



**Australian Government**

**Department of Health**

## **Grant Programme Guidelines**

# **INDIGENOUS AUSTRALIANS' HEALTH PROGRAMME - Primary Health Care Activity**

## Contents

Grant Programme Process Flowchart .....	4
1 Introduction.....	5
1.1 Primary Health Care Activity Background.....	5
Primary Health Care Activity .....	5
1.2 Primary Health Care Activity Purpose, Scope, Objectives and Outcomes.....	5
1.3 Service Delivery Principles for Programmes and Services for Indigenous Australians.....	6
1.4 Anticipated Key Dates .....	6
1.5 Relevant Legislation .....	6
1.6 Roles and Responsibilities .....	7
Approver .....	7
Department of Health .....	7
Funding Recipients .....	7
1.7 Risk Management .....	8
2. Eligibility .....	8
2.1 Which Entities are Eligible to Apply for Funding? .....	8
2.2 What is Eligible for Funding?.....	9
3 Probity.....	10
3.1 Conflict of Interest .....	10
3.2 Confidentiality and Protection of Personal Information .....	11
4 Type of Application Process.....	11
4.1 Access to Funding.....	11
4.2 Programme Under-expenditure.....	11
5. How to Apply .....	12
5.1 The Approach to Market .....	12
5.2 Application Requirements.....	12
5.3 How to Submit an Application.....	12
6. Assessment .....	12
6.1 Assessment process.....	12
6.2 Selection Criteria.....	12
Stage 1 - Eligibility Criteria .....	12
Stage 2 – Assessment Criteria.....	13
7. Decisions.....	13
7.1 Approval of funding.....	13
7.2 Advice to Applicants.....	14
7.3 Complaint handling.....	14

8. Conditions of Funding ..... 14

8.1 Contracting arrangements ..... 14

8.2 Specific conditions ..... 14

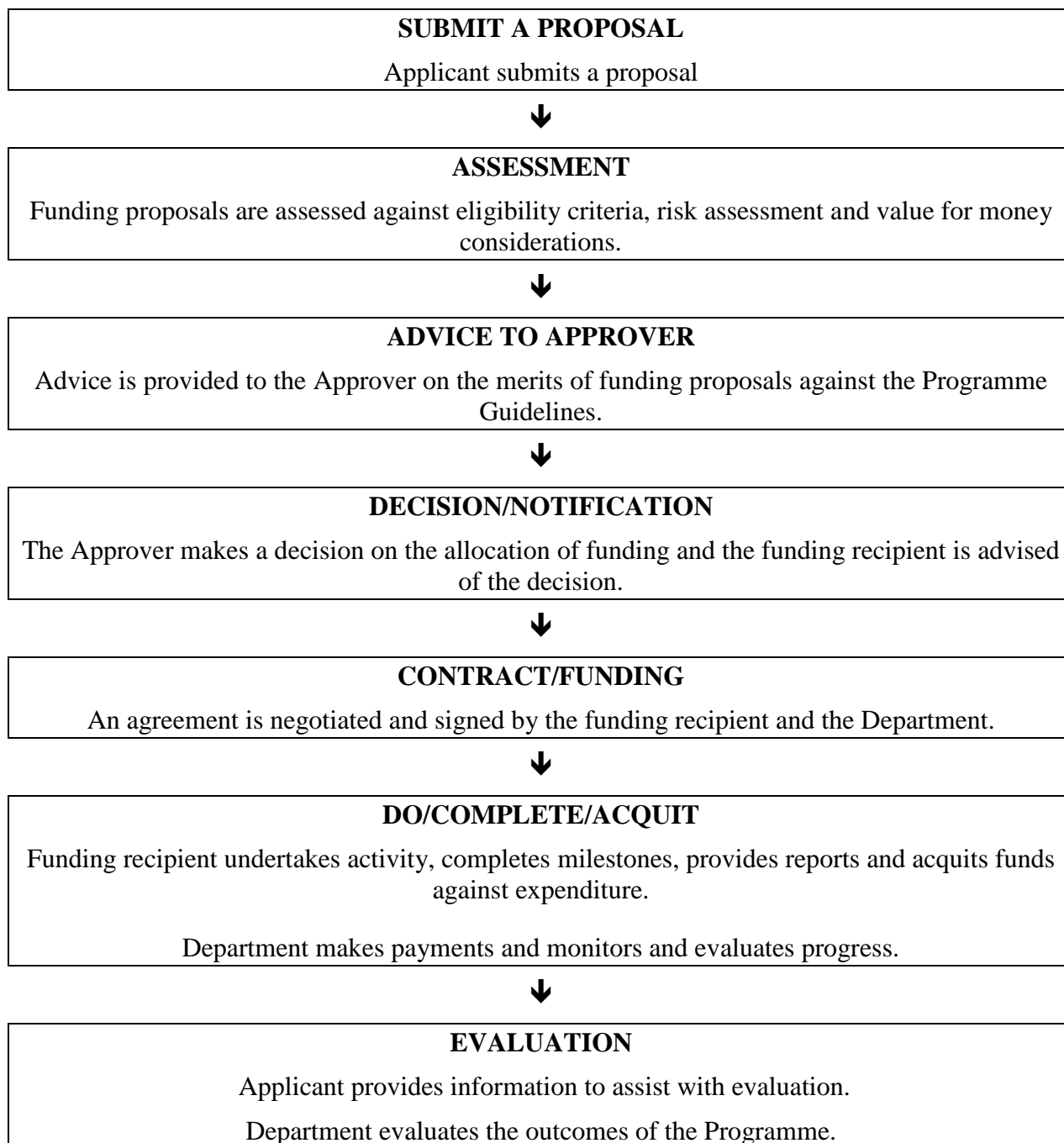
8.3 Payment arrangements ..... 14

8.4 Reporting requirements ..... 15

8.5 Monitoring ..... 15

8.6 Evaluation ..... 16

## *Grant Programme Process Flowchart*



## **1 Introduction**

### **1.1 Primary Health Care Activity Background**

Through the Council of Australian Governments (COAG), the Australian Government has committed to six targets to close the gap in disadvantage between Indigenous and non-Indigenous Australians across health, education and employment. Two of these targets relate directly to the Health Portfolio: to close the gap in life expectancy within a generation (by 2031); and to halve the gap in mortality rates for Indigenous children under five within a decade (by 2018). This involves working in partnership with Aboriginal and Torres Strait Islander people and organisations, and in collaboration with State and Territory Governments. The National Indigenous Reform Agreement frames the task of closing the gap in Indigenous disadvantage and sets out the objectives, outcomes, outputs, performance indicators and performance benchmarks agreed by COAG.

On 1 July 2014, the Australian Government established the Indigenous Australians' Health Programme (IAHP), consolidating four existing funding streams: primary health care funding, child and maternal health programmes, Stronger Futures in the Northern Territory (Health) and programmes covered by the Aboriginal and Torres Strait Islander Chronic Disease Fund.

The IAHP aims to contribute to the health targets through the administration of a range of activities that aim to improve health outcomes for Aboriginal and Torres Strait Islander people. The overarching objective of the IAHP is to provide primary health care, maternal and child health care, primary and specialist health care in the Northern Territory, and chronic disease prevention, detection and management to Aboriginal and Torres Strait Islander people

In line with the establishment of the IAHP during 2014-15, the Department of Health will develop a new funding allocation methodology for all Indigenous health grant funding, to be implemented from 2015-16. This will ensure investments are directed to areas of need, priorities and population growth to deliver the most effective outcomes. Funding for Indigenous health has \$3.1 billion allocated from 2014-15 to 2017-18. These Guidelines will be updated to reflect the new funding allocation methodology from 2015-16.

#### ***Primary Health Care Activity***

The Primary Health Care Activity (PHC Activity) is a component of the IAHP, which aims to ensure Aboriginal and Torres Strait Islander people have access to effective health care services in urban, regional, rural and remote locations across the nation. The PHC Activity provides grant funding to a range of organisations including Aboriginal community controlled health organisations (ACCHOs), to support and deliver comprehensive, culturally appropriate primary health care services to Aboriginal and Torres Strait Islander people and provide system-level support to the Indigenous primary health care sector and some grants for New Directions: Mothers and Babies Services. It will provide approximately \$440 million of grant funding to approximately 200 service providers in 2014-15. The amount of each grant varies based on the demographic requirements and capacity of the service provider and the needs of the community it is servicing.

### **1.2 Primary Health Care Activity Purpose, Scope, Objectives and Outcomes**

The PHC Activity contributes to Outcome 5 of the Health Portfolio. The objectives of the programme are to enable Aboriginal and Torres Strait Islander people to receive primary health care that they need, when and where they need it, to support Aboriginal and Torres Strait Islander people to better manage their health conditions in the community and prevent disease and hospitalisation, and to provide the supporting infrastructure to facilitate health care organisations to provide effective and efficient care. The purpose of the PHC Activity is to improve access for Aboriginal and Torres Strait Islander people to effective and high quality health care services

essential to improving health and life expectancy, and reducing child mortality. It also aims to build a health system that continually improves quality and is responsive to the health needs of Indigenous Australians. The PHC Activity's scope is national.

The majority of the PHC Activity funds are provided as grants to health care organisations including ACCHOs, State and Territory governments and other health care service providers in urban, rural and remote locations. In keeping with a holistic approach to Aboriginal and Torres Strait Islander health care services, the PHC Activity funds clinical, population health and organisational and clinical support services. Funds are also provided for New Directions: Mothers and Babies Services which aims to improve the health of Indigenous Australians by improving access to antenatal care and maternal and child health services by Indigenous children, their mothers and families. Funding provided by the PHC Activity is complemented by other Government investments in Indigenous and mainstream health and funding recipients also leverage funding from other sources such as Medicare income streams and mainstream programmes.

### **1.3 Service Delivery Principles for Programmes and Services for Indigenous Australians**

The Department's administration of the PHC Activity will comply with the following overarching principles under the National Indigenous Reform Agreement:

- Priority principle: Programmes and services should contribute to Closing the Gap by meeting the targets endorsed by COAG while being appropriate to local needs.
- Indigenous engagement principle: Engagement with Aboriginal and Torres Strait Islander men, women and children and communities should be central to the design and delivery of programmes and services.
- Sustainability principle: Programmes and services should be directed and resourced over an adequate period of time to meet the COAG targets.
- Access principle: Programmes and services should be physically and culturally accessible to Aboriginal and Torres Strait Islander people recognising the diversity of urban, regional and remote needs.
- Integration principle: There should be collaboration between and within government at all levels and their agencies to effectively coordinate programmes and services.
- Accountability principle: Programmes and services should have regular and transparent performance monitoring, review and evaluation.

The Department may establish consultation mechanisms or committees to guide specific activities or groups of activities being implemented through the PHC Activity. The Department will ensure representation from Aboriginal and Torres Strait Islander people, communities and/or health organisations on such committees.

### **1.4 Anticipated Key Dates**

Any future open grant rounds will be publicly advertised on the Department's website.

Organisations can provide an unsolicited proposal to the Department at any time.

### **1.5 Relevant Legislation**

The legal authority for grants under this funding round is provided through a combination of Section 23 of the *Public Governance, Performance and Accountability Act 2013*, Section 32(b) of the *Financial Framework (Supplementary Powers) Act 1997* and *Financial*

*Framework (Supplementary Powers) Regulations 1997, Schedule 1AA Part 4 section 415.026 Aboriginal and Torres Strait Islander Health.* Staff involved in grants administration are accountable for complying with the *Commonwealth Grants Rules and Guidelines, the Public Governance, Performance and Accountability Act 2013* and other policies and legislation that interact with grants administration.

## **1.6 Roles and Responsibilities**

The *Grant Programme Process Flowchart* on page 3 outlines the general roles and responsibilities of each party. The roles and responsibilities of the Approver, the Department, and funding recipients are more broadly described below.

### ***Approver***

The Approver is the Minister for Health (or their delegate), or agency Accountable Authority (or their delegate). The Approver considers whether the proposal will make an efficient, effective, ethical and economical use of Australian Government resources, as required by Commonwealth legislation, and whether any specific requirements will need to be imposed as a condition of funding.

### ***Department of Health***

The Department manages the PHC Activity. It is responsible for the development and dissemination of all documentation regarding funding under the PHC Activity and for ensuring that documentation is in accordance with the PHC Activity's objectives and priorities. The Department is also responsible for notifying applicants of the outcome of any funding process, responding to queries in relation to the funding process, and for resolving any uncertainties that may arise in relation to funding requirements.

The Department will be responsible for decisions regarding the internal administrative, assessment recommendations and programme management arrangements under the PHC Activity including:

- assessing the applications;
- developing funding agreements or any alternative contractual arrangement;
- monitoring the performance of projects to ensure the conditions of the funding agreement or other contractual arrangement are met;
- assessing performance and financial reports and undertaking follow up activity as necessary;
- making payments as specified in the funding agreement or contractual arrangement; and
- providing feedback to funded organisations during the funding period and following the conclusion of activities.

### ***Funding Recipients***

Organisations receiving funding allocations are responsible for the efficient and effective delivery of activities in accordance with the obligations contained in any funding agreement or contractual arrangement entered into under the PHC Activity. Organisations are also responsible for:

- ensuring they deliver the funding agreement or other contractual arrangement's outcome measure;
- ensuring the activity achieves value with public money;
- maintaining contact with the Department and advising of any emerging issues that may impact on the success of the activity;

- identifying, documenting and managing risks and putting in place appropriate mitigation strategies;
- reporting on activity performance and expenditure in accordance with the funding agreement or other contractual arrangements obligations; and
- participating in activity evaluation as necessary.

## **1.7 Risk Management**

The Department is committed to a comprehensive and systematic approach to the effective management of risk. Contractual arrangements will be managed proportional to their level of risk to the Commonwealth. As such, applicants and funding recipients will be subject to a risk assessment prior to the negotiation of any contractual arrangement and periodically thereafter.

Consistent with the responsibilities described under Section 1.6, funded services are responsible for managing risks to their own business activities and priorities. The Commonwealth manages risks to PHC Activity funds and outcomes through its management of the grant.

## **2. Eligibility**

### **2.1 Which Entities are Eligible to Apply for Funding?**

The majority of funding is allocated to Aboriginal and Torres Strait Islander primary health care organisations, however funding is also provided to Commonwealth, State and Territory governments and other service providers and organisations.

Funded organisations must be a legal entity to be eligible for funding, for example:

- incorporated association incorporated under Australian State/Territory legislation;
- incorporated cooperative incorporated under Australian State/Territory legislation;
- Aboriginal corporation incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006;
- organisation established through specific Commonwealth or State/Territory legislation;
- company incorporated under Corporations Act 2001 (Commonwealth of Australia);
- partnership;
- trustee on behalf of a trust;
- individual;
- an Australian local government body; or
- an Australian State/Territory government.

The Department may also target funding for activities to a specific health service sector or organisations (e.g. ACCHOs).

The Department encourages organisations to form consortia or partnerships to deliver activities under the PHC Activity, where appropriate. Where two or more entities seek funding as a consortium, a member entity or a newly created entity must be appointed as the lead member and only that organisation will enter into and be responsible for any subsequent contractual relationship with the Department. The lead entity must be identified in any application for funding and that application should identify all members of the proposed consortium.



## 2.2 What is Eligible for Funding?

Funding must be consistent with purpose, scope, objectives, activities and outcomes of the PHC Activity as articulated in these Guidelines.

The concept of health in many Aboriginal and Torres Strait Islander communities is a holistic one which incorporates physical, social, emotional and cultural wellbeing. Activities funded through the PHC Activity support the delivery of comprehensive primary health care. The Australian Primary Health Care Research Institute (APHCRI) defines primary health care as:

*Socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.*

Activities that will be considered eligible for funding include:

- clinical services including the diagnosis, treatment of acute illnesses, emergency primary health care, management of chronic conditions, specific interventions such as eyes and ears activities, health crisis intervention and referral;
- population health programmes including:
  - child and adult immunisation;
  - child and maternal health programmes (e.g. antenatal and post natal care, early detection and screening for growth failure, parent/family support, baby clinics, home-visiting and education);
  - well-persons' screening (e.g. diabetes, sexually-transmissible infections, blood pressure);
  - health promotion programmes (e.g. nutrition, tackling smoking, immunisation, physical activity, sexual health, blood borne viruses, holistic health services, women's health services, men's health services, harm and injury reduction programmes);
  - access to secondary and tertiary health services and community services (e.g. aged care and disability services);
  - client/community assistance and advocacy on health-related matters;
- activities that support the delivery of essential clinical services such as:
  - system-level improvements to enhance service quality, including accreditation and continuous quality improvement;
  - establishing and strengthening partnerships and collaboration at the local, regional and national level;
  - strengthening organisational capacity;
  - monitoring, evaluation and research including collection and reporting of national key performance indicators and other data;
  - development and dissemination of information including promotion of innovation and good practice;
  - information and computer technology;

- development, employment and enhancement of workforce capacity;
- transport services supporting access to primary health care
- provision of health equipment, its insurance and maintenance; and
- capital infrastructure.

Applicants should apply evidence-based and evidence-led approaches in the delivery of activities where possible; noting that not all approaches to health care can be evidence-based.

Funding from the PHC Activity will not be provided in relation to the following activities:

- social and emotional wellbeing counsellors;
- specialised drug and alcohol support services;
- surgical procedures (not including minor GP surgical procedures); and
- hospital-based emergency care and/or medical evacuations.

### **3 Probity**

The Australian Government is committed to ensuring that the process for providing funding under this the PHC Activity is transparent and in accordance with published Guidelines.

*Note: Guidelines may be varied from time-to-time by the Australian Government as the needs of the Primary Health Care Activity dictate. Amended Guidelines will be published on the Department's website.*

#### **3.1 Conflict of Interest**

A conflict of interest may exist for example, if a potential funding recipient or any of its personnel:

- has a relationship (whether professional, commercial or personal) with a party who is able to influence the application assessment process, such as a departmental officer;
- has a relationship with, or interest in, an organisation, which is likely to interfere with or restrict the applicants in carrying out the proposed activities fairly and independently; or
- has a relationship with, or interest in, an organisation from which they will receive personal gain as a result of the granting of funding under the PHC Activity.

Each party will be required to declare existing conflicts of interest or that to the best of their knowledge there are no conflicts of interest, including in relation to the examples above, which would impact on or prevent the applicant from proceeding with the project or any funding agreement it may enter into with the Australian Government.

Where a party subsequently identifies that an actual, apparent, or potential conflict of interest exists or might arise in relation to an application for funding, external parties must inform the Department in writing immediately. Departmental staff or members of any advisory panel or expert committee must advise the chair of the assessment panel. Conflicts of interest will be handled in accordance with departmental policies and procedures.

Conflicts of interest for departmental staff will be handled in compliance with the Australian Public Service Commission policies and procedures, these are located at

<http://www.apsc.gov.au/publications-and-media/current-publications/aps-values-and-code-of-conduct-in-practice/conflict-of-interest>.

## **3.2 Confidentiality and Protection of Personal Information**

Each applicant will be required to declare as part of their application, their ability to comply with the following Clause.

The Protection of Personal Information Clause requires the funding recipient to:

- comply with the *Privacy Act (1988)* ('the Privacy Act'), including the 13 Australian Privacy Principles (APPs) which are contained in Schedule 1 of the Privacy Act;
- impose the same privacy obligations on any subcontractors it engages to assist with the activity.

The Confidentiality Clause imposes obligations on the funding recipient with respect to special categories of information collected, created or held under the funding agreement. The funding recipient is required to seek the department's consent in writing before disclosing confidential information.

Further information can be found in the terms and conditions of the funding agreement available on the department's website.

## **4 Type of Application Process**

### **4.1 Access to Funding**

Eligible organisations are able to apply for PHC Activity funding through the avenues outlined below. All proposals for funding will be assessed against the assessment criteria outlined in section 6.2 of these Guidelines.

#### **Continuation of Funding**

Organisations already receiving PHC Activity funding from the Department will be requested to provide a proposal for continuation of funding towards the end of the funding period which will be assessed to ensure value for money.

#### **Grant Rounds**

Funding may also be made available through:

- targeted grant rounds. Targeted grant rounds will be open to a small number of potential funding recipients based on the specialised requirements of the initiative or project under consideration and the funding available.
- Open competitive grant rounds. Open grant rounds will be open to the market for funding recipients to deliver on the requirements of the initiative or project under consideration of the funding available.

#### **One-off/ Unsolicited Funding**

Provision may be made under the PHC Activity to fund one-off, unsolicited proposals, and emergency payments, provided that they meet the aims, objectives and priorities of the PHC Activity. Unsolicited proposals may be submitted by organisations that do not currently receive funding through the PHC Activity, or from organisations already receiving PHC Activity funding to meet growing or emerging demands or needs in the communities they service.

### **4.2 Programme Under-expenditure**

PHC Activity funding allocations will be monitored throughout the year with potential under expenditure identified and allocated to activities identified as being the most appropriate method of meeting the objective of the PHC Activity.

Under expenditure may also be used to fund unsolicited proposals or one-off grants where such proposals will meet the objective and priorities of the PHC Activity.

## **5. How to Apply**

### **5.1 The Approach to Market**

The Approach to Market will consist of a direct, targeted, or open approach to market depending on the application process being undertaken as outlined in Section 4.1 of these Guidelines and as agreed by the Minister for Health or their delegate.

### **5.2 Application Requirements**

Funding recipients receiving funding through the PHC Activity will be required to submit a proposal for future funding periods, which will be assessed against the eligibility and assessment criteria specified in these guidelines.

### **5.3 How to Submit an Application**

Proposals for funding must address the eligibility and assessment criteria specified in these guidelines. Proposals must be submitted in the format specified by the Department.

For organisations already receiving PHC Activity funding from the Department, proposals for funding should be submitted to the grant officer identified in their funding agreement.

For organisations not currently receiving PHC Activity funding, proposals can be submitted to the Department via [DR&ATM@health.gov.au](mailto:DR&ATM@health.gov.au)

## **6. Assessment**

### **6.1 Assessment process**

Proposals will be assessed to determine if they meet the objectives of the PHC Activity, and represent value for money. The assessment will be undertaken by an assessment committee comprising of Departmental officers with experience in managing grants.

When allocating funding, the Department will consider previous performance as applicable, historical funding allocations, organisational need and capacity to effectively and efficiently undertake funded activities, community and/or patient/client need, including consideration of documented risk assessments (where available).

Subject to the Delegate's approval, the Department may enter into subsequent funding agreements or contractual arrangements with funded organisations. This approach will ensure that currently funded organisations have greater certainty and will create efficiencies by supporting a stable and appropriately skilled workforce, and ensuring the continuity of service delivery.

### **6.2 Selection Criteria**

#### **Stage 1 - Eligibility Criteria**

Each application must satisfy all Eligibility Criteria in Section 2.1 for the further assessment criteria to be considered. This will be determined by an assessment committee.

## Stage 2 – Assessment Criteria

Funding recipients that satisfy all Eligibility Criteria will proceed to Stage 2 and be assessed against the criteria listed below. Each of the assessment criteria has equal value - none is ranked higher than another. The overarching intention is to achieve grant programme outcomes and value with public money.

The Assessment Criteria incorporates the following:

- Alignment with the PHC Activity Objectives - the proposed activities must meet the objectives and activities eligible for funding under the PHC Activity as outlined in these Guidelines;
- Demonstrated Need - the capacity of the activity to address identified emerging issues or areas of need in the community;
- Capacity to Deliver – ability and experience of the organisation to successfully plan and apply resources, in order to effectively deliver the proposed project to achieve the objectives of the PHC Activity;
- Project Management – ability to implement the proposed activity within budget and timeframes as well as comply with all accountability and audit requirements;
- Financial Management - ability of the organisation to manage and acquit funding in accordance with Government legislation and financial management policies;
- Risk Management – appropriate assessment and mitigation strategies for risk associated with the proposed model of delivery, including risks relating to governance, performance management, issues management, viability and financial management;
- Value with Public Money – successful projects must provide value with public money, demonstrate efficient use of funds, and utilise resources to achieve the aims and objectives of the PHC Activity;
- Community Engagement and Support – how the applicant will engage and work with local health professionals, community and residential care providers and the local community to support the PHC Activity.
- Cultural Competency - ability to deliver culturally appropriate or culturally safe services to the local Aboriginal and Torres Strait Islander community; and
- Funds Availability - the availability of PHC Activity funds to support the proposed activity and a clear breakdown of how the proposed funding will be utilised towards achieving the objectives of the PHC Activity.

From time to time, the Australian Government may direct additional or supplementary funding to services under the PHC Activity. For example providing targeted services to areas where evidence shows that there is a need.

To assist with the assessment of an application, the Department may seek clarifying information. Potential funding recipients will be notified by email or post where further information is required.

## 7. Decisions

### 7.1 Approval of funding

Following an assessment of the applications by the assessment committee, advice will be provided by the committee chair to the funding Approver on the merits of the application/s.

The Approver will consider whether the proposal will make an efficient, effective, ethical and economical use of Commonwealth resources, as required by Commonwealth Legislation, and whether any specific requirements will need to be imposed as a condition of funding.

Funding approval is solely at the discretion of the Approver.

## **7.2 Advice to Applicants**

Funding recipients will be advised in writing of the outcome of their application. Advice to successful applicants will contain details of any specific conditions attached to the funding.

In accordance with the Commonwealth Grants Guidelines, grant approvals will also be listed on the Department's website. The Department will also notify any unsuccessful applicants.

## **7.3 Complaint handling**

The Department's [Procurement and Funding Complaints Handling Policy](#) applies to complaints that arise in relation to a procurement or funding process. This policy covers the events that occur between the time the request documentation is publicly released and the date of contract execution, regardless of when the actual complaint is made.

The Department requires that all complaints relating to funding process must be lodged in writing. Further details of the policy are available on the 'About Us' page on the Department's internet site.

Any enquiries relating to funding decisions for the PHC Activity should be directed to [Grant.ATM@health.gov.au](mailto:Grant.ATM@health.gov.au)

## **8. Conditions of Funding**

### **8.1 Contracting arrangements**

Successful applicants will be required to enter into a funding agreement with the Commonwealth (represented by the Department). ATM documentation will include the standard terms and conditions of the funding agreement. These cannot be changed but additional supplementary conditions may apply. The department will negotiate with successful applicants with the aim of having funding agreements signed within three - four weeks of the approval.

Funded organisations must carry out each activity in accordance with the agreement, which will include meeting milestones and other timeframes specified in the schedule for that Activity. Activities must be carried out diligently, efficiently, effectively and in good faith to a high standard to achieve the aims of the Activity and to meet the PHC Activity's objectives. Changes to Activities may be negotiated between the parties in line with the PHC Activity objectives.

### **8.2 Specific conditions**

There may be specific conditions attached to the funding approval required as a result of the assessment process or imposed by the Approver. These will be identified in the offer of funding or during funding agreement negotiations.

### **8.3 Payment arrangements**

Payments will be made in accordance with the terms and conditions of the funding agreement.

The default invoice process for the Department is Recipient Created Tax Invoices (RCTI).

## **8.4 Reporting requirements**

Funded organisations must provide the Department with the reports for an activity containing the required information, and at the times and in the manner specified in the funding agreement. Specific reporting requirements will form part of the funding recipient's funding agreement with the Department. These could include:

- Six monthly performance indicator reporting;
- Online Services Report
- Six monthly statement of income and expenditure of funds; and
- Performance report.

Funding recipients are required to submit an Activity Work Plan that outlines the strategies and activities that will be performed, with related timeframes, to achieve the funding objectives and address the needs of the community.

Reporting against the objectives of the PHC Activity, where applicable, occurs through an online reporting system: Online Community Health Reporting Environment for Government funded Health Services (OCHREStreams). OCHREStreams is a web portal that aims to reduce the burden of reporting for organisations that provide primary healthcare and other services to Aboriginal and Torres Strait Islander peoples. It provides a single point of reporting for Online Services Reports and National Key Performance Indicators. The OCHREStreams toolset also supports health services' own quality improvement activities, independent of programme and indicator reporting. Funding recipients are required to report against data sets within the Online Services Reports, National Key Performance Indicators, and performance indicators relevant to their funded activities. Some reporting may occur outside of OCHREStreams on occasion (as stipulated in the Funding Agreement).

Reported outcomes from the PHC Activity capture data against the following areas:

- birthweights;
- health assessments;
- immunisation;
- diabetes measurements;
- GP management plans;
- team care arrangements;
- smoking status;
- body mass index;
- antenatal care and child and maternal health;
- alcohol consumption;
- kidney functioning
- cervical screening;
- blood pressure;
- client contact and episodes of care; and
- access to services.

## **8.5 Monitoring**

The funding recipient will be required to actively manage the delivery of the activity under the PHC Activity. The Department will monitor progress in accordance with the funding agreement.

## **8.6 Evaluation**

An evaluation by the department will determine how the funded activity contributed to the objectives of the programme. Evaluation of the PHC programme occurs on an ongoing basis through analysis of consolidated data of reported outcomes from funded activities.

Evaluation by the Department will determine how the funded activity has contributed to the objectives of the PHC Activity. Funding recipients may be required to provide additional information to assist in this evaluation from time to time, as stipulated in the funding agreement, after funding has been provided.