br> <br> <br>             |
| 9.2.3 | Develop methodology and analytical frame work, implement survey, analyse and disseminate results.                                      | NFNC/<br>  MOH/<br>  Media |

### 9.3 A simple functional National Nutrition Surveillance system will have been developed.

#### Activities:

- |       |   |                         |
|-------|---|-------------------------|
| 9.3.1 | Study feasibility and existing data already being collected e.g. a review of the national health charts for children, and including an evaluation of information in the 1986 survey when considering a surveillance system. | NFNC<br> <br> <br> <br> |
| 9.3.2 | Using local expertise whenever possible, propose and develop a sustainable, cost-effective plan.  | NFNC<br> <br>           |
| 9.3.3 | Implement, evaluate and modify to ensure rapid dissemination of information to those using such monitoring information.   | NFNC<br> <br> <br>      |

### 9.4 Monitoring and evaluation system to assess the effectiveness and usefulness of the NPAN will have been developed.

#### Activities:

- |       |   |               |
|-------|---|---------------|
| 9.4.1 | Develop appropriate methodology, including identification of appropriate indicators and by a study of data already available. | NFNC<br> <br> |
| 9.4.2 | Emphasize the sustainability of any NPAN.   | NFNC          |
| 9.4.3 | Modify NPAN, once implemented and evaluated, as needed.   | NFNC          |

TIME -FRAME: SHORT-TERM

OUTPUT:1

NUTRITIONAL OBJECTIVES, CONSIDERATIONS AND COMPONENTS INCORPORATED INTO THE POLICIES AND PROGRAMMES OF OTHER RELEVANT SECTORS.

1995

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
1.1												
1.1.1												
1.1.2												
1.1.3												
1.1.3.1												
1.2												
1.2.1												
1.2.1.1												
1.2.1.2												
1.2.1.3												
1.2.2												
1.3												
1.3.1												
1.3.1.1												
1.3.1.2												
1.3.1.3												
1.3.2												
1.3.2.1												
1.3.2.2												
1.3.2.3												
1.3.4												
1.3.4.1												

OUTPUT:2 HOUSEHOLD FOOD SECURITY IMPROVED.

1995

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
<b>2.1</b>												
2.1.1												
2.1.1.1												
2.1.1.2												
2.1.1.3												
2.1.1.4												
2.1.1.5												
2.1.2												
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<b>2.2</b>												
2.2.1												
<b>2.3</b>												
2.3.1												
2.3.1.1												
2.3.2												
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2.3.4												
2.3.5												
<b>2.4</b>												
2.4.1												
<b>2.5</b>												
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2.5.3.1												
2.5.4												
<b>2.6</b>												
2.6.1												
2.6.2												
2.6.3												
2.6.4												
<b>2.7</b>												
2.7.1												
2.7.2												



**OUTPUT:3**

**FOOD QUALITY AND SAFETY IMPROVED.**

1995

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
<b>3.1</b>												
3.1.1												
3.1.2												
3.1.3												
3.1.4												
3.1.5												
3.1.6												
<b>3.2</b>												
3.2.1												
3.2.2												
3.2.2.1												
3.2.3												
3.2.3.1												
3.2.3.2												
<b>3.3</b>												
3.3.1												

OUTPUT:4

INFECTIOUS DISEASES PREVENTED AND MANAGED.

1995

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
<b>4.1</b>												
4.1.1												
4.1.1.1												
4.1.1.2												
4.1.2												
<b>4.2</b>												
4.2.1												
4.2.2												
4.2.3												
4.2.4												
4.2.5												
<b>4.3</b>												
4.3.1												
4.3.2												
<b>4.4</b>												
4.4.1												
4.4.2												
4.4.2.1												
4.4.2.2												
4.4.3												
4.4.4												

**OUTPUT:5**

**BREAST-FEEDING PROMOTED.**

1995

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
<b>5.1</b>												
5.1.1												
5.1.2												
5.1.3												
<b>5.2</b>												
5.2.1												
5.2.2												
5.2.3												
<b>5.3</b>												
5.3.1												
5.3.2												
5.3.3												
<b>5.4</b>												
5.4.1												
5.4.2												
5.4.3												
5.4.4												

OUTPUT:6

SOCIO-ECONOMICALLY DEPRIVED AND NUTRITIONALLY VULNERABLE CARED FOR.

1995

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
<b>6.1</b>												
6.1.1												
6.1.1.1												
6.1.2												
6.1.2.1												
<b>6.2</b>												
6.2.1												
6.2.1.1												
6.2.1.2												
<b>6.3</b>												
6.3.1												
6.3.2												
6.3.3												
6.3.4												
6.3.5												
6.3.6												

OUTPUT:7

SPECIFIC MICRONUTRIENT DEFICIENCIES PREVENTED AND CONTROLLED.

1995

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
<b>7.1</b>												
7.1.1												
7.1.1.1												
7.1.1.2												
7.1.2												
7.1.2.1												
7.1.3												
<b>7.2</b>												
7.2.1												
7.2.2												
7.2.3												

OUTPUT:8

APPROPRIATE DIETS AND HEALTHY LIFESTYLES PROMOTED.

1995

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
<b>8.1</b>												
8.1.1												
8.1.1.1												
8.1.2												
8.1.2.1												
8.1.2.2												
8.1.3												
8.1.4												
<b>8.2</b>												
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<b>8.3</b>												
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8.3.1.1												
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8.3.3												
8.3.3.1												
<b>8.4</b>												
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8.4.1.1												
8.4.2												
8.4.2.1												
8.4.2.2												
8.4.3												
8.4.4												
<b>8.5</b>												
8.5.1												
8.5.2												
8.5.3												

OUTPUT:9

NUTRITION SITUATION ASSESSED, ANALYSED AND MONITORED.

1995

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
9.1												
9.1.1												
9.1.1.1												
9.2												
9.2.1												
9.2.2												
9.2.3												

# SECTORS RESPONSIBLE BY PRIORITY AND ACTIVITY.

OUTPUT:1

NUTRITIONAL OBJECTIVES, CONSIDERATIONS AND COMPONENTS INCORPORATED INTO THE POLICIES AND PROGRAMMES OF OTHER RELEVANT SECTORS.

SECTORS	MAF	MFY	MOE	MOF	MOH	MLCJ	MLSNR	PM'S	CLD	CPD	NFSC	NGOS	TNCC	ISP	MEDIA
1.1															
1.1.1															
1.1.2															
1.1.3															
1.1.3.1															
1.2															
1.2.1															
1.2.1.1															
1.2.1.2															
1.2.1.3															
1.2.2															
1.3															
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1.3.1.1															
1.3.1.2															
1.3.1.3															
1.3.2															
1.3.2.1															
1.3.2.2															
1.3.2.3															
1.3.4															
1.3.4.1															



**OUTPUT:2 HOUSEHOLD FOOD SECURITY IMPROVED.**

SECTORS	MIP	MPY	MOE	MOP	MOH	MICI	MLSYR	PM'S	CLD	CPD	NYFC	NGOs	TNCC	USP	MEDIA
<b>2.1</b>															
2.1.1															
2.1.1.1															
2.1.1.2															
2.1.1.3															
2.1.1.4															
2.1.1.5															
2.1.2															
2.1.3															
<b>2.2</b>															
2.2.1															
<b>2.3</b>															
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2.3.1.1															
2.3.2															
2.3.3															
2.3.4															
2.3.5															
<b>2.4</b>															
2.4.1															
<b>2.5</b>															
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2.5.3.1															
2.5.4															
<b>2.6</b>															
2.6.1															
2.6.2															
2.6.3															
2.6.4															
<b>2.7</b>															
2.7.1															
2.7.2															

OUTPUT:3

FOOD QUALITY AND SAFETY IMPROVED.

SECTORS	MAF	MFA	MOE	MOP	MOH	MLCI	MLSR	PM's	CLD	CPD	KFSC	NGO's	TNCC	USP	MEDIA
<b>3.1</b>															
3.1.1															
3.1.2															
3.1.3															
3.1.4															
3.1.5															
3.1.6															
<b>3.2</b>															
3.2.1															
3.2.2															
3.2.2.1															
3.2.3															
3.2.3.1															
3.2.3.2															
<b>3.3</b>															
3.3.1															

OUTPUT:4

INFECTIOUS DISEASES PREVENTED AND MANAGED.

SECTORS	MAP	MPY	MOB	MOP	MOH	MICI	MLSYR	PW's	CLD	CPD	YPNC	NGO's	TNCC	USP	MEDIA
<b>4.1</b>															
4.1.1															
4.1.1.1															
4.1.1.2															
4.1.2															
<b>4.2</b>															
4.2.1															
4.2.2															
4.2.3															
4.2.4															
4.2.5															
<b>4.3</b>															
4.3.1															
4.3.2															
<b>4.4</b>															
4.4.1															
4.4.2															
4.4.2.1															
4.4.2.2															
4.4.3															
4.4.4															

OUTPUT:5

~~BREAST FEEDING PROMOTED.~~

SECTORS	MAP	MFP	MOB	MOF	MOH	MLCJ	MLSR	PM's	CLD	CPD	NPFC	NGO's	TSCC	USP	MEDIA
5.1															
5.1.1															
5.1.2															
5.1.3															
5.2															
5.2.1															
5.2.2															
5.2.3															
5.3															
5.3.1															
5.3.2															
5.3.3															
5.4															
5.4.1															
5.4.2															
5.4.3															
5.4.4															

OUTPUT:6

SOCIO-ECONOMICALLY DEPRIVED AND NUTRITIONALLY VULNERABLE CARED FOR.

SECTORS	WAF	WFS	MOE	WOF	MOH	MLCI	MLSTR	PM's	CLD	CPD	NFNC	NGO's	TYCC	OSP	MEDIA
<b>6.1</b>															
6.1.1															
6.1.1.1															
6.1.2															
6.1.2.1															
<b>6.2</b>															
6.2.1															
6.2.1.1															
6.2.1.2															
<b>6.3</b>															
6.3.1															
6.3.2															
6.3.3															
6.3.4															
6.3.5															
6.3.6															

OUTPUT:7

SPECIFIC MICRONUTRIENT DEFICIENCIES PREVENTED AND CONTROLLED.

SECTORS	HAF	MF	MOE	MOF	MOH	MLCI	MLSR	PM's	CLD	CPD	NPAC	NGO's	TACC	USP	MEDIA
<b>7.1</b>															
7.1.1															
7.1.1.1															
7.1.1.2															
7.1.2															
7.1.2.1															
7.1.3															
<b>7.2</b>															
7.2.1															
7.2.2															
7.2.3															

OUTPUT:8

APPROPRIATE DIETS AND HEALTHY LIFESTYLES PROMOTED.

SECTORS	MAP	MYP	MOB	MOF	MOH	MLCI	MLSYR	PW's	CLD	CPD	NPNC	NGO's	TNCC	USP	WBDA
<b>8.1</b>															
8.1.1															
8.1.1.1															
8.1.2															
8.1.2.1															
8.1.2.2															
8.1.3															
8.1.4															
<b>8.2</b>															
8.2.1															
8.2.1.1															
<b>8.3</b>															
8.3.1															
8.3.1.1															
8.3.2															
8.3.2.1															
8.3.3															
8.3.3.1															
<b>8.4</b>															
8.4.1															
8.4.1.1															
8.4.2															
8.4.2.1															
8.4.2.2															
8.4.3															
8.4.4															
<b>8.5</b>															
8.5.1															
8.5.2															
8.5.3															

OUTPUT:9

NUTRITION SITUATION ASSESSED, ANALYSED AND MONITORED.

SECTORs	MAF	MPN	MOE	MOF	MOH	MLCI	MLSNR	PM's	CLD	CPD	NPNC	NGO's	TACC	USP	MEDIA
9.1															
9.1.1															
9.1.1.1															
9.2															
9.2.1															
9.2.2															
9.2.3															



TIME-FRAME: LONG-TERM

OUTPUT:1

NUTRITIONAL OBJECTIVES, CONSIDERATIONS AND COMPONENTS INCORPORATED INTO THE POLICIES AND PROGRAMMES OF OTHER RELEVANT SECTORS.

ACTIVITY	1995	1996	1997	1998	1999	2000
<b>1.1</b>						
1.1.1						
1.1.2						
1.1.3						
1.1.3.1						
<b>1.2</b>						
1.2.1						
1.2.1.1						
1.2.1.2						
1.2.1.3						
1.2.2						
<b>1.3</b>						
1.3.1						
1.3.1.1						
1.3.1.2						
1.3.1.3						
1.3.2						
1.3.2.1						
1.3.2.2						
1.3.2.3						
1.3.3						
1.3.3.1						

OUTPUT:2

HOUSEHOLD FOOD SECURITY IMPROVED.

ACTIVITIES	1995	1996	1997	1998	1999	2000
<b>2.1</b>						
2.1.1						
2.1.1.1						
2.1.1.2						
2.1.1.3						
2.1.1.4						
2.1.1.5						
2.1.2						
2.1.3						
<b>2.2</b>						
2.2.1						
<b>2.3</b>						
2.3.1						
2.3.1.1						
2.3.2						
2.3.3						
2.3.4						
2.3.5						
<b>2.4</b>						
2.4.1						
<b>2.5</b>						
2.5.1						
2.5.2						
2.5.3						
2.5.3.1						
2.5.4						
<b>2.6</b>						
2.6.1						
2.6.2						
2.6.3						
2.6.4						
<b>2.7</b>						
2.7.1						
2.7.2						

### OUTPUT:3

#### FOOD QUALITY AND SAFETY IMPROVED.

ACTIVITIES	1995	1996	1997	1998	1999	2000
<b>3.1</b>						
3.1.1						
3.1.2						
3.1.3						
3.1.4						
3.1.5						
3.1.6						
<b>3.2</b>						
3.2.1						
3.2.2						
2.2.2.1						
3.2.3						
3.2.3.1						
3.2.3.2						
<b>3.3</b>						
3.3.1						

## OUTPUT:4

### INFECTIOUS DISEASES PREVENTED AND MANAGED.

ACTIVITIES	1995	1996	1997	1998	1999	2000
<b>4.1</b>						
4.1.1						
4.1.1.1						
4.1.1.2						
4.1.2						
<b>4.2</b>						
4.2.1						
4.2.2						
4.2.3						
4.2.4						
4.2.5						
<b>4.3</b>						
4.3.1						
4.3.2						
<b>4.4</b>						
4.4.1						
4.4.2						
4.4.2.1						
4.4.2.2						
4.4.3						
4.4.4						

OUTPUT:5

BREAST-FEEDING PROMOTED.

ACTIVITIES	1995	1996	1997	1998	1999	2000
<b>5.1</b>						
5.1.1						
5.1.2						
5.1.3						
<b>5.2</b>						
5.2.1						
5.2.2						
5.2.3						
<b>5.3</b>						
5.3.1						
5.3.2						
5.3.3						
<b>5.4</b>						
5.4.1						
5.4.2						
5.4.3						
5.4.4						

OUTPUT:6

SOCIO-ECONOMICALLY DEPRIVED AND NUTRITIONALLY VULNERABLE CARED FOR.

ACTIVITIES	1995	1996	1997	1998	1999	2000
<b>6.1</b>						
6.1.1						
6.1.1.1						
6.1.2						
6.1.2.1						
<b>6.2</b>						
6.2.1						
6.2.1.1						
6.2.1.2						
<b>6.3</b>						
6.3.1						
6.3.2						
6.3.3						
6.3.4						
6.3.5						
6.3.6						

**OUTPUT:7**

**SPECIFIC MICRONUTRIENT DEFICIENCIES PREVENTED AND CONTROLLED.**

ACTIVITIES	1995	1996	1997	1998	1999	2000
<b>7.1</b>						
7.1.1						
7.1.1.1						
7.1.1.2						
7.1.2						
7.1.2.1						
7.1.3						
<b>7.2</b>						
7.2.1						
7.2.2						
7.2.3						

OUTPUT:8

APPROPRIATE DIETS AND HEALTHY LIFESTYLES PROMOTED.

ACTIVITIES	1995	1996	1997	1998	1999	2000
<b>8.1</b>						
8.1.1						
8.1.1.1						
8.1.2						
8.1.2.1						
8.1.2.2						
8.1.3						
8.1.4						
<b>8.2</b>						
8.2.1						
8.2.1.1						
<b>8.3</b>						
8.3.1						
8.3.1.1						
8.3.2						
8.3.2.1						
8.3.3						
8.3.3.1						
<b>8.4</b>						
8.4.1						
8.4.1.1						
8.4.2						
8.4.2.1						
8.4.2.2						
8.4.3						
8.4.4						
<b>8.5</b>						
8.5.1						
8.5.2						
8.5.3						



OUTPUT:9

NUTRITION SITUATION ASSESSED, ANALYSED AND MONITORED.

ACTIVITIES	1995	1996	1997	1998	1999	2000
<b>9.1</b>						
9.1.1						
9.1.1.1						
<b>9.2</b>						
9.2.1						
9.2.2						
9.2.3						

## Abbreviations:

MAF	Ministry of Agriculture and Forestry
MFN	Ministry of Finance
MOE	Ministry of Education
MOF	Ministry of Fisheries
MOH	Ministry of Health
MLCI	Ministry of Labour, Commerce and Industries
MLSNR	Ministry of Lands Survey and Natural Resources
PM's	Prime Minister's Office
CLD	Crown Law Department
CPD	Central Planning Department
NFNC	National Food and Nutrition Committee
NGOs	Non Government Organizations
TNCC	Tonga National Council of Churches
USP	University of the South Pacific
Media	Newspapers/Radio/TV

## ANNEX 1

Nine (9) themes of the World Declaration and Plan of Action for Nutrition at the International Conference on Nutrition (ICN) Rome, December 1992.

1. Incorporating nutritional objectives, considerations and components into development policies and programmes.
2. Improving household food security.
3. Protecting consumers through improved food quality and safety.
4. Preventing and managing infectious diseases.
5. Promoting breast-feeding.
6. Caring for the socio-economically deprived and nutritionally vulnerable.
7. Preventing and controlling specific micronutrient deficiencies.
8. Promoting appropriate diets and healthy lifestyles.
9. Assessing, analysing and monitoring nutrition situations.

## Annex 2

NATIONAL INTERSECTORAL WORKSHOP, 25TH -27TH JANUARY 1995, PACIFIC ROYALE HOTEL,  
NUKU'ALOFA, TONGA.

### List of Participants:

1. Ms. Pesi Baker, Computer Programmer (MAF).
2. Mrs. Losaline Ma'asi, Agricultural Officer (MAF).
3. Mrs. Vaimoana Mafi, Officer incharge Womens Dev. Section (MAF).
4. Mrs. Jeffry Taufa, Senior Education Officer (MOE).
5. Mrs. 'Ainise Fungavai, Teachers Training College (MOE).
6. Mrs. Lakai Kolomatangi, Education Officer(MOE).
7. Sr. Pisila Sovaleni, Supervising Sister, Public Health (MOH).
8. Mr. Lelea Tu'itupou, Senior Health Inspector (MOH).
9. Mr. Malakai 'Ofanoa, Health Education Officer (MOH).
10. Ms. Elisiva Na'ati, Dietitian (MOH).
11. Ms. Mele Amanaki,(MLCI).
12. Ms. Adriene Fitzpatrick, (MLCI).
13. Mr. Paula Lavulo, Director of Central Planning Department(CPD).
14. Mrs. Lois Englberger, Nutrition Planner (CPD).
15. Mrs. Silika Ngahe, Fisheries Officer (Ministry of Fisheries).
16. Mr. Vili Moa, Ministry of Fisheries.
17. Mr. Denise Wolff, Director (FSP).
18. Ms. Seini Vakasi'uola (FSP).
19. Mrs. Keiti Fusimalohi, Director (CHADU).
20. Mr. Simote Ve'a, Secretary (TNCC)
21. Mr. Siua Halavatau, Soil Scientist (MAF)

### Facilitators:

1. Dr. Malakai Ake, Medical Officer incharge NCD (MOH).
2. Mrs. Vizo Halavatau, Nutritionist, (MOH).

### Consultant:

Dr. Ian Darnton-Hill,  
Regional Nutrition Advisor, World Health Organization (WHO), Manila.