

Element 2: Antenatal care, pre-pregnancy and teenage sexual and reproductive health (APTSRH)

ACT Revised Implementation Plan

JAN 2011- JUNE 2014

Milestone (eg. General Primary Health Care Services)	What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
Service Delivery	<p>The ACT APTSRH Project for Aboriginal and Torres Strait Islander youth aims to:</p> <p>Increase the capacity of the health workforce to deliver enhanced sexual and reproductive health services to the target group;</p> <p>Increase access to sexual health services within the ACT;</p> <p>Reduce rates of STIs and BBVs in the longer term;</p> <p>Increase sexual and reproductive health education;</p> <p>Reduce unwanted pregnancies in the longer term;</p> <p>Increase access to antenatal care; and</p> <p>Improve knowledge about teenage parenting.</p>	<p>ACT Health Directorate, through the Aboriginal and Torres Strait Islander Health Unit (ATSIHU) will manage the project.</p> <p>A Steering Committee (SC) of key stakeholders is responsible for project governance.</p> <p>A Working Group (WG) was established in August 2011 to have input to project activities and resource development.</p> <p>A Project Coordinator manages the project and provides secretariat support to the SC and WG.</p> <p>A 'Core of Life' (COL) midwife trainer appointed in November 2011 is responsible for reproductive health, pregnancy & antenatal education.</p>	<p>Build on existing collaborative relationships with government and community partners.</p> <p>Ongoing consultation with project partners and new relationships where relevant.</p> <p>Review and revise program logic annually to update and monitor achievements.</p> <p>Continue to support Gugan Gulwan Youth Aboriginal Corporation to deliver sexual and reproductive health (SRH) information, referral and condom distribution through the 'Street Beat Program.'</p> <p>Establish a sustained 'Core of Life' pregnancy and parenting education program for Aboriginal and Torres Strait Islander youth within ACT schools and with non government organisations (NGOs).</p>	<p>Number of consultations undertaken in a reporting period, outcomes as a result of the consultations.</p> <p>Program Logic is current and relevant.</p> <p>Number of Street Beat mobile outreach services provided regularly.</p> <p>Number of young people accessing Street Beat services.</p> <p>Number of information and referral services provided by Street Beat.</p> <p>Number of COL Facilitators workshops, number of participants, outcomes of evaluations.</p> <p>Number of COL sessions held within schools & NGOs, number of participants, outcomes of evaluations.</p> <p>Number of information sessions held, number of participants, feedback forms.</p>	<p>2012 -2014 Support for Steering Committee and Working Group meetings is ongoing.</p> <p>Consultation is ongoing.</p> <p>Revision of program logic is annual.</p> <p>2013 Review Service Funding Agreement (SFA) with Gugan Gulwan.</p> <p>2012 -2013 Core of Life program to be implemented over 2 years then reviewed.</p> <p>2012 Sexual health pilot workforce training to be complete by March.</p> <p>2012 Review funding agreement with SHFPACT.</p>

	<p>Decrease risk behaviours around pregnancy and parenting including around alcohol, drug and tobacco use.</p> <p>Improve Aboriginal and Torres Strait Islander identification data collection</p>	<p>Project partners include but are not limited to:</p> <ul style="list-style-type: none"> • Gudan Gulwan Youth Service; • Winnunga Nimmitjiah Aboriginal Health Service; • Sexual Health and Family Planning ACT (SHFPACT); • Canberra Sexual Health Centre; • The Junction Youth Health Service; and • Representatives of maternity units of the Canberra and Calvary Hospitals. <p>Input from occasional experts in Aboriginal and Torres Strait Islander youth and sexual health.</p> <p>The Executive Director of the Women Youth and Children's Division as a key partner for data improvement activities.</p>	<p>Facilitate SRH and pregnancy information sessions to Aboriginal and Torres Strait Islander family members (elders and mothers groups etc) to enhance family support for young people.</p> <p>Expand the sexual health workforce development strategy in partnership with SHFPACT and/or other agencies where relevant.</p> <p>Acquire and/or develop locally and culturally appropriate resources for Aboriginal and Torres Strait Islander youth.</p> <p>Implement the AIHW 'One simple question could help you close the gap' data improvement initiative across the ACT Health Directorate.</p>	<p>Number of sexual health workshops conducted, number of agencies represented, number of participants, evaluation results.</p> <p>Number of resources developed, or acquired and distributed.</p> <p>Number of data improvement activities across the Directorate.</p> <p>Improvement in ACT Aboriginal and Torres Strait Islander data over time.</p>	<p>2012 - 14. Ongoing collaboration with health agencies, NGOs and individuals.</p> <p>2012-13 Sexual health workforce development activities continue.</p> <p>2012 – 13 Resource development continues in response to identified need.</p> <p>2012 – 13 Data improvement activities continue, gradual handover to mainstream staff.</p> <p>2013-14 Ongoing implementation against workplan.</p> <p>Final project review and report by June 2014.</p>
<p>Management</p>	<p>Following the project review of June 2011, the committee structure and key activities for the project was changed. The project Steering Committee (SC) now meets quarterly as a governance group responsible for:</p> <ul style="list-style-type: none"> • Service funding agreement (SFA) schedules created for APTSRH activities; • Input to the project plan and monitoring activities; • Any procedures and/or, policies developed and 	<p>The ACT Health Directorate as fund holder has ultimate responsible for the project.</p> <p>The APTSRH Project Coordinator is responsible for day to day project management.</p> <p>The Midwife Trainer is responsible for implementing all COL activities with project partners.</p>	<p>Monitoring activities and outcomes is an ongoing role of the Steering Committee.</p> <p>An annual workplan will guide the work of the APTSRH project.</p> <p>The plan will be approved by the first Steering Committee each year.</p> <p>SFAs with partner NGOs will include agreed deliverables to be reported against.</p>	<p>Steering Committee meeting minutes reflect progress, decisions and collaboration.</p> <p>Report of activities against the annual workplan</p> <p>SFA progress reports indicate deliverables are achieved within the identified timeframe, expenditure is appropriate and within budget.</p> <p>Final project report to the Commonwealth is accepted, final payment is released.</p>	<p>2012 -14 Ongoing project management and implementation.</p> <p>Steering Committee meetings ongoing for the term of the C'wealth agreement.</p> <p>Working Group meetings will continue and reviewed for ongoing relevance if indicated.</p>

	<p>endorsed throughout the project period; and</p> <ul style="list-style-type: none"> Any major changes in the direction or management of the project. <p>The Working Group (WG) meets monthly to:</p> <ul style="list-style-type: none"> play an <i>active</i> role in supporting the Project Officer and project activities; have input into developing and testing project resources; and ensure representatives of organisations have direct input to project activities. <ul style="list-style-type: none"> The Health Directorate maintains reporting, financial management and evaluation responsibility for the project. 	<p>Partner agencies with SFAs are responsible for:</p> <ul style="list-style-type: none"> providing feedback at Steering Committee meetings; and submitting progress reports and financial acquittals. <p>Occasional consultants will report against deliverables in line with contractual agreements.</p> <p>The Project Coordinator and Steering Committee will develop an evaluation framework for the project.</p>	<p>The evaluation will be a combination of desk review, interviews with key partners, and community focus groups.</p>	<p>2013 The Core of Life initiative is for 2 years.</p> <p>The sexual health workforce development strategy is to be reviewed end of 2012.</p> <p>Consultations and partnerships with key stakeholders is ongoing.</p> <p>A final project report with the project evaluation will be submitted to the C'wealth by August 2014.</p>
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<p>Linkages and Coordination</p>	<p>The APTSRH project is being implemented in partnership with other ACT government agencies and non government organisations (NGOs).</p> <p>A collaborative model increases the capacity of partners to respond to the SRH and pregnancy needs of Aboriginal and Torres Strait Islander youth.</p> <p>Partner agencies and NGOs include:</p> <ul style="list-style-type: none"> • Winnunga Nimmityjah Aboriginal Health Service; • Gugan Gulwan Youth Aboriginal Service; • Sexual Health and Family Planning ACT; and • Junction Youth Health Service; and • West Belconnen Child and Family Centre. <p>Agencies and NGOs with an <i>indirect</i> role include:</p> <ul style="list-style-type: none"> • The Canberra Sexual Health Service; • The Maternity Units of Canberra and Calvary Hospitals; • The ACT Child and Family Centres; and • The Education and Training Directorate (ETD) Aboriginal and Torres Strait Islander student support unit. <p>Collaborative relationships will continue to expand with the implementation of activities, eg: COL training.</p>	<p>Roles and responsibilities of partners are defined by the Terms of Reference for the APTSRH Steering Committee.</p> <p>The Health Directorate, through the Project Coordinator has a key role in maintaining communication with partners.</p> <p>The agencies and NGOs with SFAs are required to provide regular feedback to the project manager via the Steering Committee and formal reporting processes.</p> <p>The COL Midwife Trainer is responsible for developing linkages through participation in workshops and post workshop support.</p>	<p>The Steering Committee will review membership and suggest additional representation where appropriate.</p> <p>Regular formal and informal communication between project partners is ongoing.</p> <p>Steering Committee agendas provide opportunity for feedback from members.</p> <p>New relationships will be established and existing linkages will be strengthened through ongoing project activities.</p>	<p>Regular Steering Committee and Working group meetings are held and recorded.</p> <p>Records of meetings reflect linkages, changes in membership and progress feedback.</p> <p>Number of additional consultations meetings and new agreements.</p> <p>Number of agencies and NGOs participating in training/workshop activities.</p>	<p>2012 - 2013 Review membership of the Steering Committee</p> <p>2012 - 14 Ongoing program coordination. Review and evaluate linkages. Modify program/s as required.</p> <p>2013-2014 Ongoing program coordination. Evaluate program and final report to C'wealth.</p>
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<p>Community Involvement</p>	<p>Continue to build on established relationships with project partners in particular with Winnunga Nimmityjah Aboriginal Health Service and Gugan Gulwan Aboriginal Youth Corporation.</p> <p>Expand input from community partners to project activities and workforce development activities.</p> <p>Develop relationships with members of the Aboriginal and Torres Strait Islander community through participation in information activities eg: women's groups, parenting groups, sporting organisations and via participation in significant events.</p> <p>Seek input from community members about project activities, cultural appropriateness and key learnings.</p>	<p>The Health Directorate Aboriginal and Torres Strait Islander Health Unit (ATSIHU) has primary responsibility for ensuring community involvement.</p> <p>Steering Committee members will continue to work collaboratively and feedback project outcomes to their communities.</p> <p>Project staff will continue to consult and expand on community relationships and have input to community events.</p> <p>Project staff will seek community input to APTSRH evaluation.</p>	<p>Regular feedback to the Steering Committee about community activities.</p> <p>Project staff will contribute to relevant community activities, eg: NAIDOC.</p> <p>Seeking advice from Aboriginal and Torres Strait Islander health professionals about strategies to engage with the broader community.</p> <p>Engaging with community members in resource development eg: artwork, focus testing materials, seeking feedback re activities.</p> <p>Conduct feedback focus groups with community members.</p>	<p>Meeting minutes reflect ongoing community involvement.</p> <p>Number of community activities staff have participated in.</p> <p>Feedback about cultural and linguistic appropriateness of activities offered.</p> <p>Number of resources developed with input from community members.</p> <p>Number and location of resources distributed.</p> <p>Number of sessions held with community groups, number of participants, results of evaluations.</p> <p>Summary of outcomes of focus groups included in evaluation report.</p>	<p>2012-2014 Community engagement is ongoing core business of the APTSRH.</p> <p>2012-2013 Information sessions for community groups will be offered over 2 years.</p> <p>2012-2014 Consultation with Aboriginal and Torres Strait Islander health professionals is ongoing.</p> <p>2012-2013 Resource development is planned for 2012 – 2014.</p> <p>2014 Feedback from community about.</p> <p>2014 Evaluation March –May.</p>
<p>Risk Management</p>	<p>The ACT Health Directorate has established 'Risk Management Guidelines' and 'Risk Management Integrated Policy and Procedures.</p>	<p>As the fund holder, ACT Health Directorate is responsible for Risk Management of the APTSRH Project.</p> <p>The APTSRH Steering Committee is responsible for oversight and annual review of the Risk management plan.</p>	<p>A Risk management plan is in place to identify potential risks and responses to project outcomes.</p>		<p>2012-2013 Risk management plan to be reviewed and updated.</p> <p>2013-2014 Risk management plan to be reviewed and updated.</p>

Summary of Milestones and Commonwealth Payments			
Element 2 – Antenatal care, pre-pregnancy and teenage sexual and reproductive health			
Reporting Period	Agreed Milestones for the Period	Basis of Payment	Commonwealth Payment Amount
Facilitation Payment July 2009			\$.15m
July 2009- Jan 2010	<ol style="list-style-type: none"> Report on Progress against Annual Milestones (ACT Health notes that the payment is contingent on the report being provided to the Commonwealth and the milestones being achieved). Within the '<i>Antenatal care, pre-pregnancy and teenage sexual and reproductive health project</i>' ACT Health and the Steering Committee has: <ul style="list-style-type: none"> Undertaken consultation with relevant service delivery organisations to identify services already being offered and gaps in service provision; Identify existing linkages and referral pathways; Established '<i>Antenatal care, pre-pregnancy and teenage sexual and reproductive health Steering Committee</i>'; Drafted a '<i>Schedule of roles and responsibilities</i>' for the Steering Committee; Developed potential program/s; Detailed potential linkages in the project plan; Consulted with user groups; Consulted with the relevant forums to gain approval for this proposal (ACT Aboriginal and Torres Strait Islander Health Forum, Aboriginal and Torres Strait Islander Liaison Officers' Network and ACT Health Aboriginal and Torres Strait Islander Health Coordination Group) on cultural appropriateness of model and service provision engagement strategies; and Developed a risk management plan for proposed program/s. 	<p>Receipt of Progress Report 31 January 2010 <u>describing satisfactory progress or satisfactory achievement of Milestones</u></p>	<p>Please indicate costs against Milestones here.</p> <p>1. \$0.0m</p>
Jan – June 2010	<ol style="list-style-type: none"> Report against Annual Milestones Within the '<i>Antenatal care, pre-pregnancy and teenage sexual and reproductive health project</i>' ACT Health and the agency selected to deliver the program/s has: <ul style="list-style-type: none"> Recruited staff; Liaised with ACT Procurement Solutions to draw up a service funding agreement with the relevant service/services; Created relevant MOUs between the relevant services; and Implemented program/s. <p>(ACT Health note that this is a living document and that if in the future the milestones have different expenditure, then ACT Health will need to list these under different numbers to align with the expenditure in the column to the right).</p> 	<p>Receipt of Annual Report 31 August 2010 <u>describing satisfactory achievement against Milestones</u></p>	<p>1. \$0.0m</p> <p>2. \$0.2</p>
July – Dec 2010	<ol style="list-style-type: none"> Report against Annual Milestones 	<p>Receipt of Progress Report</p>	<p>1. \$0.0m</p>

	<p>2. Within the '<i>Antenatal care, pre-pregnancy and teenage sexual and reproductive health project</i>' ACT Health and the agency selected to deliver the program/s has:</p> <ul style="list-style-type: none"> Continued program/s implementation; Commenced program review and evaluation (including consultation with user groups, relevant services and organisations); Commenced review and evaluation of linkages; Continued ongoing program management; and Commenced review and update of risk management plan. 	31 January 2011 <u>describing satisfactory progress or satisfactory achievement against Milestones</u>	
Jan – June 2011	<p>1. Annual Milestones:</p> <ul style="list-style-type: none"> Continued program/s implementation; Finalised review and evaluation of program/s (including consultation with user groups, relevant services and organisations); Finalised review and evaluation of linkages; Modified program/s if required; Continued ongoing program management; and Finalised review and updating of risk management plan. 	Receipt of Annual Report 31 August 2011 <u>describing satisfactory achievement against Milestones</u>	1. \$0.23m
July – Dec 2011	<p>1. Report against Annual Milestones</p> <p>2. Within the '<i>Antenatal care, pre-pregnancy and teenage sexual and reproductive health project</i>' ACT Health and the agency selected to deliver the program/s has:</p> <ul style="list-style-type: none"> Continued program/s implementation; and Continued ongoing program management. 	Receipt of Progress Report 31 January 2012 <u>describing satisfactory progress or satisfactory achievement against Milestones</u>	1. \$0.0m

ACT Health Directorate Summary of Milestones and Commonwealth Payments 2012 - 2014			
Jan – June 2012	1. Annual Milestones: <ul style="list-style-type: none"> Continued ongoing program/s implementation; Continued ongoing program management; and Reviewed and updated risk management plan. 	Receipt of Annual Report 31 August 2012 <u>describing satisfactory achievement against Milestones</u>	1. \$0.24m
July – Dec 2012	1. Report against Annual Milestones 2. Within the ' <i>Antenatal care, pre-pregnancy and teenage sexual and reproductive health project</i> ' ACT Health and the agency selected to deliver the program/s has: <ul style="list-style-type: none"> Continued ongoing program/s implementation; Continued ongoing program management; and Reviewed and updated risk management plan. 	Receipt of Progress Report 31 January 2013 <u>describing satisfactory progress or satisfactory achievement against Milestones</u>	1. \$0.0m
Jan – June 2013	1. Annual Milestones: <ul style="list-style-type: none"> Continued ongoing program/s implementation; Continued ongoing program management; and Reviewed and updated risk management plan. 	Receipt of Annual Report 31 August 2013 <u>describing satisfactory achievement against Milestones</u>	1. \$.25m 2. Final payment
July – Dec 2013	1. Report against Annual Milestones 2. Within the ' <i>Antenatal care, pre-pregnancy and teenage sexual and reproductive health project</i> ' ACT Health and the agency selected to deliver the program/s has: <ul style="list-style-type: none"> Continued ongoing program/s implementation; and Commenced final review and evaluation of program/s. 	Receipt of Progress Report 31 January 2014 <u>describing satisfactory progress or satisfactory achievement against Milestones</u>	1. \$0.0m
Jan – July 2014	1. Annual Milestones: <ul style="list-style-type: none"> Continued ongoing program/s implementation; and Completed final review and evaluation of program/s (including consultation with user groups, relevant services and organisations). 	Receipt of Annual Report 31 August 2013 <u>describing satisfactory achievement against Milestones</u>	1. \$0.0m
Total Australian Government Payment			\$1.07m

* Payments can be made on a pro-rata basis if milestones for the period are only partially completed. If this occurs, the remaining portion of the payment will be made available immediately following completion of relevant milestone

Element 3: Increase access to and use of maternal and child health services by Indigenous families (New Directions – an equal start in life for Indigenous children)

Plan period:

2009-2014

Milestone (eg. General Primary Health Care Services)	What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)	What is the estimated cost? (\$)
Service Delivery	<p>Increase regularity of appropriate service provision including antenatal care, infant and child health and development checks and immunisation rates.</p> <p>Increase levels of understanding and awareness of maternal and child health issues</p> <p>Reduce % of low birth weight babies and rates of infant mortality.</p>	Winnunga Nimmityjah Aboriginal Health Service (WNAHS)	<p>In 08/09 ACT Health increased funding to the WNAHS Aboriginal Access Midwifery Program (AMAP).</p> <p>AMAP provides antenatal and postnatal support to Aboriginal and Torres Strait Islander mothers through:</p> <ul style="list-style-type: none"> • Outreach clinical and non-clinical assessments at home; referral to, and support in accessing mainstream and specialist services; and • Information on mainstream services. 	<p>Number of women receiving:</p> <ul style="list-style-type: none"> • Antenatal support • Post natal support <p>Occasions of service</p> <p>Proportion of women attending first antenatal visit in:</p> <ul style="list-style-type: none"> • first trimester • second trimester • third trimester <p>Proportion of low weight babies (<2500g)</p> <p>Proportion of women receiving antenatal care with complications by type of complication</p> <p>Proportion of women receiving postnatal care with complication by type of complication</p>	<p>2008-09</p> <ul style="list-style-type: none"> • WNAHS to deliver program under existing 2007-2010 Service Funding Agreement (SFA). <p>2009-10</p> <ul style="list-style-type: none"> • WNAHS to deliver program under existing 2007-2010 Service Funding Agreement (SFA). • ACT Health to commence procurement processes for new SFA, subject to negotiations <p>2010-2011</p> <ul style="list-style-type: none"> • If new SFA is entered into, WNAHS will continue to deliver AMAP <p>2011-2012</p> <ul style="list-style-type: none"> • WNAHS to continue delivering AMAP (pending above) <p>2012-2013</p> <ul style="list-style-type: none"> • WNAHS to continue delivering AMAP (pending above) 	<p>\$80,000 for 08/09</p> <p>\$82,800 for 09/10</p> <p>\$85,698 for 10/11</p> <p>\$88,697 for 11/12</p> <p>\$91,801 for 12/13</p> <p>\$95,014 for 13/14</p> <p>(Please note: 1. It is anticipated that this funding will continue in the 2010-13 and 2013-16 SFAs; and 2. The indexation rates included in these totals from 10/11 onwards are based on an approximate rate of 3.5%, however they are subject to change).</p>

					<ul style="list-style-type: none"> ACT Health to commence procurement processes for new SFA, subject to negotiations <p>2013-2014</p> <ul style="list-style-type: none"> If new SFA is entered into, WNAHS will continue to deliver AMAP. 	
Management	Manage the WNAHS SFA to enable WNAHS to deliver the AMAP program.	<p>ACT Health – to manage SFA</p> <p>WNAHS to manage recruitment, appointments, logistics, follow ups, referrals and data collection</p> <p>Specific roles and responsibilities detailed in SFA.</p>	AMAP is already operational	<p>Regular meetings to assess progress as required.</p> <p>WNAHS SFA reports to be provided bi-annually.</p>	See above	See above
Linkages and Coordination	Maintain a collaborative model as set out in the current SFA.	WNAHS to manage linkages and coordination in line with current SFA.	Regular meetings to assess progress as required.	<p>Regular meetings to assess progress as required.</p> <p>WNAHS SFA reports to be provided bi-annually.</p>	See above	See above
Community Involvement	Deliver culturally appropriate and relevant services to target audience as set out in the current SFA.	WNAHS to manage linkages and coordination in line with current SFA.	Regular meetings to assess progress as required.	<p>Regular meetings to assess progress as required.</p> <p>WNAHS SFA reports to be provided bi-annually.</p>	See above	See above
Risk Management	Ensure that risks are appropriately managed as set out in the current SFA.	ACT Health and WNAHS.	ACT Health will undertake annual review of clinical service provision and record management.	WNAHS SFA reports to be provided bi-annually.	See above	See above

RISK MANAGEMENT

ACT Health has 'Risk Management Guidelines' and 'Risk Management Integrated Policy and Procedures'.

The Risk Management Guidelines have been adapted for use in ACT Health as the methodology for assessing and managing risk. These guidelines provide information on:

- Risk management practices in ACT Health;
- Risk management procedures in ACT Health;
- Templates for conducting risk assessments;
- Monitoring and reviewing risk assessments;
- Implementing treatment plans; and
- Templates for risk register.

The Risk Management Integrated Policy and Procedures assists in the management of fiscal, environmental and social responsibilities and the achievement of the outputs and deliverables of ACT Health. Adherence to this policy enables ACT Health to fulfil our roles and responsibilities and to achieve the organisational objectives.

A detailed risk management plan will be developed and incorporated into project plans for each initiative.

The support of the Aboriginal and Torres Strait Islander health sector, mainstream health services, communities and state and territory governments will be required for effective coordination of the multifaceted Commonwealth chronic disease package. This includes regional planning and prioritisation to address local needs and minimise duplication in program delivery. The planning and implementation of the Commonwealth chronic disease package will require regular and ongoing inclusion and involvement of key Aboriginal and Torres Strait and non-Indigenous stakeholders at all levels.

REVIEW AND EVALUATION

Scope of work

The ACT Work Plan for The National Partnership Agreement (NPA) for Indigenous Early Childhood Development (IECD) was developed within the context of the broader COAG Reform Agenda and aims to improve outcomes for Aboriginal and Torres Strait Islander children in their early years and to contribute to COAG closing the gap targets for Aboriginal and Torres Strait Islander Australians. The ACT and other jurisdictions signed this NPA in October 2008 (a revised version was signed in July 2009) and are now required to commit \$0.5 million over five years towards Element Three of this NPA.

Justification for the Proposal

The IECD NPA consists of three key elements:

- Element One: Integration of Early Childhood Services through Children and Family Centres
- Element Two: Increased Access to Antenatal Care, Pre-pregnancy and Teenage Sexual and Reproductive Health.
- Element Three: Increased Access to, and use of, Maternal and Child Health Services by Indigenous Families.

To achieve the objectives of the IECD NPA each jurisdiction has been required to develop Implementation Plans which reflect the integrated approach between governments, informed by engagement with the Aboriginal and Torres Strait Islander community. In regards to the ACT Implementation Plan, the Department of Disability, Housing and Community Services (DHCS) has carriage of Element One, and ACT Health has carriage of Elements Two and Three.

Performance Measures

The COAG progress measurements noted here will be taken into consideration when developing indicators attached to this funding:

- reduced proportion of Indigenous babies born with low birth weight each year;
- reduced mortality rate of Indigenous infants each year;
- reduced proportion of Indigenous women who use substances (tobacco, alcohol, illicit drugs) during pregnancy each year; and
- reduced proportion of hospital admissions of Indigenous children 0-4 years

Inter-Agency Impacts and Links

It is envisaged that the funding will be used to contribute to the development and provision of maternal and child health services for the Aboriginal and Torres Strait Islander population, by way of the new DHCS Child and Family Centre to be built in the West Belconnen area. This area has been identified (through research and the census) as containing the most disadvantaged suburbs in the ACT. The area has a significant number of Aboriginal and Torres Strait Islander families and this is likely to increase by 2014.

Impact on Women

100% of the clients impacted on by this funding will be women.

Approach

ACT Health, in conjunction with the Aboriginal and Torres Strait Islander Health Coordination Group, ACT Health Forum, Aboriginal and Torres Strait Islander Elected Body, United Ngunnawal Elders' Council and ACT Taskforce on Indigenous Affairs, will have overall responsibility for coordinating and monitoring progress of the Plan. This will include:

- Developing a comprehensive evaluation plan;
- Identifying performance indicators and standards that are relevant for each successive evaluation period;
- Establishing procedures for collecting and analysing relevant data;
- Analysing data, interpreting and developing conclusions and recommendations;
- Regularly monitoring implementation activities;
- Preparing and presenting periodic progress reports to management on progress so that adjustments can be made if necessary to ensure effective implementation; and
- Providing to the government and the community a final evaluation of progress at the end of the Plan to make judgements about the overall and ultimate success of the plan.

Engaging with ACT Aboriginal and Torres Strait Islander community organisations will be vital to the review and evaluation procedure.

Timeframe

The current COAG arrangement allows for jurisdictions to deliver all initiatives on or before June 2013. The ACT has agreed to deliver all its projects on time and on budget, which will include a review and evaluation process