PROJECT AGREEMENT ON IMPROVING TRACHOMA CONTROL SERVICES FOR INDIGENOUS AUSTRALIANS

An agreement between

- the Commonwealth of Australia and
- the States and Territories, being:
  - New South Wales
  - South Australia
  - Western Australia and
  - the Northern Territory

The output of this project will be the delivery of trachoma control services and activities to improve the identification, screening, treatment, management and prevention of trachoma and trichiasis in Indigenous Australians.
INTERGOVERNMENTAL AGREEMENT
ON FEDERAL FINANCIAL RELATIONS

PRELIMINARIES

1. This Project Agreement (the Agreement) is created subject to the provisions of the Intergovernmental Agreement on Federal Financial Relations and should be read in conjunction with that Agreement and its Schedules, which provide information in relation to performance reporting and payment arrangements under the Intergovernmental Agreement on Federal Financial Relations.

2. This Agreement will support the delivery of additional trachoma control services and additional activities to improve the identification, screening, treatment, management and prevention of trachoma and trichiasis for Indigenous Australians as part of the broader measure on Closing the Gap - Improving Eye and Ear Health Services for Indigenous Australians.

3. This Agreement constitutes the entire agreement for this project.

PART 1 — FORMALITIES

Parties to this Agreement

4. This Agreement is between the Commonwealth of Australia (the Commonwealth) and New South Wales, South Australia, Western Australia, and the Northern Territory (the States), represented by the respective ministers with portfolio responsibility for Indigenous health.

Term of the Agreement

5. This Agreement will commence as soon as the Commonwealth and one other Party signs the Agreement and will expire on 30 June 2017, or on completion of the project, including acceptance of final performance reporting and processing of final payments against milestones, unless terminated earlier or extended as agreed in writing by the Parties.

PART 2 — PROJECT OUTPUTS

Output

6. The outputs of this Agreement will be to:
(a) undertake comprehensive and systematic trachoma and trichiasis screening and treatment programs in communities at risk of trachoma and where trachoma and/or trichiasis is prevalent and report on results;

(b) deliver trachoma control activities in accordance with the 2013 National Guidelines for the Public Health Management of Trachoma (Communicable Disease Network of Australia); and

(c) submit required data to the National Trachoma Surveillance and Reporting Unit.

PART 3 — ROLES AND RESPONSIBILITIES OF EACH PARTY

Role of the Commonwealth

7. The Commonwealth will be responsible for:

(a) monitoring and assessing achievement against milestones in the delivery of trachoma control services for Indigenous Australians under this Agreement to ensure that outputs are delivered within the agreed timeframe; and

(b) providing a consequent financial contribution to the States to support the implementation of this Agreement.

Role of the States and Territories

8. The States will be responsible for:

(a) all aspects of delivering on the project outputs set out in this Agreement; and

(b) reporting on the delivery of outputs as set out in Part 4 – Project Milestones, Reporting and Payments.

Shared roles

9. The Parties will meet the requirements of Schedule E, Clause 26 of the Intergovernmental Agreement on Federal Financial Relations, by ensuring that prior agreement is reached on the nature and content of any events, announcements, promotional material or publicity relating to activities under this Agreement, and that the roles of both Parties will be acknowledged and recognised appropriately.

PART 4 — PROJECT MILESTONES, REPORTING AND PAYMENTS

10. Milestones, reporting and payment summary are detailed in Schedule A of this Agreement. Table 2 specifies the milestones for the project, their relationship to the outputs, expected completion dates, relevant reporting dates and expected payments to be made, once a report certifying that milestones have been met is received and accepted.

Reporting arrangements

11. The States will provide performance reports in accordance with the above table during the operation of the Agreement. Each performance report is to contain the following information:

(a) a description of actual performance of the State in the period to date against the project milestones;
(b) details of any matter(s) that have arisen which could adversely impact on the delivery of the output, and how the State proposes to resolve this/these matter(s); and:

(c) promotional activities undertaken in relation to, and media coverage of, the project during the reporting period and any promotional opportunities expected to arise during the next reporting period.

12. The States will also prepare a final Project Report within 90 days of the completion of the project agreed under the Project Agreement. The Project Report will be a stand-alone document that can be used for public information dissemination purposes. The final Project Report will:

(a) describe the conduct, benefits and outcomes of the Project;

(b) evaluate the Project from the responsible Party’s perspective, including assessing the extent to which the project milestones have been achieved and why any aspect was not achieved; and

(c) include a discussion of any other matters relating to the project, limited to the minimum necessary for the effective assessment of performance and agreed between the Commonwealth and the State(s), at least 60 days before it is due.

13. If a State does not achieve one or more trachoma screening and/or treatment performance milestone(s) in full due to circumstances beyond its control or circumstances not anticipated at the time of signing the Project Agreement, the Commonwealth may provide a partial payment to that State.

(a) The Commonwealth will only consider making a partial payment if:

i. the State is able to demonstrate that it implemented adequate and appropriate arrangements that would have achieved the relevant performance milestone but for those circumstances;

ii. at least 70 per cent of each of the performance milestones has been met; and

iii. the State has submitted a satisfactory performance report.

(b) Where a partial payment is made, the amount will be calculated based on the proportion of each milestone achieved and in accordance with its payment weighting. Payment will be made pro rata based on achievement above 70 per cent.

(c) Where a State does not meet its milestones in the first reporting period of a financial year, the Commonwealth funding may be rolled over to the second period if the milestones of the two periods are achieved in the second period and within the same financial year.

PART 5 — FINANCIAL ARRANGEMENTS

14. The Commonwealth will provide a total financial contribution to the States of $16,487 million in respect of this Agreement. All payments are GST exclusive.

15. The Commonwealth’s funding contribution will not be reduced where the States secure funding from other activity partners through innovative and collaborative partnerships.
16. The Commonwealth’s estimated financial contribution to the operation of this Agreement, including through National Partnership payments to the States paid in accordance with Schedule D — Payment Arrangements of the Intergovernmental Agreement on Federal Financial Relations, are shown in Table 1.

Table 1: Estimated financial contributions

<table>
<thead>
<tr>
<th></th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated total budget</td>
<td>4.003</td>
<td>4.079</td>
<td>4.161</td>
<td>4.244</td>
<td>16.487</td>
</tr>
<tr>
<td>NSW</td>
<td>0.254</td>
<td>0.259</td>
<td>0.264</td>
<td>0.269</td>
<td>1.046</td>
</tr>
<tr>
<td>WA</td>
<td>1.315</td>
<td>1.340</td>
<td>1.367</td>
<td>1.394</td>
<td>5.416</td>
</tr>
<tr>
<td>SA</td>
<td>0.934</td>
<td>0.952</td>
<td>0.971</td>
<td>0.990</td>
<td>3.847</td>
</tr>
<tr>
<td>NT</td>
<td>1.500</td>
<td>1.528</td>
<td>1.559</td>
<td>1.591</td>
<td>6.178</td>
</tr>
<tr>
<td>Balance of non-Commonwealth contributions</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

17. Having regard to the agreed estimated costs of projects specified in a Project Agreement, a State or Territory will not be required to pay a refund to the Commonwealth if the actual cost of the project is less than the agreed estimated cost of the project. Similarly, the States bear all risk should the costs of a project exceed the agreed estimated costs. The Parties acknowledge that this arrangement provides the maximum incentive for the States to deliver projects cost effectively and efficiently.

PART 6 — GOVERNANCE ARRANGEMENTS

Enforceability of the Agreement

18. The Parties do not intend any of the provisions of this Agreement to be legally enforceable. However, that does not lessen the Parties’ commitment to this Agreement.

Variation of the Agreement

19. The Agreement may be amended at any time by agreement in writing by all the Parties.

20. Bilateral schedules to this Agreement that have no impact on other Parties may be amended at any time by agreement in writing by the relevant Commonwealth and State portfolio ministers.

21. A Party to the Agreement may terminate their participation in the Agreement at any time by notifying all the other Parties in writing.

Delegations

22. The Commonwealth Minister may delegate the assessment of performance against milestones and the authorisation of related project payments to senior Commonwealth officials, having regard to the financial and policy risks associated with those payments.

Dispute resolution

23. Any Party may give notice to other Parties of a dispute under this Agreement.
24. Officials of relevant Parties will attempt to resolve any dispute in the first instance.

25. If a dispute cannot be resolved by officials, it may be escalated to the relevant Ministers and if necessary, the relevant Standing Council.

26. If a dispute cannot be resolved by the relevant Ministers, it may be referred by a Party to COAG for consideration.

Interpretation

27. For the purposes of this Agreement:
   (a) ‘Community’ means a populated area with a school. A community with two or more schools is considered a single community.
   (b) ‘At Risk communities’ means communities classified by a State or Territory as being at higher risk of trachoma.
   (c) ‘Region’ means boundaries as defined by a State or Territory.
   (d) ‘Active Trachoma’ means the presence of chronic inflammation of the conjunctiva caused by infection with *Chlamydia trachomatis*; includes World Health Organisation grades Trachomatous inflammation follicular and/or Trachomatous inflammation intense.
The Parties have confirmed their commitment to this agreement as follows:

Signed for and on behalf of the Commonwealth of Australia by

[Signature]

Senator The Honourable Fiona Nash
Assistant Minister for Health
Date: 16/12/13

Signed for and on behalf of the State of New South Wales by

[Signature]

The Honourable Jillian Skinner MP
Minister for Health and Minister for Medical Research
Date: 26/2/14

Signed for and on behalf of the State of Western Australia by

[Signature]

The Honourable Dr Kim Hames MLA,
MBBS, JP
Deputy Premier, Minister for Health
Date:

Signed for and on behalf of the State of South Australia by

[Signature]

The Honourable Jack Snelling, MP
Minister for Health and Ageing
Date:

Signed for and on behalf of the Northern Territory by

[Signature]

The Honourable Robyn Lambley MLA
Minister for Health
Date:
The Parties have confirmed their commitment to this agreement as follows:

**Signed for and on behalf of the Commonwealth of Australia by**

[Signature]

Senator The Honourable Fiona Nash
Assistant Minister for Health
Date: 16/12/13

**Signed for and on behalf of the State of New South Wales by**

[Signature]

The Honourable Jillian Skinner MP
Minister for Health and Minister for Medical Research
Date:

**Signed for and on behalf of the State of Western Australia by**

[Signature]

The Honourable Dr Kim Hames MLA
MBBS, JP
Deputy Premier, Minister for Health
Date:

**Signed for and on behalf of the State of South Australia by**

[Signature]

The Honourable Jack Snelling, MP
Minister for Health and Ageing
Date: 5/11/14

**Signed for and on behalf of the Northern Territory by**

[Signature]

The Honourable Robyn Lambley MLA
Minister for Health
Date:
The Parties have confirmed their commitment to this agreement as follows:

Signed for and on behalf of the Commonwealth of Australia by

[Signature]

Senator The Honourable Fiona Nash
Assistant Minister for Health
Date: 6/12/13

Signed for and on behalf of the State of New South Wales by

The Honourable Jillian Skinner MP
Minister for Health and Minister for Medical Research
Date:

Signed for and on behalf of the State of South Australia by

The Honourable Jack Snellling, MP
Minister for Health and Ageing
Date:

Signed for and on behalf of the State of Western Australia by

The Honourable Dr Kim Hames MLA, MBBS, JP
Deputy Premier, Minister for Health
Date:

Signed for and on behalf of the Northern Territory by

[Signature]

The Honourable Robyn Lambley MLA
Minister for Health
Date: 15/4/14
The Parties have confirmed their commitment to this agreement as follows:

Signed for and on behalf of the Commonwealth of Australia by

[Signature]
Senator The Honourable Fiona Nash
Assistant Minister for Health
Date: 16/3/14

Signed for and on behalf of the State of New South Wales by

[Signature]
The Honourable Jillian Skinner MP
Minister for Health and Minister for Medical Research
Date: 

Signed for and on behalf of the State of South Australia by

[Signature]
The Honourable Jack Snelling, MP
Minister for Health and Ageing
Date: 

Signed for and on behalf of the State of Western Australia by

[Signature]
The Honourable Dr Kim Hames MLA, MBBS, JP
Deputy Premier, Minister for Health
Date: 13/5/14

Signed for and on behalf of the Northern Territory by

[Signature]
The Honourable Robyn Lambley MLA
Minister for Health
Date: 

### Table 2a: Milestones, reporting and payment summary July 2013-December 2013 – New South Wales (1 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| 1. Project Plan | **Acceptance by the Commonwealth of a trachoma screening project plan for 2013-14, listing nominated ‘at-risk’ communities; and community consultations undertaken.**  

**Milestone payment weighting: 10%**                                                                                                                                                                                                                                          | **20/01/2014**  | **1/07/2013 – 30/06/2014**                     | **$0.089 m**  |

| 2. Screening, Treatment and Data | a) **At least two nominated ‘at-risk’ communities are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children in at least two ‘at-risk’ communities screened for trachoma. Milestone payment weighting: 50%**  

**b) At least 85% of children with active trachoma receive treatment with antibiotics and 85% of their contacts receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community-wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. Milestone payment weighting: 40%**  

c) **100% children screened assessed for clean faces. Milestone payment weighting: 10%**  

d) **Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the National Trachoma Surveillance and Reporting Unit by 28 February 2014, unless otherwise negotiated.**  

**Milestone payment weighting: 10%**                                                                                                                                                                                                                                          | **07/03/2014**  | **01/12/2013- 28/02/2014**                     | **$0.127 m**  |

<p>|                                                |                                                                                                      | <strong>28/02/2014</strong>  | <strong>01/07/2013- 31/12/2013</strong>                     | <strong>$0.038 m</strong>  |</p>
<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Screening and Treatment</td>
<td>a) At least eight nominated ‘at-risk’ communities are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children in at least eight ‘at-risk’ communities screened for trachoma.  <strong>Milestone payment weighting: 50%</strong>&lt;br&gt;b) At least 85% of children with active trachoma receive treatment with antibiotics and 85% of their contacts receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community-wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period.  <strong>Milestone payment weighting: 40%</strong>&lt;br&gt;c) 100% children screened assessed for clean faces.  <strong>Milestone payment weighting: 10%</strong></td>
<td>29/08/2014</td>
<td>01/03/2014-30/06/2014</td>
<td>$0.091m</td>
</tr>
</tbody>
</table>
### Table 2a: Milestones, reporting and payment summary July 2014-December 2014 – New South Wales (3 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| 4. Screening, Treatment and Data | If trachoma is found in screened communities, further screening and treatment will be undertaken as follows:  
   a) Acceptance by the Commonwealth of a trachoma screening project plan for 2014-15, listing nominated ‘at-risk’ communities; community consultation undertaken and at least two nominated ‘at-risk’ communities are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children in at least two ‘at-risk’ communities screened for trachoma. **Milestone payment weighting: 50%**  
   b) At least 85% of children with active trachoma receive treatment with antibiotics and 85% of their contacts receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community-wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. **Milestone payment weighting: 40%**  
   c) 100% children screened assessed for clean faces. **Milestone payment weighting: 10%**  
   d) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 27 February 2015, unless otherwise negotiated. | 27/02/2015 | 01/07/2014-31/12/2014 | $0.039m |
### Table 2a: Milestones, reporting and payment summary January 2015-July 2015 – New South Wales (4 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Screening, Treatment and Data</td>
<td>At least eight nominated ‘at-risk’ communities are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children in at least eight ‘at-risk’ communities screened for trachoma. <strong>Milestone payment weighting: 50%</strong>&lt;br&gt;At least 85% of children with active trachoma receive treatment with antibiotics and 85% of their contacts receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community-wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. <strong>Milestone payment weighting: 40%</strong>&lt;br&gt;100% children screened assessed for clean faces. <strong>Milestone payment weighting: 10%</strong>&lt;br&gt;Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the National Trachoma Surveillance and Reporting Unit by 24 April 2015, unless otherwise negotiated.</td>
<td>10/05/2015</td>
<td>01/01/2015-26/04/2015</td>
<td>$0.077m</td>
</tr>
</tbody>
</table>
Table 2a: Milestones, reporting and payment summary June 2015-December 2015 – New South Wales (5 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| 6. Screen, Treatment and Data | If trachoma is found in screened communities, further screening and treatment will be undertaken as follows:  
   a) Acceptance by the Commonwealth of a trachoma screening project plan for 2015-16, listing nominated ‘at-risk’ communities; community consultation undertaken and at least five nominated ‘at-risk’ communities are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children in at least five ‘at-risk’ communities screened for trachoma. **Milestone payment weighting: 50%**  
   b) At least 85% of children with active trachoma receive treatment with antibiotics and 85% of their contacts receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community-wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. **Milestone payment weighting: 40%**  
   c) 100% children screened assessed for clean faces. **Milestone payment weighting: 10%**  
   d) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the National Trachoma Surveillance and Reporting Unit by 29 February 2016, unless otherwise negotiated. | 29/02/2016 | 01/07/2015-31/12/2015 | $0.112m |
<p>| 7. Trichiasis Assessment Project | Acceptance by the Commonwealth of a project assessing the extent of trichiasis in New South Wales, patient capture and treatment protocols. Project parameters will be determined between the Commonwealth, New South Wales and Australian trachoma expert/s prior to commencement of project. | 13/05/2016 | 01/01/2015-31/12/2015 | $0.112m |</p>
<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| 8. Screening and Treatment  | a) At least five nominated ‘at-risk’ communities are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children in at least five ‘at-risk’ communities screened for trachoma. **Milestone payment weighting: 50%**  
   b) At least 85% of children with active trachoma receive treatment with antibiotics and 85% of their contacts receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community-wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. **Milestone payment weighting: 40%**  
   c) 100% children screened assessed for clean faces. **Milestone payment weighting: 10%**                                                                                                                 | 31/08/2016 | 01/01/2016-30/06/2016        | $0.090m   |
### Table 2a: Milestones, reporting and payment summary June 2016-December 2016 – New South Wales (7 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| 9. Screening, Treatment and Data | If trachoma is found in screened communities, further screening and treatment will be undertaken as follows:  
   a) Acceptance by the Commonwealth of a trachoma screening project plan for 2016-17, listing nominated ‘at-risk’ communities; community consultation undertaken and at least five nominated ‘at-risk’ communities are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children in at least five ‘at-risk’ communities screened for trachoma. **Milestone payment weighting: 50%**  
   b) At least 85% of children with active trachoma receive treatment with antibiotics and 85% of their contacts receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community-wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. **Milestone payment weighting: 40%**  
   c) 100% children screened assessed for clean faces. **Milestone payment weighting: 10%**  
   d) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 28 February 2017, unless otherwise negotiated. | 28/02/2017 | 01/07/2016-31/12/2016 | $0.090m |
### Table 2a: Milestones, reporting and payment summary January 2016-June 2016 – New South Wales (8 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| 10. Screening, Treatment and Data | a) At least two nominated ‘at-risk’ communities are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children in at least two ‘at-risk’ communities screened for trachoma. **Milestone payment weighting: 50%**  
  
b) At least 85% of children with active trachoma receive treatment with antibiotics and 85% of their contacts receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community-wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. **Milestone payment weighting: 40%**  
c) 100% children screened assessed for clean faces. **Milestone payment weighting: 10%**  
d) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the National Trachoma Surveillance and Reporting Unit by 28 April 2017, unless otherwise negotiated. | 12/05/2017 | 01/01/2017-30/06/2017 | $0.049m  |


<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Project Plan</td>
<td>Acceptance by the Commonwealth of a trachoma screening project plan for 2013-14, listing nominated 'at-risk' communities.</td>
<td>Within one week of signing this Agreement</td>
<td>01/07/2013-30/06/2014</td>
<td>$0.327m</td>
</tr>
<tr>
<td>2. Data</td>
<td>Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the National Trachoma Surveillance and Reporting Unit by 14 March 2014, unless otherwise negotiated.</td>
<td>17/03/2014</td>
<td>01/07/2013-14/03/2014</td>
<td>$0.607m</td>
</tr>
</tbody>
</table>
Table 2b: Milestones, reporting and payment summary January 2014-June 2014 – South Australia (2 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| 3. Screening and Treatment | a) At least 25% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) are screened for active trachoma in accordance with the National Guidelines; and at least 80% of 5-9 year old Aboriginal and Torres Strait Islander children in ‘at-risk’ communities at the time of screening are screened for trachoma. **Milestone payment weighting: 30%**  
   b) At least 85% of children with active trachoma to receive treatment with antibiotics and 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within two weeks of commencement of treatment. Where community wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. **Milestone payment weighting: 40%**  
   c) 100% children screened assessed for clean faces. **Milestone payment weighting: 10%**  
   d) 15% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with at least 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. **Milestone payment weighting: 20%** | 29/08/2014 | 01/01/2014-30/06/2014 | $0.238m |
<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Screening, Treatment and Data</td>
<td>a) A cumulative target of 90% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) are screened for active trachoma in accordance with the National Guidelines for the 2014 calendar year; and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children in ‘at-risk’ communities at the time of screening are screened for trachoma. <strong>Milestone payment weighting: 30%</strong>&lt;br&gt;b) At least 85% of children with active trachoma to receive treatment with antibiotics and 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. <strong>Milestone payment weighting: 40%</strong>&lt;br&gt;c) 100% children screened assessed for clean faces. <strong>Milestone payment weighting: 10%</strong>&lt;br&gt;d) 15% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with at least 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. <strong>Milestone payment weighting: 20%</strong>&lt;br&gt;e) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the National Trachoma Surveillance and Reporting Unit by 30 January 2015, unless otherwise negotiated.</td>
<td>27/02/2015</td>
<td>01/01/2014-31/12/2014</td>
<td>$0.524m</td>
</tr>
</tbody>
</table>

27/02/2015
30/01/2015
$0.190m
### Table 2b: Milestones, reporting and payment summary January 2015-June 2015 – South Australia (4 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Screening and Treatment</td>
<td>a) At least 25% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) are screened for active trachoma in accordance with the National Guidelines; and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children who are in ‘at-risk’ communities at the time of screening are screened for trachoma. <strong>Milestone payment weighting: 30%</strong></td>
<td>31/08/2015</td>
<td>01/01/2015-30/06/2015</td>
<td>$0.243m</td>
</tr>
<tr>
<td></td>
<td>b) At least 85% of children with active trachoma to receive treatment with antibiotics and 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. <strong>Milestone payment weighting: 40%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) 100% children screened assessed for clean faces. <strong>Milestone payment weighting: 10%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) 15% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with at least 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. <strong>Milestone payment weighting: 20%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output</td>
<td>Milestones</td>
<td>Date due</td>
<td>Relevant Report period</td>
<td>Payment</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------</td>
<td>-------------------------------------------</td>
<td>----------</td>
</tr>
</tbody>
</table>
| 6. Screening, Treatment and Data            | a) A cumulative target of 90% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) are screened for active trachoma in accordance with the National Guidelines for the 2015 calendar year; and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children who are in ‘at-risk’ communities at the time of screening are screened for trachoma. **Milestone payment weighting: 30%**  
 b) At least 85% of children with active trachoma to receive treatment with antibiotics and 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. **Milestone payment weighting: 40%**  
 c) 100% children screened assessed for clean faces. **Milestone payment weighting: 10%**  
 d) 15% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with at least 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. **Milestone payment weighting: 20%**  
 e) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the National Trachoma Surveillance and Reporting Unit by 29 January 2016, unless otherwise negotiated.                                                                 | 29/02/2016 | 01/01/2015-30/012/2015 | $0.534m  |
### Table 2b: Milestones, reporting and payment summary January 2016-June 2016 – South Australia (6 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| 7. Screening and Treatment    | a) At least 25% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) are screened for active trachoma in accordance with the National Guidelines; and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children who are in ‘at-risk’ communities at the time of screening are screened for trachoma. **Milestone payment weighting: 30%**  
   b) At least 85% of children with active trachoma to receive treatment with antibiotics and 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. **Milestone payment weighting: 40%**  
   c) 100% children screened assessed for clean faces. **Milestone payment weighting: 10%**  
   d) 15% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with at least 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. **Milestone payment weighting: 20%** | 31/08/2016 | 01/01/2016-30/06/2016   | $0.198m |
<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| 8. Screening, Treatment and Data     | a) A cumulative target of 90% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) are screened for active trachoma in accordance with the National Guidelines for the 2016 calendar year; and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children who are in ‘at-risk’ communities at the time of screening are screened for trachoma. **Milestone payment weighting: 30%**  

b) At least 85% of children with active trachoma to receive treatment with antibiotics and 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. **Milestone payment weighting: 40%**  

c) 100% children screened assessed for clean faces. **Milestone payment weighting: 10%**  

d) 15% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with at least 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. **Milestone payment weighting: 20%**  

e) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the National Trachoma Surveillance and Reporting Unit by 30 January 2017, unless otherwise negotiated.                                                                                         | 28/02/2017 | 01/01/2016-31/12/2016 | $0.396m |

28/02/2017  
30/01/2017  
01/01/2016-31/12/2016  
$0.099m
### Table 2b: Milestones, reporting and payment summary January 2017-June 2017 – South Australia

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>Screening, Treatment and Data</td>
<td>a) At least 20% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) are screened for active trachoma in accordance with the National Guidelines; and at least 60% of 5-9 year old Aboriginal and Torres Strait Islander children who are in ‘at-risk’ communities at the time of screening are screened for trachoma. <strong>Milestone payment weighting: 30%</strong>&lt;br&gt;b) At least 85% of children with active trachoma to receive treatment with antibiotics and 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. <strong>Milestone payment weighting: 40%</strong>&lt;br&gt;c) 100% children screened assessed for clean faces. <strong>Milestone payment weighting: 10%</strong>&lt;br&gt;d) 10% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with at least 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. <strong>Milestone payment weighting: 20%</strong>&lt;br&gt;e) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the National Trachoma Surveillance and Reporting Unit by 28 April 2017, unless otherwise negotiated.</td>
<td>12/05/2017</td>
<td>01/01/2017-28/04/2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td>28/04/2017</td>
<td>01/01/2017-28/04/2017</td>
<td>$0.099m</td>
</tr>
<tr>
<td>Output</td>
<td>Milestones</td>
<td>Date due</td>
<td>Relevant Report period</td>
<td>Payment</td>
</tr>
<tr>
<td>--------</td>
<td>------------</td>
<td>----------</td>
<td>------------------------</td>
<td>---------</td>
</tr>
</tbody>
</table>
| 1. Screening, Treatment and Data | a) A minimum target of 6% of adults aged 40 and over in regions where trachoma is prevalent are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal.  
  b) Actively promote ‘clean faces’ concept and practice, reporting the number and types of promotion activities undertaken during the period.  
  c) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 31 January 2014, unless otherwise negotiated. | 28/02/2014 | 01/07/2013-31/12/2013 | $0.986m |
|       |            | 28/02/2014 | 01/07/2013-31/12/2013 | $0.329m |
Table 2c: Milestones, reporting and payment summary January 2014-June 2014 – Western Australia (2 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milesstones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Screening, Treatment and Data</td>
<td>a) At cumulative target of 12% of adults aged 40 and over in regions where trachoma is prevalent are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal.</td>
<td>29/08/2014</td>
<td>01/01/2014-30/06/2014</td>
<td>$0.329m</td>
</tr>
<tr>
<td></td>
<td>b) Actively promote ‘clean faces’ concept and practice, reporting the number and types of promotion activities undertaken during the period.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 29 August 2014, unless otherwise negotiated.</td>
<td>29/08/2014</td>
<td>01/01/2014-30/06/2014</td>
<td>$0.328m</td>
</tr>
</tbody>
</table>
Table 2c: Milestones, reporting and payment summary July 2014-December 2014 – Western Australia (3 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| 3. Screening, Treatment and Data | a) 90% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children in ‘at-risk’ communities at the time of screening are screened for trachoma. **Milestone payment weighting: 30%**  
   b) At least 85% of children with active trachoma to receive treatment with antibiotics and 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. **Milestone payment weighting: 40%**  
   c) 100% children screened assessed for clean faces. **Milestone payment weighting: 10%**  
   d) A minimum target of 6% of adults aged 40 and over in regions where trachoma is prevalent are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. **Milestone payment weighting: 20%**  
   e) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 30 January 2015, unless otherwise negotiated. | 27/02/2015 | 01/07/2014-31/12/2014 | $0.482m |
<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| 4. Screening, Treatment and Data | a) A cumulative target of 12% of adults aged 40 and over in regions where trachoma is prevalent are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal.  

b) Actively promote ‘clean faces’ concept and practice, reporting the number and types of promotion activities undertaken during the period.  

c) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 31 August 2015, unless otherwise negotiated. | 31/08/2015  
31/08/2015 | 01/01/2015-30/06/2015 | $0.268m |

|                          |                                                                                                                                          |           |                                       | $0.201m  |

**Table 2c: Milestones, reporting and payment summary January 2015-June 2015 – Western Australia (4 of 8 pages)**
Table 2c: Milestones, reporting and payment summary July 2015–December 2015 – Western Australia (5 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Screening, Treatment and Data</td>
<td>a) 90% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children in ‘at-risk’ communities at the time of screening are screened for trachoma. <strong>Milestone payment weighting: 30%</strong></td>
<td>29/02/2016</td>
<td>01/07/2015-31/12/2015</td>
<td>$0.693m</td>
</tr>
<tr>
<td></td>
<td>b) At least 85% of children with active trachoma to receive treatment with antibiotics and 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. <strong>Milestone payment weighting: 40%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) 100% children screened assessed for clean faces. <strong>Milestone payment weighting: 10%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) A minimum target of 6% of adults aged 40 and over in regions where trachoma is prevalent are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. <strong>Milestone payment weighting: 20%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 29 January 2016, unless otherwise negotiated.</td>
<td></td>
<td></td>
<td>$0.205m</td>
</tr>
</tbody>
</table>
Table 2c: Milestones, reporting and payment summary January 2016–June 2016 – Western Australia (6 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Screening, Treatment and Data</td>
<td>a) A cumulative target of 12% of adults aged 40 and over in regions where trachoma is prevalent are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal.</td>
<td>31/08/2016</td>
<td>01/01/2016-30/06/2016</td>
<td>$0.140m</td>
</tr>
<tr>
<td></td>
<td>b) Actively promote ‘clean faces’ concept and practice, reporting the number and types of promotion activities undertaken during the period.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 31 August 2016, unless otherwise negotiated</td>
<td>31/08/2016</td>
<td>01/01/2016-30/06/2016</td>
<td>$0.139m</td>
</tr>
</tbody>
</table>
### Output

7. Screening, Treatment and Data

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| a) 90% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children in ‘at-risk’ communities at the time of screening are screened for trachoma. **Milestone payment weighting: 30%**

b) At least 85% of children with active trachoma to receive treatment with antibiotics and 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is being undertaken, contacts should be treated together at one time and all treatment in the community should be completed within a two week period. **Milestone payment weighting: 40%**

c) 100% children screened assessed for clean faces. **Milestone payment weighting: 10%**

d) A minimum target of 6% of adults aged 40 and over in regions where trachoma is prevalent are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. **Milestone payment weighting: 20%**

e) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 30 January 2017, unless otherwise negotiated. **Milestone payment weighting: 20%**
Table 2c: Milestones, reporting and payment summary January 2017-June 2017 – Western Australia (8 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| 8.     | Screening, Treatment and Data | a) A cumulative target of 12% of adults aged 40 and over in regions where trachoma is prevalent are screened for trichiasis. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal.  

b) Actively promote ‘clean faces’ concept and practice, reporting the number and types of promotion activities undertaken during the period.  
c) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 28 April 2017, unless otherwise negotiated. | 12/05/2017 | 01/01/2017-28/04/2017 | $0.140m |
|        |            | 12/05/2017 | 01/01/2017-28/04/2017 | $0.139m |
Table 2d: Milestones, reporting and payment summary July 2013-December 2013 – Northern Territory

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| 1. Screening, Treatment and Data            | a) A minimum target of 75% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) which require screening in the calendar year are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children present in these ‘at-risk’ communities at the time of screening are screened for trachoma. *Milestone payment weighting: 30%*  

b) 100% of children with active trachoma to receive treatment with antibiotics and at least 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is indicated in accordance with the Guidelines, at least 85% of community members present at the time of treatment receive treatment within a two week period. *Milestone payment weighting: 40%*  

c) 100% of children screened assessed for clean faces. *Milestone payment weighting: 10%*  

d) 25% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis in the 2013 calendar year. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. *Milestone payment weighting: 20%*  

e) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 14 February 2014, unless otherwise negotiated.                                                                                     | 28/02/2014 | 01/01/2013-31/12/2013           | $1.200 m  |

$0.300 m
### Table 2d: Milestones, reporting and payment summary January 2014-June 2014 – Northern Territory (2 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
</table>
| 2. Screening and Treatment | a) At least 35% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) are screened for active trachoma in the six-month period, in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children present in these ‘at-risk’ communities at the time of screening are screened for trachoma. Endemic and hyper-endemic trachoma communities will be prioritised. **Milestone payment weighting: 30%**  
  
b) 100% of children with active trachoma to receive treatment with antibiotics and at least 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is indicated in accordance with the Guidelines, at least 85% of community members present at the time of treatment receive treatment within a two week period. **Milestone payment weighting: 40%**  
  
c) 100% of children screened assessed for clean faces. **Milestone payment weighting: 10%**  
  
d) 27.5% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis in the six month period. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. **Milestone payment weighting: 20%** | 29/08/2014 | 01/01/2014-30/06/2014 | $0.611 m |
### Table 2d: Milestones, reporting and payment summary July 2014-December 2014 – Northern Territory (3 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Screening, Treatment and Data</td>
<td>a) A minimum target of 75% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) which require screening in the calendar year are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children present in these ‘at-risk’ communities at the time of screening are screened for trachoma. Endemic and hyper-endemic trachoma communities will be prioritised. <strong>Milestone payment weighting: 30%</strong></td>
<td>27/02/2015</td>
<td>01/01/2014-31/12/2014</td>
<td>$0.611</td>
</tr>
<tr>
<td></td>
<td>b) 100% of children with active trachoma to receive treatment with antibiotics and at least 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is indicated in accordance with the Guidelines, at least 85% of community members present at the time of treatment receive treatment within a two week period. <strong>Milestone payment weighting: 40%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) 100% of children screened assessed for clean faces. <strong>Milestone payment weighting: 10%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) 27.5% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis in the six month period. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. <strong>Milestone payment weighting: 20%</strong></td>
<td>13/02/2015</td>
<td>01/01/2014-31/12/2014</td>
<td>$0.306m</td>
</tr>
<tr>
<td></td>
<td>e) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 13 February 2015, unless otherwise negotiated.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2d: Milestones, reporting and payment summary January 2015-June 2015 – Northern Territory (4 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Screening and Treatment</td>
<td>a) At least 35% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) are screened for active trachoma in the six-month period in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children present in these ‘at-risk’ communities at the time of screening are screened for trachoma. Endemic and hyper-endemic trachoma communities will be prioritised. <strong>Payment milestone weighting: 30%</strong>&lt;br&gt;&lt;br&gt;b) 100% of children with active trachoma to receive treatment with antibiotics and 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is indicated in accordance with the Guidelines, at least 85% of community members present at the time of treatment receive treatment within a two week period. <strong>Payment milestone weighting: 40%</strong>&lt;br&gt;&lt;br&gt;c) 100% of children screened assessed for clean faces. <strong>Payment milestone weighting: 10%</strong>&lt;br&gt;&lt;br&gt;d) 30% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis in the six month period. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. <strong>Payment milestone weighting: 20%</strong></td>
<td>31/08/2015</td>
<td>01/01/2015-30/06/2015</td>
</tr>
<tr>
<td>Output</td>
<td>Milestones</td>
<td>Date due</td>
<td>Relevant Report period</td>
<td>Payment</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>5. Screening, Treatment and Data</td>
<td>a) A minimum target of 75% of nominated ‘at-risk’ communities which require screening in the calendar year are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children present in these ‘at-risk’ communities at the time of screening are screened for trachoma. <strong>Payment milestone weighting: 30%</strong>&lt;br&gt;b) 100% of children with active trachoma to receive treatment with antibiotics and at least 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is indicated in accordance with the Guidelines, at least 85% of community members present at the time of treatment receive treatment within a two week period. <strong>Payment milestone weighting: 40%</strong>&lt;br&gt;c) 100% of children screened assessed for clean faces. <strong>Payment milestone weighting: 10%</strong>&lt;br&gt;d) 30% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis in the six month period. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. <strong>Payment milestone weighting: 20%</strong>&lt;br&gt;e) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 12 February 2016, unless otherwise negotiated.</td>
<td>29/02/2016</td>
<td>01/01/2015-31/12/2015</td>
<td>$0.624m</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12/02/2016</td>
<td>01/01/2015-31/12/2015</td>
<td>$0.311m</td>
</tr>
</tbody>
</table>
### Table 2d: Milestones, reporting and payment summary January 2016-June 2016 – Northern Territory (6 of 8 pages)

<table>
<thead>
<tr>
<th>Output</th>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Screening and Treatment</td>
<td>a) At least 35% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) are screened for active trachoma in the six-month period, in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children present in these ‘at-risk’ communities at the time of screening are screened for trachoma. Endemic and hyper-endemic trachoma communities will be prioritised. <strong>Milestone payment weighting: 30%</strong></td>
<td>31/08/2016</td>
<td>01/01/2016-30/06/2016</td>
<td>$0.477m</td>
</tr>
<tr>
<td></td>
<td>b) 100% of children with active trachoma to receive treatment with antibiotics and at least 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is indicated in accordance with the Guidelines, at least 85% of community members present at the time of treatment receive treatment within a two week period. <strong>Milestone payment weighting: 40%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) 100% of children screened assessed for clean faces. <strong>Milestone payment weighting: 10%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) 32.5% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis in the six month period. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. <strong>Milestone payment weighting: 20%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output</td>
<td>Milestones</td>
<td>Date due</td>
<td>Relevant Report period</td>
<td>Payment</td>
</tr>
<tr>
<td>--------</td>
<td>------------</td>
<td>----------</td>
<td>------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>7. Screening, Treatment and Data</td>
<td>a) A minimum target of 75% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) which require screening in the calendar year are screened for active trachoma in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children present in these ‘at-risk’ communities at the time of screening are screened for trachoma. Endemic and hyper-endemic trachoma communities will be prioritised. <strong>Payment milestone weighting: 30%</strong></td>
<td>28/02/2017</td>
<td>01/01/2016-31/12/2016</td>
<td>$0.477m</td>
</tr>
<tr>
<td></td>
<td>b) 100% of children with active trachoma to receive treatment with antibiotics and 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is indicated in accordance with the Guidelines, at least 85% of community members present at the time of treatment receive treatment within a two week period. <strong>Payment milestone weighting: 40%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) 100% of children screened assessed for clean faces. <strong>Payment milestone weighting: 10%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) 32.5% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis in the six month period. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. <strong>Payment milestone weighting: 20%</strong></td>
<td>10/02/2017</td>
<td>01/01/2016-31/12/2016</td>
<td>$0.080m</td>
</tr>
<tr>
<td></td>
<td>e) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 10 February 2017, unless otherwise negotiated.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Output

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Date due</th>
<th>Relevant Report period</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. <strong>Screening, Treatment and Data</strong></td>
<td>12/05/2017</td>
<td>01/01/2017-28/04/2017</td>
<td>$0.477m</td>
</tr>
<tr>
<td>a) At least 35% of nominated ‘at-risk’ communities (provided in a list to the Commonwealth) are screened for active trachoma in the six-month period, in accordance with the CDNA National Guidelines for the Public Health Management of Trachoma (the Guidelines); and at least 85% of 5-9 year old Aboriginal and Torres Strait Islander children present in these at risk communities at the time of screening are screened for trachoma. Endemic and hyper-endemic trachoma communities will be prioritised. <strong>Milestone payment weighting: 30%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) 100% of children with active trachoma to receive treatment with antibiotics and at least 85% of their contacts to receive treatment. Members of the household(s) of ‘active cases’ to be treated within one week of commencement of treatment. Where community wide treatment is indicated in accordance with the Guidelines, at least 85% of community members present at the time of treatment receive treatment within a two week period. <strong>Milestone payment weighting: 40%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) 100% of children screened assessed for clean faces. <strong>Milestone payment weighting: 10%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) 35% of adults aged 40 and over in trachoma-endemic regions are screened for trichiasis in the six month period. Maintain a trichiasis referral, surgery and recall system with 90% of adults diagnosed with trichiasis provided with opportunities to attend a referral appointment or have documented refusal. <strong>Milestone payment weighting: 20%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Timely, accurate, reliable and complete trachoma program data (including prevalence data, screening and treatment coverage data, and data on related activities) provided to the Surveillance and Reporting Unit by 28 April 2017, unless otherwise negotiated.</td>
<td>28/04/2017</td>
<td>01/01/2017-28/04/2017</td>
<td>$0.080m</td>
</tr>
</tbody>
</table>