### **NORTHERN TERRITORY**

# Element 2: Antenatal care, pre-pregnancy and teenage sexual and reproductive health

Plan period: 2009-2014

This implementation plan should articulate the activities your jurisdiction is going undertake to achieve the objectives of the NP, who will undertake the activities, how progress will be measured, how long activities will take and how much they will cost. Plans should clearly identify how activities will progress over the life of the NP to achieve the overall objectives.

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)
Research	Investigate social & contextual influences on behaviours of NT adolescents to shape service/ education delivery	Menzies School of Health Research/DHF and research partners	2.1.1 2009 – 2010 Recruit Project Manager and PHD student  Facilitate a planning workshop for all Investigators  Develop workplan  Commence community consultations	2009 – 2010 Project Manager recruited  PHD student identified and beginning research  Workplan developed and widely disseminated  2009 - 2013 Progress reports details results of community consultations reflect	July 2009 – June 2013

			2010 -2013 Project activities as per workplan	2012 - 2013 PhD student dissertation, peer reviewed publications	
Training &	Establish a consistent and	2009 - 2011 With NGOs,	2.1.2 2009 -2010	2009 - 2010	2009 -2010
Resources	coordinated approach to sexual and reproductive health (SRH)	PHC & Youth organisations	Conduct a needs analysis of resources, training, programs and curriculum	Needs analysis reports is produced & disseminated	Mar – June 2010
	education for Indigenous Youth		Facilitate and coordinate participation in relevant sexual health training including the purchasing of appropriate training and health promotion resources		Mar – June 2010
			In collaboration with identified partners, develop resources relevant to the local cultural context for SRH education		Ongoing
			2010 – 2012	2010 - 2012	2010 - 2011
			Participation in relevant SRH training	Reports of training attended & expenditure Evidence of resources	Oct – Dec 2010 From July 09
			Purchasing appropriate training and health	acquired and/or developed bibliography provided with	

	promotion resources  Develop a Broad  Training Plan  Delivery of training to	reports Plan available and being implemented Number of Training courses, number of	Oct 2010 From Jan 2011
	community members  Develop new training initiatives	participants and results of evaluations. Reports of youth activities, anecdotal feedback and	From Jan
	Supporting youth training	evaluations.	2011
2011 - 2014 Project Manager and AHPWs in consultation with the Steering Committee and other key stakeholders	2011 - 2012 Implement the Training Plan Trial of new SRH training packages. Support for community members to deliver training with their youth. Team members supporting community to deliver youth SRH courses.	2011 - 2012 Reports of outcomes of new packages	2011 - 2012 July - June
	2012 – 2013 Develop an NT remote SRH training calendar	2012 - 2013 Training calendar available, included in reports	2012 – 2013 July 2012
	Purchase/print/develop training materials	Reports of expenditure, bibliography of resources	
	Work with research team to build capacity with community	Reports of collaborative activities with Research Team	From July 2012

members including young people to be involved in the delivery of SRH training.  Support implementation of training calendar	Reports of ongoing training activities	6 monthly reports Ongoing
2013 - 2014 Develop an NT remote SRH training calendar	2013 - 2014 Training calendar available, included in reports	2013 - 2014 July 2012
Purchase/print/develop training materials.  Continue to build capacity with community members including young people to be involved in the delivery of SRH training.	Reports of expenditure, bibliography of resources  Reports of collaborative activities with Research Team	From July 2012 6 monthly reports
Support implementation of training calendar  Develop and evaluation	Reports of ongoing training activities	Ongoing
framework Evaluate the project	Framework available  Evaluation report available	By April 14 By June 14

Service	To provide	Joint planning:	2.1.3		
Delivery	adolescent sexual	Department of	2009-10	2009-10	2009-10
	and reproductive health promotion	Health and Families (DHF)		LOA signed by both	Oct 09
	neath promotion	and department	Develop Partnership via	parties	00100
	Increase access to	of Eduction and	Letter of Agreement (LOA)	·	Oct – Dec 09
	ante-natal lifestyle	Training (DET)	Recruit Project	Job description developed	
	and parenting education to young		Manager – located in	Recruitment undertaken position filled	
	adults.		Darwin	position filled	Mar - April
			Recruit Adolescent Health Promotion Workers (AHPW), remote	Job descriptions developed Recruitment undertaken position filled, locations	2010
			Project Manager providing quarterly reports to the Steering Committee.	identified	
			2010-11:	2010-11:	2010-11:
			Project Manager guiding the activities of the team, supporting Central Australian establishment	Reports of activities undertaken inc consultation with partners re location	July 2010 – June 2011
			AHPW employed in remote Top End and Central Australia	Number of SRH activities undertaken, feedback and evaluations	Sept-Dec 09
			Contrai Australia	Job descriptions developed	July – Sept 2010
			2011-12:	Recruitment undertaken,	
			Additional recruitment.	positions filled and workplan developed	

		2012-14: Project Manager guiding the activities of the team, supporting Central Australian establishment, guiding community activities 7 AHPWs in position, teams operating NT wide (remote). Project Manager providing quarterly reports to the Steering Committee.	Progress reports, operational expenditure and evidence of outcomes against workplans.  2012-14: Progress reports, operational expenditure and evidence of outcomes against workplan	2011-12: July – Sep 2011 2012-14: Ongoing
JI E F	Monitoring and joint planning: Department of Health and Families (DHF) Delivering education programs: Core of Life and Anglicare Pandanus	2.1.4  Regular childbirth, lifestyle and parenting education to young adults delivered by Core of Life and Anglicare Pandanus Projects  4 workshops  1 Train the Trainer	<ul> <li>Number of schools/community groups/participants engaged in sexual and reproductive health sessions/workshops.</li> <li>No of Indigenous women attending antenatal education sessions</li> <li>No. of Indigenous women receiving individual case</li> </ul>	2009-10  June 2010  2010-11  June 2011  2011-12  June 2012  2012-13  June 2013

		workshop	management	■ June 2014
		Education resources		
		Evaluation		
		Childbirth Education and Case Worker		
Improve access to antenatal care by Indigenous women <20 yrs  Engaging and supporting families to nurture healthy children  Focus on health promotion, illness prevention and early detection and management of health issues	DHF: manage service delivery in consultation with remote communities.	2.2.1  Employ community based Remote Area Midwives in communities with high birth rates to provide locally-based care. These midwives will interact with NT Government funded Remote Outreach Midwives and Midwifery Group practices based in Darwin and Alice Springs  2009-10 - 2010-11  3 FTE in Top End  1 FTE Barkley  1 FTE Central Australia	4 suitable communities selected  Recruitment completed  • No of Indigenous women <20 yrs accessing antenatal care in first trimester  • No of women receiving antenatal care as per guidelines	2009-10 • November 09 2010-11 • June 2011
				■ July 2011

	2011-12, 2012-13 - 2013-14 Additional midwife Central Australia		2012-13 July 2012 2013-14 June 2014
DHF coordination and monitoring. Service provision by DHF & NGOs	2.2.2 Support professional development for community-based workers in best practice ante-natal care for young Indigenous women.  2009-10 Consult on professional development needs of CBWs; scope professional development program and seek training provider.  1 Project Officer.  2010-11 - 2013-14 Deliver programs	2009-10 No. of CBWs consulted. Training provider(s) selected.  2010-11 - 2013-14 No. of programs delivered. No. of CBWs participating.	2009-10  June 2010  2010-11  June 2011  2011-12  June 2012  2012-13  June 201  2013-14  June 2014

DHF coordination and monitoring. Service provision by DHF	Expand midwifery group practice for remote women 2009-10 - 2012-13  Provide capacity for the Darwin Group Midwifery Practice to coordinate and integrate with the Royal Darwin Hospital birth suite, the Birth Centre and remote community midwives.  Provide capacity for the Alice Springs Hospital Group Midwifery Practice to employ Aboriginal health workers (AHW) and additional midwives to meet the needs of Indigenous women from remote communities to utilise the service.	Indigenous women from remote communities being cared for by MGP midwives  No. of Indigenous women <20 yrs accessing antenatal care in first trimester  No. of women receiving antenatal care as per guidelines	2009-10 • September 09  2010-11 • June 2011  2011-12 • June 2012  2012-13 • June 2013
	2013-14 Additional midwife position Darwin. Additional p/t AHW Darwin.		2013-14 • July 2013

DHF coordination and monitoring. Service provision by DHF	2.2.4 Extend Strong Women Strong Babies Strong Communities (SWSBSC) program Increase workforce to support indigenous women accessing antenatal care and child health services. 2009-10 1 Coordinator Top End 2 SWSBSC workers Top End 2 SWSBSC workers Central Australia Educational Resources and equipment 2010-11 SWSBSC workers Central Australia 2011-12: Additional SWSBSC workers Top End 2012-13: Additional SWSBSC worker Top End	Increase number of communities with access to Strong Women, Strong Babies, Strong Culture program workers  No of Indigenous women <20 yrs accessing antenatal care in first trimester  No of women receiving antenatal care as per guidelines  No. of schools/community groups/participants engaged in sexual and reproductive health sessions/workshops  No. of Indigenous women attending antenatal education sessions	2009-10 • November 09 2010-11 • June 2011  2011-12 • July 2011  2012-13 • July 2012
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	2013-14: Additional SWSBSC worker Top End		■ June 2014
	Additional SWSBSC worker Central Australia		
DHF coordination and monitoring. Service provision by DHF & NGOs	2.2.5 Support nurses, midwives and other service providers in health education, health promotion, community engagement, group facilitation, and best practice ante-natal care for young Indigenous women  2009-10 Consult on professional development needs of CBWs; scope professional development program and seek training provider.  1 Project Officer.  2010-11 - 2013-14 Deliver programs	2009-10 No. of providers consulted. Training provider(s) selected.  2010-11 - 2013-14 No. of programs delivered.  No. of health professionals and others participating.	2009-10  November 09  2010-11  June 2011  2011-12  June 2012  2012-13  June 2013  2013-14  June 2014

# Teenage sexual and reproductive health

Management	NT wide	The project will	Letter of agreement		Oct 2009
manayement	implementation by DHF (lead) in partnership with	be managed by Sexual Health and Blood Borne	between SHBBV and DET HPS.		Oct 2009
	DET.	Virus Unit (SHBBV - DHF) including HR and supervision, location, support	DHF and DET develop the Terms of Reference for the Steering Committee.		Nov 2009
		and resources.  A steering committee with be established with stakeholders to support, technical assistance and guidance.	Steering Committee to meet quarterly. Project manager to report to steering committee.	Quarterly reports for the steering committee will track achievement against the management objectives/strategies identified in the workplan.  The steering committee quarterly reports (using standardised template to match the NP reporting) will provide the basis of the bi-annual and annual reporting under the NP.  In the first year of the project Steering Committee meetings and	Ongoing 2009 - 2014
				reports will be every 6 weeks.	Jan 2010

Linkages and Coordination	The Steering Committee will be made up of relevant stakeholders across the NT.  Sexual Health Advisory Group will provide a strong	Ensure that the education and health promotion activities are in line with current research and up to date information.	Linking and consulting with established sexual, reproductive and youth services in communities (i.e. Strong Women Strong Babies Strong Culture).	Adolescent health promotion workers reports will provide documentation of consultations and activities provided.	Regular and ongoing.
	linkage mechanism for the Community Controlled Primary Health Care sector and relevant NGOs.				

Commun	•	The community would be engaged through a consultation	Links will be made with the Early Childhood Centres where	Broad consultation with Indigenous organisations communities and	Establish a database to document the engagement of Indigenous people in the Project.	Regular and ongoing. This
		process as part of the research activities and via the Project Manager for the Adolescent Health Promotion team. The	they are established.	elders.		information will be included in the regular reports to the steering committee.
		research/consultati on component will help ensure that service provision is tailored to meet local needs.	The Project Manager will provide guidance to the AHPWs to meet the needs of individual communities.			

Risk	Comprehensive community
Management	engagement would be necessary to
	facilitate success of these programs.
	Clear partnership agreements between
	DET and DHF would facilitate effective
	implementation and broad reach of
	programs.
	This plan allows for staggered
	recruitment and activities in order to
	allow the project to be developed in a
	sustainable model. Recruitment and
	retention is an issue of concern in the
	NT – some activities eg: Needs
	Analysis can be implemented as a
	stand alone project if necessary.

# Antenatal care, pre-pregnancy

Management	NT wide implementation by DHF (lead) in partnership with	The project will be managed by the Health development	Letter of agreement or contracts with DHF and service providers.	Quarterly reports for the steering committee will track achievement against the management	Sept 2009
	NGO's.	Branch including HR and supervision, location, support	DHF and DET develop the Terms of Reference for the Steering Committee.	objectives/strategies identified in the workplan.  DHF Child and Youth	Ongoing 2009 - 2014
		and resources.  A steering committee has been established	Steering Committee to meet regularly.	Health Program Leader and Midwifery Co-Director Integrated maternity Services will provide quarterly updates against	

		in the Department of Education and Training (DET) to over see all EICD-NP projects.		measures.	
Linkages and Coordination	The NT Government has established a Clinical reference Group for Integrated Maternity Services which will oversee the maternity services aspects of the programs.	The project will be managed by the Health Development Branch including HR and supervision, location, support and resources.	DHF has prioritised maternal and child health through the NT Closing the Gap strategy. This funding supplements the NT government investment in this area.  Strong links across remote health, Maternal Child and Youth Health programs, Sexual health, Alcohol and Other Drugs and Department of Education and Training.	No. of agencies and health centres engaged.	All programs will be conducted over 5 years.
Community Involvement	Consultation with targ has been undertaken 2008/09, including er Strong Women worke members and Govern Government Organis In 2008/09 Consultati	throughout agagement with ers, community ament and Non-ations.	The project will be managed by the Health Development Branch.  Links are being developed with Child and Family Centres and other community —	Consultation will be recorded in program plans.	Information will be provided regularly to a range of stakeholders an the formal committee.

undertaken with Top End commur Engagement was around Core of workshops, educator training and women's camps with positive community response. Engagemer been undertaken with Non-Govern Organisations including Core of Li and Anglicare Program Directors a community night patrol in some communities. Further meetings hat taken place for further implements of the Core of Life program.  Discussions have included cultural considerations for the program and of appropriate Aboriginal language.	Life Broad consultation and feedback about the community's views on each element of the Plan.  Plan.  Broad consultation and feedback about the community's views on each element of the Plan.
Strong Culture program workers a Coordinators have engaged East Arnhem in discussions regarding adolescent sexual health and pregnancy care and have had post response from community members and Department of Education staffurther engagement in programs to support the communities' needs in these areas.  The Strong women Strong Babies Strong Culture program has Strong Women Workers in six Top End communities and four Central Australian communities. Each of the workers was involved in extensive consultation through an evaluation	tive 's for see

	the program in 2008. The consultation identified strong community and local support for the program and its outcomes and current work is aimed at strengthening and expanding the program.  The Midwifery Group Practice is providing continuity of care to Aboriginal women from Maningrida and Wadeye travelling to Darwin to give birth. Community representatives have participated on the Reference Group providing valuable input into developing and implementing the Practice and will continue to guide care through this forum. A consultation process was undertaken in April 2009 to enable community women the opportunity to learn about continuity of care and provide input into the MGP. Two Aboriginal Health Workers will provide ongoing cultural input into the Practice and provide cultural brokerage between midwives and community women.		
Risk Management	Comprehensive community engagement would be necessary to facilitate success of these programs. Clear partnership agreements between DHF, DET and other stakeholders would facilitate effective implementation and broad reach of programs.		

implement programs in local communities.
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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	n Payment July 2009	\$1.275m			
July 2009- Jan 2010	1. Progress against Annual Milestones 2. Please indicate any bi-annual Milestones  Research 2.1.1 Contract finalised  Partnerships with NGOs 2.1.4 Regular childbirth, lifestyle and parenting education to young adults delivered by Core of Life and Anglicare Pandanus Projects  Contracts signed  Expand midwifery group practice for remote women 2.2.3 Provide capacity for the Darwin Group Midwifery Practice to coordinate and integrate with the Royal Darwin Hospital birth suite, the Birth Centre and remote community midwives.	Receipt of Progress Report 31 January 2010 describing satisfactory progress or satisfactory achievement of Milestones	Please indicate costs against Milestones here. TOTAL: \$0.848M			

Provide capacity for the Alice Springs Hospital Group Midwifery Practice to employ Aboriginal health workers (AHW) and additional midwives to meet the needs of Indigenous women from remote communities to utilise the service.	
Extend Strong Women Strong Babies Strong Communities 2.2.4 Extend Strong Women Strong Babies Strong Communities(SWSBSC) program Increase workforce to support indigenous women accessing antenatal care and child health services.	

Jan-June 2010	Please indicate annual Milestones here  Activity  Research	Receipt of Annual Report 31 August 2010 describing satisfactory achievement against Milestones	Please indicate costs against Milestones here.
	2.1.1	against Willestones	TOTAL: \$1.9135M
	Recruit Project Manager and PHD student		
	Facilitate a planning workshop for all Investigators		
	Develop workplan		
	Commence community consultations		
	Training and resource development 2.1.2		
	Conduct a needs analysis of resources, training, programs and curriculum		
	Facilitate and coordinate participation in relevant sexual health training including the purchasing of appropriate training and health promotion resources		
	Adolescent health		
	2.1.3		
	Develop Partnership via Letter of Agreement (LOA)		
	Recruit Project Manager – located in Darwin		
	Recruit Adolescent Health Promotion Workers (AHPW), remote		

#### 2.1.4

Regular childbirth, lifestyle and parenting education to young adults delivered by Core of Life and Anglicare Pandanus Projects

3 workshops

1 Train the Trainer workshop

**Education resources** 

Evaluation

Childbirth Education and Case Worker

#### Midwives for remote communities

#### 2.2.1

Employ community based Remote Area Midwives in communities with high birth rates to provide locally-based care. These midwives will interact with NT Government funded Remote Outreach Midwives and Midwifery Group practices based in Darwin and Alice Springs

# Support community-based workforce (CBW) in professional development 2.2.2

Support professional development for community-based workers in best practice ante-natal care for young Indigenous women.

Consult on professional development needs of CBWs; scope professional development program and seek training provider.

1 Project Officer.

# Expand midwifery group practice for remote women 2.2.3

Provide capacity for the Darwin Group Midwifery Practice to coordinate and integrate with the Royal Darwin Hospital birth suite, the Birth Centre and remote community midwives.

1 Midwife Coordinator

Provide capacity for the Alice Springs Hospital Group Midwifery Practice to employ Aboriginal health workers (AHW) and additional midwives to meet the needs of Indigenous women from remote communities to utilise the service. 2 Midwives

# **Extend Strong Women Strong Babies Strong Communities**

2.2.4

Extend Strong Women Strong Babies Strong Communities(SWSBSC) program

Increase workforce to support indigenous women accessing antenatal care and child health services.

# Support nurses and midwives for professional development in group facilitation, health education, community engagement.

2.2.5

Support nurses, midwives and other service providers in health education, health promotion, community engagement, group facilitation, and best practice antenatal care for young Indigenous women

Consult on professional development needs of CBWs; scope professional development program and seek training provider.

1 Project Officer.

July – Dec 2010	Please indicate annual Milestones here	Receipt of Progress Report 31 January	Please indicate costs against
	2. Activity	2011 describing	Milestones here.
	Research	satisfactory progress or	
	2.1.1	satisfactory	
	Project activities as per workplan	achievement against Milestones	TOTAL: \$1.9135M
	Training and resource development		
	2.1.2		
	In collaboration with identified partners, develop resources relevant to the local		
	Participation in relevant sexual and reproductive health training		
	Purchasing appropriate training and health promotion resources		
	Develop a Broad Training Plan		
	Delivery of training to community members		
	Develop new training initiatives		
	Supporting youth training		
	Adolescent health		
	2.1.3		
	Project Manager guiding the activities of the team, supporting Central Australian establishment		
	AHPWs employed in remote Top End and Central Australia		

#### 2.1.4

Regular childbirth, lifestyle and parenting education to young adults delivered by Core of Life and Anglicare Pandanus Projects

2 workshops

1 Train the Trainer workshop

**Education resources** 

Evaluation

Childbirth Education and Case Worker

#### Midwives for remote communities

#### 2.2.1

Community based Remote Area Midwives in communities with high birth rates to provide locally-based care. These midwives will interact with NT Government funded Remote Outreach Midwives and Midwifery Group practices based in Darwin and Alice Springs

3 FTE in Top End

1 FTE Barkley

1 FTE Central Australia

# Support community-based workforce (CBW) in professional development 2.2.2

Support professional development for community-based workers in best practice ante-natal care for young Indigenous women.

Deliver programs

## Expand midwifery group practice for remote women

2.2.3

Provide capacity for the Darwin Group Midwifery Practice to coordinate and integrate with the Royal Darwin Hospital birth suite, the Birth Centre and remote community midwives.

Provide capacity for the Alice Springs Hospital Group Midwifery Practice to employ Aboriginal health workers (AHW) and additional midwives to meet the needs of Indigenous women from remote communities to utilise the service.

### **Extend Strong Women Strong Babies Strong Communities**

2.2.4

Extend Strong Women Strong Babies Strong Communities(SWSBSC) program

Increase workforce to support indigenous women accessing antenatal care and child health services.

Educational Resources and equipment

Support nurses and midwives for professional development in group facilitation, health education, community engagement.

2.2.5

Support nurses, midwives and other service providers in health education, health promotion, community engagement, group facilitation, and best practice antenatal care for young Indigenous women

Deliver programs.

Jan –June 2011	1. Please indicate annual Milestones here 2. Activity  Research 2.1.1 Project activities as per workplan  Training and resource development 2.1.2 Participation in relevant sexual and reproductive health training Purchasing appropriate training and health promotion resources Delivery of training to community members Develop new training initiatives Supporting youth training	Receipt of Annual Report 31 August 2011 describing satisfactory achievement against Milestones	Please indicate costs against Milestones here. TOTAL: \$1.955M
	Adolescent health 2.1.3 Project Manager guiding the activities of the team, supporting Central Australian establishment AHPWs employed in remote Top End and Central Australia		

#### 2.1.4

Regular childbirth, lifestyle and parenting education to young adults delivered by Core of Life and Anglicare Pandanus Projects

2 workshops

1 Train the Trainer workshop

**Education resources** 

Evaluation

Childbirth Education and Case Worker

#### Midwives for remote communities

#### 2.2.1

Employ community based Remote Area Midwives in communities with high birth rates to provide locally-based care. These midwives will interact with NT Government funded Remote Outreach Midwives and Midwifery Group practices based in Darwin and Alice Springs

3 FTE in Top End

1 FTE Barkley

1 FTE Central Australia

# Support community-based workforce (CBW) in professional development 2.2.2

Support professional development for community-based workers in best practice ante-natal care for young Indigenous women.

Deliver programs

### **Expand midwifery group practice for remote women**

2.2.3

Provide capacity for the Darwin Group Midwifery Practice to coordinate and integrate with the Royal Darwin Hospital birth suite, the Birth Centre and remote community midwives.

Provide capacity for the Alice Springs Hospital Group Midwifery Practice to employ Aboriginal health workers (AHW) and additional midwives to meet the needs of Indigenous women from remote communities to utilise the service.

# **Extend Strong Women Strong Babies Strong Communities**

2.2.4

Extend Strong Women Strong Babies Strong Communities(SWSBSC) program

Increase workforce to support indigenous women accessing antenatal care and child health services.

Educational Resources and equipment

Support nurses and midwives for professional development in group facilitation, health education, community engagement.

2.2.5

Support nurses, midwives and other service providers in health education, health promotion, community engagement, group facilitation, and best practice antenatal care for young Indigenous women

Deliver programs 1 Project Officer.

July – Dec 2011	<ol> <li>Please indicate annual Milestones here</li> <li>Activity</li> </ol> Research 2.1.1 Project activities as per workplan	Receipt of Progress Report 31 January 2012 describing satisfactory progress or satisfactory achievement against Milestones	Please indicate costs against Milestones here.  TOTAL: \$1.955M
	Training and resource development 2.1.2  Participation in relevant sexual and reproductive health training  Delivery of training to community members  Supporting youth training  Implement the Training Plan  Trial of new SRH training packages.  Support for community members to deliver training with their youth.  Team members supporting community to deliver youth SRH courses.  Adolescent health		
	2.1.3  Project Manager guiding the activities of the team, supporting Central Australian establishment  AHPWs employed in remote Top End and Central Australia  Recruitment of final 2 positions		

#### 2.1.4

Regular childbirth, lifestyle and parenting education to young adults delivered by Core of Life and Anglicare Pandanus Projects

2 workshops

1 Train the Trainer workshop

**Education resources** 

Evaluation

Childbirth Education and Case Worker

#### Midwives for remote communities

#### 2.2.1

Employ community based Remote Area Midwives in communities with high birth rates to provide locally-based care. These midwives will interact with NT Government funded Remote Outreach Midwives and Midwifery Group practices based in Darwin and Alice Springs

3 FTE in Top End

1 FTE Barkley

2 FTE Central Australia

# Support community-based workforce (CBW) in professional development 2.2.2

Support professional development for community-based workers in best practice ante-natal care for young Indigenous women.

Deliver programs

# Expand midwifery group practice for remote women 2.2.3

Provide capacity for the Darwin Group Midwifery Practice to coordinate and integrate with the Royal Darwin Hospital birth suite, the Birth Centre and remote community midwives.

Provide capacity for the Alice Springs Hospital Group Midwifery Practice to employ Aboriginal health workers (AHW) and additional midwives to meet the needs of Indigenous women from remote communities to utilise the service.

# **Extend Strong Women Strong Babies Strong Communities**

2.2.4

Extend Strong Women Strong Babies Strong Communities(SWSBSC) program

Increase workforce to support indigenous women accessing antenatal care and child health services.

Educational Resources and equipment

Support nurses and midwives for professional development in group facilitation, health education, community engagement.

2.2.5

Support nurses, midwives and other service providers in health education, health promotion, community engagement, group facilitation, and best practice antenatal care for young Indigenous women

Deliver programs.

Jan –June 2012	<ol> <li>Please indicate annual Milestones here</li> <li>Activity</li> </ol>	Receipt of Annual Report 31 August 2012 describing	Please indicate costs against Milestones here.
	Research 2.1.1	satisfactory achievement against Milestones	TOTAL: \$2.04M
	Project activities as per workplan  Training and resource development 2.1.2		
	Participation in relevant sexual and reproductive health training		
	Delivery of training to community members		
	Supporting youth training		
	Implement the Training Plan Trial of new SRH training packages. Support for community members to deliver training with their youth. Team members supporting community to deliver youth SRH courses.		
	Adolescent health		
	2.1.3		
	Project Manager guiding the activities of the team, supporting Central Australian establishment		
	AHPWs employed in remote Top End and Central Australia		

#### 2.1.4

Regular childbirth, lifestyle and parenting education to young adults delivered by Core of Life and Anglicare Pandanus Projects

2 workshops

1 Train the Trainer workshop

**Education resources** 

Evaluation

Childbirth Education and Case Worker

#### Midwives for remote communities

#### 2.2.1

Employ community based Remote Area Midwives in communities with high birth rates to provide locally-based care. These midwives will interact with NT Government funded Remote Outreach Midwives and Midwifery Group practices based in Darwin and Alice Springs

3 FTE in Top End

1 FTE Barkley

2 FTE Central Australia

# Support community-based workforce (CBW) in professional development 2.2.2

Support professional development for community-based workers in best practice ante-natal care for young Indigenous women.

Deliver programs

# Expand midwifery group practice for remote women

2.2.3

Provide capacity for the Darwin Group Midwifery Practice to coordinate and integrate with the Royal Darwin Hospital birth suite, the Birth Centre and remote community midwives.

Provide capacity for the Alice Springs Hospital Group Midwifery Practice to employ Aboriginal health workers (AHW) and additional midwives to meet the needs of Indigenous women from remote communities to utilise the service.

# **Extend Strong Women Strong Babies Strong Communities**

2.2.4

Extend Strong Women Strong Babies Strong Communities(SWSBSC) program

Increase workforce to support indigenous women accessing antenatal care and child health services.

Educational Resources and equipment

Support nurses and midwives for professional development in group facilitation, health education, community engagement.

2.2.5

Support nurses, midwives and other service providers in health education, health promotion, community engagement, group facilitation, and best practice antenatal care for young Indigenous women Deliver programs.

July – Dec 2012	1. Please indicate annual Milestones here 2. Activity  Research 2.1.1  Project activities as per workplan  Training and resource development 2.1.2  Participation in relevant sexual and reproductive health training Purchasing appropriate training and health promotion resources Supporting youth training Support for community members to deliver training with their youth. Team members supporting community to deliver youth SRH courses. Develop an NT remote SRH training calendar Purchase/print/develop training materials  Week with research to mote health appreciate with appreciate members including	Receipt of Progress Report 31 January 2013 describing satisfactory progress or satisfactory achievement against Milestones	Please indicate costs against Milestones here.  TOTAL: \$2.04M
	Work with research team to build capacity with community members including young people to be involved in the delivery of SRH training.  Support implementation of training calendar		
	Adolescent health 2.1.3  Project Manager guiding the activities of the team, supporting Central Australian establishment 7 AHPWs in position, teams operating NT wide (remote).		

## **Partnerships with NGOs**

### 2.1.4

Regular childbirth, lifestyle and parenting education to young adults delivered by Core of Life and Anglicare Pandanus Projects

2 workshops

1 Train the Trainer workshop

**Education resources** 

Evaluation

Childbirth Education and Case Worker

#### Midwives for remote communities

### 2.2.1

Employ community based Remote Area Midwives in communities with high birth rates to provide locally-based care. These midwives will interact with NT Government funded Remote Outreach Midwives and Midwifery Group practices based in Darwin and Alice Springs

3 FTE in Top End

1 FTE Barkley

2 FTE Central Australia

## Support community-based workforce (CBW) in professional development 2.2.2

Support professional development for community-based workers in best practice ante-natal care for young Indigenous women.

Deliver programs

## Expand midwifery group practice for remote women 2.2.3

Provide capacity for the Darwin Group Midwifery Practice to coordinate and integrate with the Royal Darwin Hospital birth suite, the Birth Centre and remote community midwives.

Provide capacity for the Alice Springs Hospital Group Midwifery Practice to employ Aboriginal health workers (AHW) and additional midwives to meet the needs of Indigenous women from remote communities to utilise the service.

## **Extend Strong Women Strong Babies Strong Communities** 2.2.4

Extend Strong Women Strong Babies Strong Communities(SWSBSC) program Increase workforce to support indigenous women accessing antenatal care and child health services.

Educational Resources and equipment

# Support nurses and midwives for professional development in group facilitation, health education, community engagement.

2.2.5

Support nurses, midwives and other service providers in health education, health promotion, community engagement, group facilitation, and best practice antenatal care for young Indigenous women

Deliver programs.

Jan –June 2013	Please indicate annual Milestones here     Activity  Research 2.1.1 Project activities as per workplan	Receipt of Annual Report 31 August 2013 describing satisfactory achievement against Milestones	Please indicate costs against Milestones here. TOTAL:
	Training and resource development 2.1.2		
	Participation in relevant sexual and reproductive health training		
	Purchasing appropriate training and health promotion resources		
	Supporting youth training		
	Support for community members to deliver training with their youth.  Team members supporting community to deliver youth SRH courses.  Develop an NT remote SRH training calendar		
	Purchase/print/develop training materials		
	Work with research team to build capacity with community members including young people to be involved in the delivery of SRH training.		
	Support implementation of training calendar		
	Adolescent health		
	2.1.3		
	Project Manager guiding the activities of the team, supporting Central Australian establishment		
	7 AHPWs in position, teams operating NT wide (remote).		

### **Partnerships with NGOs**

### 2.1.4

Regular childbirth, lifestyle and parenting education to young adults delivered by Core of Life and Anglicare Pandanus Projects

2 workshops

1 Train the Trainer workshop

**Education resources** 

Evaluation

Childbirth Education and Case Worker

#### Midwives for remote communities

### 2.2.1

Employ community based Remote Area Midwives in communities with high birth rates to provide locally-based care. These midwives will interact with NT Government funded Remote Outreach Midwives and Midwifery Group practices based in Darwin and Alice Springs

3 FTE in Top End

1 FTE Barkley

2 FTE Central Australia

## Support community-based workforce (CBW) in professional development 2.2.2

Support professional development for community-based workers in best practice ante-natal care for young Indigenous women.

Deliver programs

## Expand midwifery group practice for remote women

2.2.3

Provide capacity for the Darwin Group Midwifery Practice to coordinate and integrate with the Royal Darwin Hospital birth suite, the Birth Centre and remote community midwives.

Provide capacity for the Alice Springs Hospital Group Midwifery Practice to employ Aboriginal health workers (AHW) and additional midwives to meet the needs of Indigenous women from remote communities to utilise the service.

## **Extend Strong Women Strong Babies Strong Communities**

2.2.4

Extend Strong Women Strong Babies Strong Communities(SWSBSC) program

Increase workforce to support indigenous women accessing antenatal care and child health services.

Educational Resources and equipment

Support nurses and midwives for professional development in group facilitation, health education, community engagement.

2.2.5

Support nurses, midwives and other service providers in health education, health promotion, community engagement, group facilitation, and best practice antenatal care for young Indigenous women Deliver programs.

July – Dec 2013	Training and resource development 2.1.2 Participation in relevant sexual and reproductive health training Support for community members to deliver training with their youth. Team members supporting community to deliver youth SRH courses. Develop an NT remote SRH training calendar Purchase/print/develop training materials Work with research team to build capacity with community members including young people to be involved in the delivery of SRH training. Support implementation of training calendar Develop and evaluation framework Evaluate the project	Receipt of Progress Report 31 January 2014 describing satisfactory progress or satisfactory achievement against Milestones	Please indicate costs against Milestones here.  TOTAL: \$1.625M
	Adolescent health 2.1.3 Project Manager guiding the activities of the team, supporting Central Australian establishment 7 AHPWs in position, teams operating NT wide (remote).		

### **Partnerships with NGOs**

### 2.1.4

Regular childbirth, lifestyle and parenting education to young adults delivered by Core of Life and Anglicare Pandanus Projects

2 workshops

1 Train the Trainer workshop

**Education resources** 

Evaluation

Childbirth Education and Case Worker

#### Midwives for remote communities

### 2.2.1

Employ community based Remote Area Midwives in communities with high birth rates to provide locally-based care. These midwives will interact with NT Government funded Remote Outreach Midwives and Midwifery Group practices based in Darwin and Alice Springs

3 FTE in Top End

1 FTE Barkley

2 FTE Central Australia

## Support community-based workforce (CBW) in professional development 2.2.2

Support professional development for community-based workers in best practice ante-natal care for young Indigenous women.

Deliver programs

## Expand midwifery group practice for remote women

2.2.3

Provide additional capacity for the Darwin Group Midwifery Practice to coordinate and integrate with the Royal Darwin Hospital birth suite, the Birth Centre and remote community midwives.

Provide capacity for the Alice Springs Hospital Group Midwifery Practice to employ Aboriginal health workers (AHW) and additional midwives to meet the needs of Indigenous women from remote communities to utilise the service.

## **Extend Strong Women Strong Babies Strong Communities**

2.2.4

Extend Strong Women Strong Babies Strong Communities(SWSBSC) program

Increase workforce to support indigenous women accessing antenatal care and child health services.

Educational Resources and equipment

Support nurses and midwives for professional development in group facilitation, health education, community engagement.

2.2.5

Support nurses, midwives and other service providers in health education, health promotion, community engagement, group facilitation, and best practice antenatal care for young Indigenous women

Deliver programs.

Jan – July 2014	Please indicate annual Milestones here	Receipt of Annual Report 31 August	Please indicate costs against
	2. Activity	2013 <u>describing</u> satisfactory	Milestones here.
	Training and resource development 2.1.2	achievement against Milestones	\$0.5M
	Participation in relevant sexual and reproductive health training		
	Develop an NT remote SRH training calendar		
	Purchase/print/develop training materials		
	Work with research team to build capacity with community members including young people to be involved in the delivery of SRH training.		
	Support implementation of training calendar		
	Develop and evaluation framework		
	Evaluate the project		
	Adolescent health		
	2.1.3		
	Project Manager guiding the activities of the team, supporting Central Australian establishment		
	7 AHPWs in position, teams operating NT wide (remote).		
	Partnerships with NGOs		
	2.1.4		
	Regular childbirth, lifestyle and parenting education to young adults delivered by Core of Life and Anglicare Pandanus Projects		

2 workshops

1 Train the Trainer workshop

**Education resources** 

Evaluation

Childbirth Education and Case Worker

### Midwives for remote communities

2.2.1

Employ community based Remote Area Midwives in communities with high birth rates to provide locally-based care. These midwives will interact with NT Government funded Remote Outreach Midwives and Midwifery Group practices based in Darwin and Alice Springs

3 FTE in Top End

1 FTE Barkley

2 FTE Central Australia

## Support community-based workforce (CBW) in professional development 2.2.2

Support professional development for community-based workers in best practice ante-natal care for young Indigenous women.

Deliver programs

## Expand midwifery group practice for remote women

2.2.3

Provide capacity for the Darwin Group Midwifery Practice to coordinate and integrate with the Royal Darwin Hospital birth suite, the Birth Centre and remote community midwives.

Provide capacity for the Alice Springs Hospital Group Midwifery Practice to

employ Aboriginal health workers (AHW) and additional midwives to meet the needs of Indigenous women from remote communities to utilise the service.  Extend Strong Women Strong Babies Strong Communities 2.2.4 Extend Strong Women Strong Babies Strong Communities(SWSBSC) program Increase workforce to support indigenous women accessing antenatal care and child health services. Educational Resources and equipment  Support nurses and midwives for professional development in group facilitation, health education, community engagement. 2.2.5 Support nurses, midwives and other service providers in health education, health	
promotion, community engagement, group facilitation, and best practice antenatal care for young Indigenous women  Deliver programs	
Total Australian Government Pay	yment \$18.190m

<sup>\*</sup> 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