AFN-FNIHB ENGAGEMENT[1] PROTOCOL

Preamble

A vibrant and collaborative operational relationship between the First Nations and Inuit Health Branch of Health (FNIHB) and the Assembly of First Nations (AFN) is fundamental to the success of the FNIHB's ability to deliver on its mandate. For years, the FNIHB and AFN have worked towards establishing a culture of transparency and reciprocal accountability, as well as advancing joint policy, planning and program development work. A number of fora were established, many of which were program specific.

An example of the success of this relationship has been the work of FNIHB and the AFN relating to the modernization of the NNADAP Program. The collaborative process has been recognized by both organizations as a best practice, emphasizing the need for more systematic and timely processes of communication, early information exchange and dialogue. The implementation of a national AFN-FNIHB engagement protocol is intended to anchor the relationship in its shared goal of ensuring FNIHB progresses in the achievement of the First Nations and Inuit Health Strategic Plan.

Objectives

1. Outline how the AFN and FNIHB will work together to ensure First Nations regions and communities and FNIHB regions are engaged in the advancement of the FNIHB Strategic Plan;
2. Recognize and map out how the First Nations and Inuit Health Strategic Plan and the First Nations Health Foundational Plan complement each other; and
3. Respecting relevant processes and time required, map out a process for engagement that includes national, regional and community level collaboration, as well as engagement with other partners of mutual interest (such as health professional associations, provinces and territories, First Nations non-government organizations).

Principles

In addition to the principles of the **First Nations and Inuit Health Strategic Plan (Annex A)**, FNIHB and AFN agree to:

- Recognize that the engagement protocol is intended to support but not substitute the direct relationship between FNIHB and First Nations at the regional and community levels respecting any self-government discussions involving the subject matter of health, any instance where FNIHB's duty to consult arises, the enduring historical relationship and Canada's commitment to respect and honour any recognized rights of First Nations and the Treaty relationship, and its direct dealings with First Nations;

[1] Engagement is defined in the 2012 Strategic Plan as: involving First Nations in the development, delivery and management of national and regional policies and programs (under Principles) and is fully described in the AFN's Principles of Engagement (Annex C).

- Recognize that FNIHB and AFN have their own accountabilities that cannot be addressed through this engagement protocol (such as FNIHB's accountabilities through the Management Accountability Framework of Health Canada and AFN's accountabilities to the Chiefs-in-Assembly);
- FNIHB will not substitute engagement with organizations that are not mandated by First Nations as representing them for the purpose of seeking First Nations input or endorsement; and
- FNIHB and AFN will work towards achieving consensus on certain issues of interest to both parties to the maximum extent possible.

Engagement Process

1. National Relationship

- AFN is a member of FNIHB's Senior Management Committee (SMC) on Policy and Planning, whose mandate is to:
    - Provide overall policy direction for the Branch, consistent with the goals and principles of the Strategic Plan;
    - Monitor and provide direction for the Plan's implementation, including collaboration and partnership initiatives;
    - Review, approve and provide direction on policy issues and approaches; and
    - Review and approve proposals for modernizing policies and programs.
- AFN is also a member of the SMC Policy and Planning Sub-Committee and FNIHB/AFN/Inuit Tapiriit Kanatami (ITK) Working Group which develop and inform the SMC Policy and Planning Committee agenda and decision-making, such as by:
    - Defining the initial scope of a new proposal or terms of reference for policy/program development or modernization;
    - Obtaining a *mandate to further explore* the proposed initiative, such as through the AFN National First Nations Health Technicians Network (NFNHTN);
    - Presenting the initiative to the SMC Policy and Planning Committee;
    - Developing an engagement approach including all relevant partners, referring to the collaborative processes of the NNADAP renewal and the development of the First Nations Mental Wellness Continuum as best practice models;
    - Soliciting independent research and/or expertise such as through a peer review process;
    - Oversee the pilot testing of the policy/program output by "people on the ground", front-line workers, users of the tools proposed, clients receiving the services/interventions etc… This step is critical to ensuring the operationalization of the policy or program is well understood (its positive and negative impacts) prior to national and/or regional implementation; and
    - Ensuring all steps in the policy/program development or modernisation process or adhered to prior to seeking a *mandate for change*.

- The AFN will advise FNIHB in those instances when it is appropriate for the Branch to engage directly with the NFNTHN and the Chiefs Committee on Health (CCOH), and other national AFN working groups and caucuses on matters of interest.

- FNIHB has provided the AFN under its funding agreement with the flexibility to work with and support the CCOH and the NFNHTN in identifying and addressing national and regional First Nations health priorities, and in so doing, work collaboratively with FNIHB.

- The AFN and FNIHB have negotiated a specific engagement process related to FNIHB Departmental Evaluations which is complimentary to this protocol (Annex D).

2. Regional Relationship (all points below apply to Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Atlantic and Northern Regions – in light of the transfer to the First Nations Health Authority, the BC Regional Relationship is governed by specific partnership agreements with BC First Nations)

- Respecting First Nations Regional processes, FNIHB Regions will engage directly with regional First Nations organizations on the development of Regional Health Plans, including strategic and annual operational plans.
- FNIHB Regions will include regional First Nations organizations as part of a Regional FNIHB advisory forum that advises the Region on priorities, policies, operations, performance and surveillance indicators and reports, and resource allocation.
- FNIHB Regions will engage regional First Nations organizations on options for alternative service delivery models that result in greater First Nations control over the use of allocated federal resources, where desired and within FNIHB policy and budget authority.
- FNIHB Regions will advise and share information with regional First Nations organizations on their participation in discussions with provinces and territories and will maximize First Nations engagement in these discussions to the extent possible.
- FNIHB HQ/FNIHB Regions will seek involvement of Regional First Nations organizations when engaging with Provincial and/or Territorial governments on targeted First Nations programs and services.

3. Community Relationship

- FNIHB Regions will maintain direct engagement with First Nations communities on matters that affect them, including funding agreements, in-community service delivery, access to services external to the community that is facilitated by FNIHB, program standards and guidelines that are applicable to the community's management and delivery of programs and resources.
- FNIHB will foster relationships with First Nations communities in accordance with the Community Development and Capacity Building Framework.

4. Engagement with Other Partners of Mutual Interest

- FNIHB will notify and invite AFN to participate in discussions with non-government and private sector organizations that may lead to collaboration of policy or program initiatives. FNIHB will share information with AFN on outcomes of these discussions in the event that there is no AFN participation.
- While it is understood that FNIHB will engage with First Nations and non-First Nations non-government organizations on service delivery and capacity development, it is also understood that this engagement will not be considered consultation with First Nations.

Roles and Responsibilities

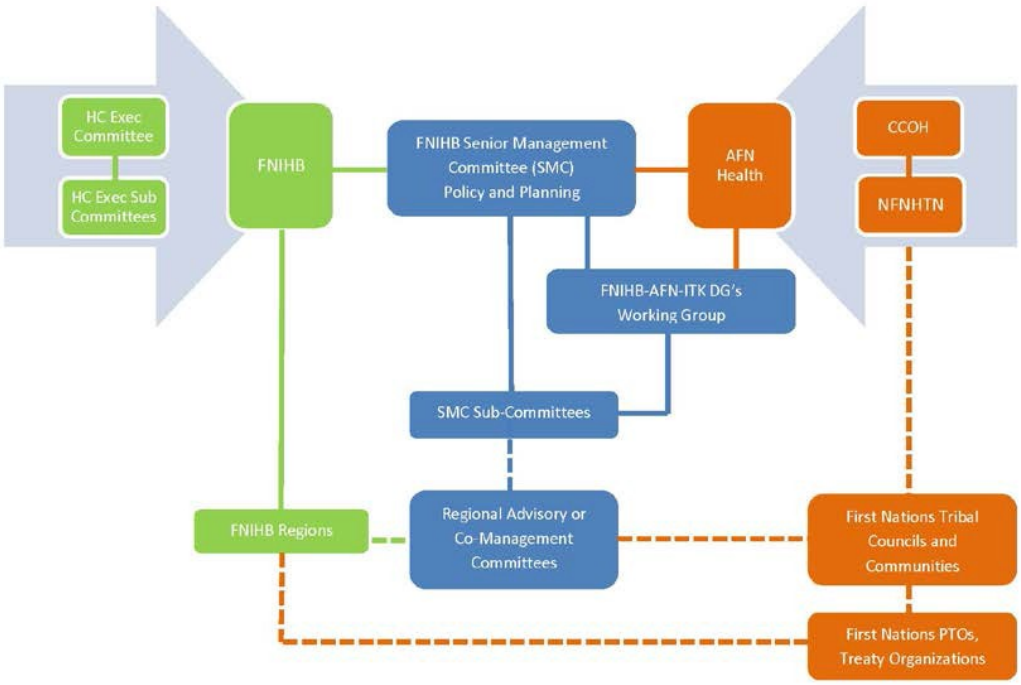
1. FNIHB Roles and Responsibilities in the Engagement Protocol

- Ensure Branch Directorates and Regions are aware and respect this engagement protocol;
- Provide the secretariat with support on the development of materials for the SMC Policy and Planning, Sub-Committee and Working Group, and ensure these materials are provided to the AFN in advance for input and review;
- Ensure that other federal departments are engaged as required as they relate to health issues for First Nations; and
- Report on implementation of this protocol in its annual operational plan reporting to the Department.

2. AFN Roles and Responsibilities in the Engagement Protocol

- Ensure AFN staff and First Nations representatives of the National First Nations Health Technicians Network and Chiefs Committee on Health respect the engagement protocol;
- Facilitate dialogue at a national level with First Nations organizations that are members of AFN, that reflects regional First Nations realities and input; and
- Partake as a member of the SMC and share information on its participation and input with First Nations through reports to the Chiefs-in Assembly.

AFN-FNIHB Joint Governance Model



FNIHB Strategic Plan Principles:

Wellness – promoting holistic perspectives that help protect and promote the health, safety and well-being of First Nations and Inuit

Excellence – striving for continuous quality improvement, learning and innovation

Reciprocity and trust – working together with First Nations, Inuit, provinces, territories, federal departments and other partners in a circle of shared responsibility, accountability and stewardship

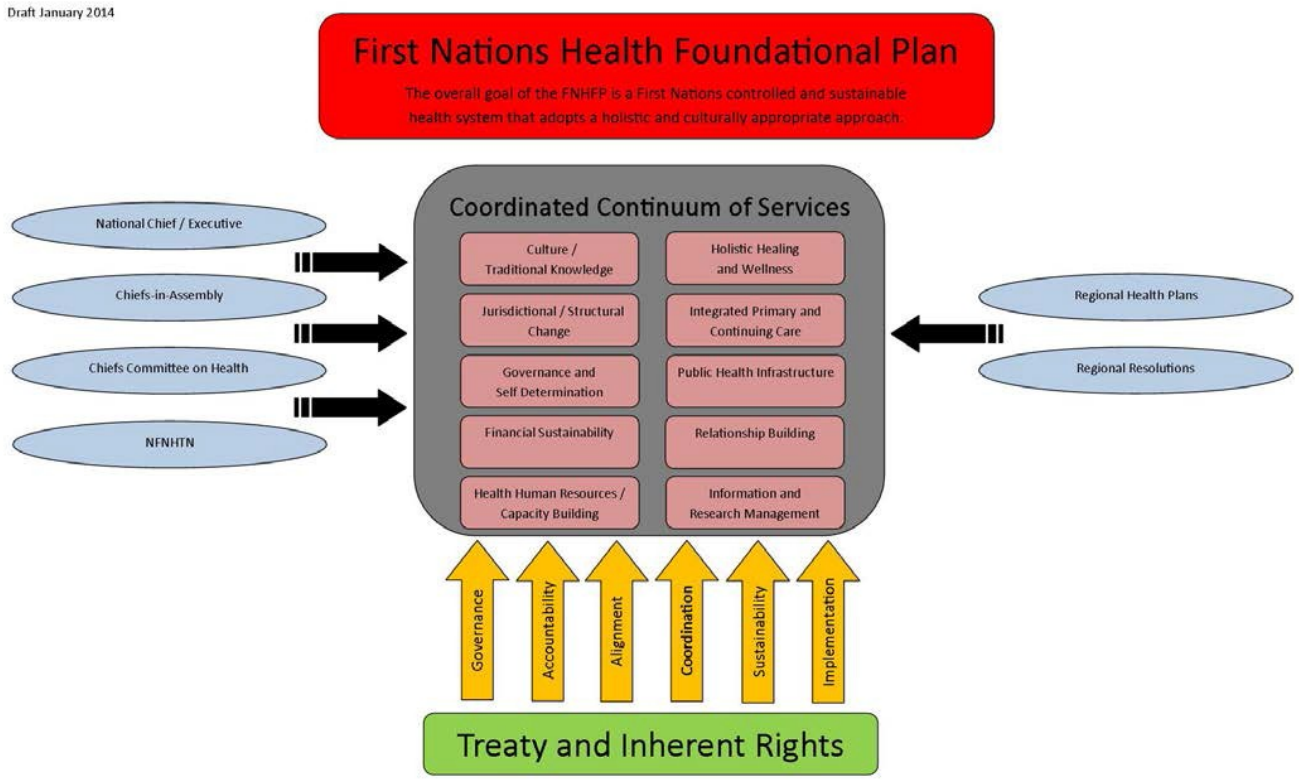
Fiscal Stewardship – practising sound fiscal management, complying with fiscal accountability measures and ensuring value for money

Flexibility – responding to the needs of individuals across their lifespans, and to the needs of families and communities, taking into account distinct regional circumstances and gender differences

Culture – recognizing that cultural practices and traditions are essential to the health and well-being of First Nations and Inuit

Communications and Engagement – communicating transparently and involving First Nations and Inuit in the development, delivery and management of national and regional policies and programs

AFN FIRST NATIONS HEALTH FOUNDATIONAL PLAN



AFN Principles of Engagement

1. Unless directed by the National Chief's Office, the CCOH, or the Chiefs-in-Assembly, the AFN Health Team will refrain from engaging in Committees that adopt a pan-Aboriginal approach and/or that include Aboriginal representatives outside of the three leadership organizations that represent the constitutionally recognized people (AFN, ITK and the MNC).

2. The AFN Health Team will participate in Committees that stipulate the distinct mandates/reporting relationships of each participating member's organization, with the overall objective of working towards a common, limited number of specifically focussed objectives.

3. The AFN Health Team will participate on Committees[2] that meet the following expectations:
    - Activities work towards advancing and empowering First Nations peoples;
    - Abide by the mission, values and objectives set out in the AFN Charter; and,
    - Actively work to achieve the vision and goals of the First Nations-in-Assembly.

4. The AFN will only participate on Committees once it is made clear that the Committee does NOT constitute due consultation. This will avoid the AFN's role or contributions from being misconstrued. To this end, a Terms of Reference (TOR) or similar guiding document may be required, as determined by the AFN, to clarify each party's roles and responsibilities.

5. The AFN Health Team will prioritize participation in Committees that are timely and relevant to First Nations needs and priorities as identified in strategic sessions as identified by the NFNHTN and CCOH.

6. The AFN Health Team will participate in Committees at the pre-design and launch phase. The AFN Health Unit will avoid participating in pre-determined and "ready-made" external committees.

7. The AFN Health Team will prioritize participation on committees that exemplify commitment to collaboration and transformative change.

8. The AFN will prioritize participation in Committees that reflect intergovernmental (Nation to Nation) exchange with First Nations.

9. The AFN Health Team will participate in Committees that aim to build cultural competence in non-First Nations organizations and that meet the criteria above.

10. The AFN Health Team will prioritize participation in Committees that meet the above criteria and exercise decision-making authority, including delegated budget authority. Although limitations of the Committees' authorities at the implementation stage should be recognized and documented.

11. Upon participating in a Committee, the AFN Health Team will document:
    - The purpose of the Committee (working/technical, mediating, decision-making);

[2] The term Committees is used to denote groups of participants from various organizations, including but not limited to, working groups, forums, networks, technical, steering and advisory groups.

- Respective role and responsibilities of each participating organization;
- Level and intent of commitment of participating organizations;
- Way in which the Committee meets the expectations outline in Principal #3;
- Level of influence (regional, national, international);
- Anticipated results; and,
- Timeline for participation.

12. The AFN Health Team will conduct periodical (bi-annual) assessments of its participation in all Committees.

Agreement for FNIHB Departmental Evaluations[3]
Between the AFN, ITK, FNIHB, and HC-PHAC ED

DRAFT

This agreement between the Assembly of First Nations (AFN), Inuit Tapiriit Kanatami (ITK), the First Nations and Inuit Health Branch (FNIHB), and the Health Canada and Public Health Agency of Canada - Evaluation Directorate (HC-PHAC ED) outlines how the AFN and ITK will be engaged and contribute its knowledge and experience to Treasury Board (TB) mandated evaluations of FNIHB programs and services.

The following agreement will be honoured for new departmental evaluations. For departmental evaluations currently underway, accommodations will be made, where possible, to honour the agreement.

Background:

- According to the Financial Administration Act (1985) and the TB of Canada Policy on Evaluation (2009) programs must be evaluated on a regular basis (every 5 years). These are formally referred to as departmental evaluations.
- HC-PHAC ED has the responsibility for both conducting the departmental evaluations, as well as ensuring that the evaluations meet health portfolio requirements.
- Evaluations will be conducted in a respectful and culturally safe manner.
- The perspective of communities will be included in evaluations of programs delivered in First Nations and Inuit communities.
- The evaluations are to:
    - contribute to information available to First Nations and Inuit communities when planning their activities;
    - inform FNIHB program decisions; and,
    - answer the five core issues mandated by the Policy on Evaluation (i.e., relevance, effectiveness, economy and efficiency) to support senior decision-making.

	Responsibilities:
AFN, ITK, FNIHB, HC-PHAC ED	• Work together in a respectful and solution focused fashion. • In the 12 months following the signing of this agreement: • Collaborate (including the Northern Region, Quebec and Atlantic Region) to develop and approve methods and processes to evaluate programs in Inuit communities. During this process all options will be explored, including considering one large Inuit specific evaluation (all programs) every 5 years to ensure appropriate Inuit representation. The methods and processes will work to acknowledge the unique perspectives and experiences of the North, and the role of the

[3] This agreement is to be reassessed annually (Are parties respecting the agreement? Are modifications required to the agreement?).

	territories. • Collaborate to develop and approve methods that would be common to all evaluations of First Nations communities to decrease review time. • Once methods and processes for First Nations communities, and for Inuit, are agreed upon, HC-PHAC ED will incorporate them into evaluation practices. • Review the rating scale employed by HC-PHAC ED when selecting evaluation consultants (e.g., topic of cultural sensitivity/appropriateness). This rating scale will then be used to rate proposals for all upcoming evaluations.
AFN and ITK	• Identify one key contact person and an alternate from each organization and inform FNIHB if there are changes in the key contact. • Submit written advice to FNIHB by agreed upon timelines, that consolidates when appropriate comments from the National Inuit Committee on Health and/or National First Nations Health Technicians Network, on the five key steps where input will be sought by FNIHB: 1. evaluation scoping deck (includes: areas to be evaluated, methodology, timelines) (3 weeks) 2. final methods and timelines as developed by evaluator (e.g. contractor) (3 weeks) 3. tools to be used in communities or with community members (3 weeks) 4. preliminary findings (first draft in the form of a discussion with evaluator) (1 meeting); and, 5. final report (one draft with draft conclusions but no recommendations). (4 weeks)
ITK	• Inform and seek input from the four Inuit land claims organizations: The Inuvialuit Regional Corporation; Nunavut Tunngavik Incorporated; The Makivik Corporation; The Nunatsiavut Government via the National Inuit Committee on Health or designate, and from other appropriate regional ITK stakeholders
AFN	• Inform and seek input from the National First Nations Health Technicians Network respecting differing regional processes.
FNIHB	• One month prior to the start of a departmental evaluation, provide a brief summary to the AFN and ITK on upcoming evaluation including: programs to be evaluated; communities where programs are offered; and projected timelines. • Maintain an updated list of key contacts and alternates to guarantee that communications are addressed correctly and in a timely fashion. • Inform the AFN and ITK of progress of evaluation via-email, and a minimum of bi-annual meetings. • Share information with the AFN and ITK as soon as it is available to provide as much notice as possible. • Email the AFN and ITK representative, confirm receipt of email, to seek input on evaluations according to the agreed upon procedures and timelines (see 5 steps in section related to the AFN and ITK). • Work with HC-PHAC ED to respond in writing to the AFN and ITK's advice to

	clearly communicate how the advice will be incorporated into the evaluation, and if applicable - why not. • Work with the AFN and ITK to understand any arising issues and find solutions.
HC-PHAC ED	• Conduct the departmental evaluations. • Ensure that departmental evaluations meet health portfolio requirements. • Assist FNIHB (PMU) with their responses in writing to the AFN and ITK’s advice. • Will work with PMU to understand and implement the AFN and ITK’s advice to the greatest extent possible.

We are to respect this agreement and work together in a respectful solution focused manner.