EVALUATION PLAN FOR THE CONTRIBUTION AGREEMENT BETWEEN THE AFN AND HEALTH CANADA – FIRST NATIONS INUIT HEALTH BRANCH (FNIHB)

Prepared for
Assembly of First Nations (AFN) – Health & Social Secretariat (HSS)

Prepared by
R.A. Malatest & Associates Ltd.

November 25, 2009

Contact Information:
Natalie Froese
R.A. Malatest & Associates Ltd.
Phone: (613) 688-1847
Fax: (613) 288-1278
E-mail: n.froese@malatest.com
Web: www.malatest.com
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LIST OF ACRONYMS AND ABBREVIATIONS

AFN.................. Assembly of First Nations
AHRC.............. Aboriginal Health Research and Coordination Projects
CA.................. Contribution Agreement
DOC.............. Document Review
FEEDBK......... Feedback
FNIHB............. First Nations Inuit Health Branch
FPT............... Federal / Provincial / Territorial
HC................. Health Canada
HCON............... Health Consultation
HPM............... Health Planning and Management
HSS................ Health and Social Secretariat
IRS................ Indian and Residential Schools Resolution Health Support
KII.................. Key Informant Interviews
MCH............... Maternal Child Health
NHFNTN.......... National First Nations Health Technician Network
OCAP........... Ownership, Control, Access and Possession
OHC.............. Oral Health Care
PMS............... Performance Measurement Strategy
RHS.............. Regional Longitudinal Health Survey
RMAF.............. Results-Based Accountability Framework
ROD............... Record of Decisions
SHE............... Stakeholder Engagement
TOR............... Terms of Reference
SECTION 1: CONTEXT

The Evaluation Plan for the Contribution Agreement (CA) between the Assembly of First Nations (AFN) and Health Canada – First Nations Inuit Health Branch (FNIHB) is a foundational document that provides a basis, or strategy, for conducting evaluation activities to take place over nearly five years. This document includes all the fundamental components of an evaluation plan, including a description of the CA; key evaluation questions, indicators and data sources; and a methodology.1 The evaluation plan is designed to be an evergreen document, refined and updated over the period of the CA, in order to provide relevant and timely information to the AFN and meet accountability requirements of the CA.

A highly collaborative approach was taken in the development of this evaluation strategy to ensure that the end product would present valid and feasible options. The evaluation framework and plan were developed in consultation with the AFN assistant director of the Health and Social Secretariat (HSS), as well as AFN program leads.

1.1 First Nations Health Status

1.1.1 First Nations in Canada

According to the Indian Registry, as reported in the First Nations Regional Longitudinal Health Survey (RHS), the 2001 First Nations population size in Canada was 690,101; of those, 57.5% percent or 396,688 people lived in First Nations communities (and on Crown Land), while 42.5% percent lived elsewhere outside First Nations communities.2

Aboriginal people have a different quality of life and health compared to other Canadians. Based on a Health Canada report (2000), while the health status of the Aboriginal population in Canada has seen some improvements in areas such as life expectancy and mortality rates, there are still many gaps.3 These gaps are consistent with findings from the 2002-2003 RHS, which states that “Compared to the general Canadian population, First Nations adults have a higher frequency of arthritis/rheumatism, high blood pressure, diabetes, asthma, heart disease, cataracts, chronic bronchitis, and cancer”.4

At present, the federal and provincial/territorial governments have a role in First Nations’ health services. Health Canada established the FNIHB in recognition of the unique health needs of First Nations people. The FNIHB manages the transfer of funds to First Nations communities and organizations for the delivery of health services. In addition, the FNIHB provides grants and contributions to organizations engaging in activities to help Health Canada meet its objectives.5 The FNIHB also works with First Nations groups to facilitate

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1 The components adhere to the Treasury Board’s federal Policy on Evaluation, which took effect April 1, 2009.
5 2009-10 Report on Plans and Priorities (Health Canada)
increased self-control over the health system. This is achieved through the extension of funds to First Nations groups, such as the AFN.

1.1.2 Assembly of First Nations

The AFN is “a national aboriginal advocacy organization” that represents the interests of First Nations people in Canada. The AFN acts as a national forum for the development of “effective collective and co-operative measures on any subject matters which the First Nations delegate”. The AFN has a vested interest in all policy areas that affect First Nations people, including youth, education, land claims, economic concerns and the environment, as well as a strong involvement in First Nations’ health.

The AFN has outlined the components necessary to significantly improve the health situation of First Nations people. The Health Action Plan (2004) has the explicit goal of achieving a “First Nations controlled and sustainable health system that adopts a holistic, culturally appropriate approach”. The document proposes that this vision can be realized through the concepts of sustainability and integration. A sustainable health system has funding matched to population growth; health needs and real cost drivers; and also has effective measurement tools to monitor spending. An integrated health system addresses the various gaps in programming that exist across the local, provincial/territorial and federal levels. The AFN has identified the eight components of a sustainable, integrated health system:

- Jurisdictional equality/structural change;
- Governance and self determination;
- Financial sustainability;
- Integrated primary and continuing care;
- Health human resources;
- Public health infrastructure;
- Holistic healing and wellness; and
- Information and research governance.

The AFN advocates for an improved health system, and, as intermediary steps, for greater input from First Nations into a range of current policies, programs and initiatives. These include broad areas such as upstream investments, as well as particular health issues such as diabetes and HIV/AIDS.

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7 Description of the AFN: [http://www.afn.ca/article.asp?id=58](http://www.afn.ca/article.asp?id=58) (AFN)
8 How does the AFN Work? PowerPoint Presentation (AFN, October 19, 2009)
10 First Nations Health Action Plan (AFN, 2009 – draft)
1.2 **Contribution Agreement with Health Canada**

1.2.1 **Health Funding Models**

As shown in Figure 1 (below), health funding CAs have a range of funding options. The least developed funding options are characterized by low recipient control, low cost, and relatively simple activities (i.e., direct FNIHB service delivery), whereas the most developed funding options involve high recipient control, high cost, and complex activities (i.e., self-governance). Regardless of the type of agreement, the recipient must provide the government with specific deliverables (i.e., annual project and financial reporting) that detail their activities and level of success.11

**Figure 1: Recipient’s Continuum of Control**

![Recipient’s Continuum of Control Diagram](image)

This continuum of control is inline with FNIHB’s recognition and acknowledgement of the need for increased flexibility in funding arrangements to respond to the diversity of community needs and capacity issues within recipient groups.13 It is also particularly relevant to the greater, overarching goal of First Nations’ self-government.

1.2.2 **AFN-FNIHB Contribution Agreement**

The AFN and FHNIB entered into a five-year, $27 million flexible funding CA on April 1st, 2009.14 The agreement is located in the middle-right of the continuum of control (flexible funding model) as its components reflect a gradual transition from FNIHB control to significant AFN self-control over work related to advocacy of health issues.

The agreement provides the AFN with resources for various health related initiatives in the interest of increased First Nations input into policy, program design, and administrative

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12 Contribution Funding Framework: Overview (FNIHB 2007)
13 Contribution Funding Framework: Overview (FNIHB 2007)
14 The agreement amounts to $27,129,020.00 total (Health Funding Contribution Agreement 2009)
matters. While still retaining some restrictions on funding use (i.e., set funding that can only be applied to particular authorities and programs), the agreement incorporates a flexible, multi-year component. This flexibility allows the transfer of funds across most types of program authorities to better address unique or emerging needs. Moreover, the AFN is allowed to retain any surplus funds and reinvest them according to their own determined health priorities, as long as mandatory programs continue to be provided. The inherent flexibility in the CA is expected to result in a more streamlined approach to the financial administration involved with the AFN’s priority areas of work.

In this particular AFN-FNIHB CA, the flexible aspect of the agreement pertains to the areas of Health Planning and Management (HPM) and Health Consultation (HCON), which fall under the Health Governance and Infrastructure Support authority. Funds allotted to either program can be re-distributed among authorities if desired. The HPM program will receive $2 million annually for a total of $10 million (over five years). The HCON program will receive $3,031,164 annually ($15,155,820 over five years) for a total flexible funding budget of $25,155,820.00.

The following programs of work receive annual set funding for 2009-2010 that, as such, cannot be re-distributed:
- Maternal Child Health (MCH) ($50,000);
- Indian and Residential Schools (IRS) Resolution Health Support ($124,200);
- Oral Health Care (OHC) ($135,000);
- Aboriginal Health Research and Coordination Projects (AHRCP) ($1,500,000); and
- Health Consultation – Communicable Disease/Emergency programs ($164,000).

The AFN will receive a total set funding budget $1,973,200 for these projects in 2009-2010.

1.3 Management of the Flexible Funding Agreement

1.3.1 Multi-year Workplan

As part of the CA, the AFN designed a comprehensive multi-year Workplan ranging from 2009/10-2013/14 to guide the use of the CA funds. Development of the Workplan is a precursor to the development of the CA, and is appended to the signed CA as a high-level description of the work funded. The overarching goal of the AFN’s Workplan is to achieve “increased opportunities for First Nations to participate in and influence national health policy, health systems and program development in areas including, but not limited to: children and youth, mental health and addictions, chronic disease and injury prevention, communicable disease control, environmental health and research, primary care, supplementary health benefits and health governance and infrastructure support”\(^{15}\).

Consistent with this overarching goal, the main objectives of the Workplan are to:
- Provide policy advice for issues concerning First Nations’ health;
- Pursue an integrated First Nations health system that ensures access and quality services;

\(^{15}\) AFN 2009-2014 HSS Multi-year Workplan (AFN, 2009)
Develop and maintain community, regional, provincial/territorial, national, and international partnerships to advocate for First Nations’ health interests;

- Improve information dissemination and education to build capacity in dealing with health issues;
- Strengthen communities’ capacity to conduct health research; and
- Continue to advocate for First Nations’ right to health and control over health care management and delivery.

In order to achieve these objectives and the desired changes, the AFN undertakes a range of activities, which are presented in Figure 2 (below). The activities centre on building Federal/Provincial/Territorial (FPT) relationships and partnerships, developing forums/opportunities and tools, providing coordination activities, and promoting ownership, control, access and possession (OCAP) principles.

**Figure 2: The AFN’s Activities Support Inter-related Desired Changes**

- FPT policies, strategies, programs and initiatives address First Nations rights and First Nations health needs and priorities
- Multi-partite and jurisdictional forums exist to address integration
- First Nations (regions, organizations and leaders) have tools and opportunity (forum) to present First Nations’ health needs and priorities
- First Nations have increased access and ownership of health information
- FPT and First Nations relationships and responsibilities are mapped
- AFN has effective partnerships across stakeholder groups
- A systematic and coordinated approach to supporting the advancement of First Nations health needs and priorities is in place
- Protocols on health information data collection and management reflect OCAP principles

It is in completing these activities that the AFN will contribute to FPT polices, strategies, programs and initiatives that address First Nations rights and First Nations health needs and priorities. Appendix B presents the Multi-year Workplan, including statements that describe key expected results arising from the work.

### 1.3.2 Reporting Requirements

Under the AFN-FNIHB CA, there are several aspects that direct how the AFN will report to both internal and external stakeholders. The reporting requirements for the flexible agreement are to:

- Provide annual year end financial (audit) reports;
➢ Provide annual reports to recipients’ members and to the Minister; and
➢ Provide an evaluation report every five years, at least 6 months prior to the conclusion of the agreement.

In contrast with other funding models, the flexible funding model emphasizes results-based rather than activity-level reporting. This shift in focus results in reports and evaluations that seek to measure and understand areas of success. As such, the purpose of this evaluation plan is to provide tools for conducting a results-based evaluation, which the AFN must complete six months prior to the CA coming to an end. In addition, the evaluation plan is designed to be an evergreen document, refined and updated over the period of the CA, in order to provide relevant and timely information to the AFN and meet accountability requirements of the CA.
SECTION 2: DEVELOPING AND ENGAGING WITH THE EVALUATION PLAN

In this short section, the role and responsibility of the external evaluators who developed this evaluation plan as well as those of the AFN are presented. As will be described, while the external evaluators submitted the Plan to the AFN as a resource, it is the AFN’s responsibility to engage with the document throughout the duration of the CA, taking steps to both refine and execute the Plan.

2.1 External Evaluators – Developing the Plan

The development of the Evaluation Plan took place from October 2009 to November 2009. The process included three main phases, each comprised of several important tasks, which are detailed below.

1) Review of the AFN’s Multi-year Workplan: The AFN’s Multi-year Workplan, which forms the basis for the CA, lacked statements pertaining to the expected results / outcome measures. The consultant worked with the AFN to develop a series of results statements pertaining to their core activities and 6 key Workplan objectives. These results statements will need to be reviewed periodically by the AFN throughout the duration of the agreement to ensure that they remain relevant and reflective of activities and goals.

2) Review of other documents: The document review formed the foundation of the evaluation plan. It focused on a wide array of background information provided by the AFN and FNIHB to explain the details and context of both the CA and the activities of the AFN that address the health needs and priorities of First Nations. Specifically, this included:
   - The 2009-2014 Flexible Funding Health CA and associated Multi-year Workplan, along with earlier health CAs;
   - The AFN’s First Nations Health Action Plan, documents outlining various health policy areas, the AFN Annual Report (2008-2009), and other documents providing background information about the purpose and role of the AFN;
   - The FNIHB Contribution Funding Framework: Overview, FNIHB’s Results-Based Accountability Framework (RMAF); and
   - Other evaluation-specific resources.16

3) Consultations and Working Meetings: Several working meetings took place, including:
   - Background discussions with both the AFN senior staff and program leads;
   - Background discussions with FNIHB management and staff from the Strategic Policy and Planning Division;
   - A working meeting to develop draft results statements for the AFN Workplan; and
   - A working meeting to discuss key evaluation questions, indicators and data sources.

16 A complete list of the documents reviewed can be found in the appendices.
Once all activities were completed, an Evaluation Matrix (included as part of Section 3) and this Plan were developed and approved by the AFN.

### 2.2 AFN – Ongoing Engagement with the Evaluation Plan

The flexible funding model emphasizes results-based reporting rather than activity-level reporting. This shift in focus means that reports and evaluations seek to measure and understand areas of success. As shown in Figure 3 (below), activity reports and evaluation reports answer different types of questions. Activity reports examine whether or not planned activities took place; evaluation reports examine the result of these activities. While activity-based reporting requires simple tracking mechanisms (meetings attended, etc.), results-based reporting requires a more analytical view of tracking information, as well as other sources of data to ultimately reach conclusions about effectiveness.

**Figure 3: Activity Reports and Evaluation Reports Answer Different Questions**

Examples of results-based reporting:
- “Did we achieve these results? Why or why not?”
- “Did we make progress toward longer-term objectives?”
- “What activities have been most effective?”
- “Was the Agreement effective in supporting activities?”
- “Were funds invested wisely?”

Activity-based reporting: “Did these activities take place?”

While the end use of the evaluation plan is for the AFN to conduct or commission a Final Evaluation and Report for meeting the reporting requirements of the AFN-FNHIB CA, ongoing engagement with the plan is fundamental to ensuring that:

- The plan continues to reflect priority areas of work as these change during the flexible agreement, so that:
  - Evaluation questions remain relevant, and if there are new questions, determine how these will be examined and what data needs to be collected to do so.
Information and data are collected systematically, so that:

- Information and data can be used to make ongoing adjustments (i.e., inform internal decision-making and management);
- Progress is tracked over the agreement period;
- Information and data is collected during an appropriate period of time, that is, soon after the relevant event (i.e., a good plan avoids trying to go back five years in time, ensures that knowledgeable people can still be reached and that accurate reflections are made); and
- Information is available at the time of the Final Evaluation.

Annual reports on activities and early results can be produced for the funder and other stakeholders.

This can be achieved through the design and implementation of a Performance Measurement Strategy (PMS). Performance measurement is a systematic tracking of information with results in mind. A PMS is based on the objectives, activities and results of the Workplan, and contains performance indicators. The PMS can be based on information that is currently being collected (e.g., as part of activity tracking) and expanded to include new types of information (e.g., including baseline feedback from key stakeholders, or conducting a review of a recently completed project).

Performance indicators are the first component of the PMS. They can be of a qualitative or quantitative nature, and can include monitoring indicators (tracking activities or outputs), process indicators, or outcome indicators (capturing current “state of affairs” that will ideally change over time). Good indicators are credible, realistic/practical, reliable, affordable, timely, fit for purpose, and easily understood. Performance indicators can serve more than one evaluation or reporting function. In other words, an indicator might measure an output that is also an outcome. For example, the development of an action plan includes a document (action plan) that is an output of the AFN’s work, however it also captures an outcome, or change in state, as a formerly undefined issue now has a framework for moving forward. Section 4 of this report provides a number of performance measurement indicators specific to the evaluation strategy presented in this document.

The data collection strategy is the second component of the PMS. This consists of a plan for capturing the performance indicators. It includes: the data source, the frequency of analysis, and identifies who is responsible for its collection. Section 4 of this report provides the parameters on data collection specific to the evaluation strategy presented in this document.

Table 1 (below) shows how different types of indicators serve different purposes and require different frequency of collection and analysis.

<table>
<thead>
<tr>
<th>Type of Indicator</th>
<th>Purpose</th>
<th>Frequency of Collection</th>
<th>Frequency of Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring</td>
<td>Focus mainly on relevance and short-term objectives</td>
<td>Generally tracked and reported on a regular basis, often reported annually</td>
<td>Used in the final evaluation component but could be visited in an interim evaluation component, if deemed necessary/appropriate</td>
</tr>
</tbody>
</table>

| Monitoring        | Focus mainly on relevance and short-term objectives | Generally tracked and reported on a regular basis, often reported annually | Used in the final evaluation component but could be visited in an interim evaluation component, if deemed necessary/appropriate |

Preliminary Plan
<table>
<thead>
<tr>
<th>Type of Indicator</th>
<th>Purpose</th>
<th>Frequency of Collection</th>
<th>Frequency of Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process e.g., annual reporting to FNHB is completed and on time</td>
<td>Focus mainly on the activities and procedures for implementation and management of the funding agreement</td>
<td>Some may be tracked and reported on an annual basis, while others can be reviewed on a more intermittent basis to maintain consistency in delivering and/or to make adjustments as necessary</td>
<td>Used in the final evaluation component but could be visited in an interim evaluation component, if deemed necessary/appropriate</td>
</tr>
<tr>
<td>Outcome e.g., number of collaborative outputs, such as jointly authored communications</td>
<td>Focus on some elements of relevance and, to a larger extent, on results (i.e., attainment of short-, medium- and long-term objectives)</td>
<td>Generally tracked and reported on towards the end of the funding period to show that activities have taken place</td>
<td>Used in the final evaluation component Note: Does not permit attributions about the impact, but rather, only that certain things happened in relation to the funding</td>
</tr>
</tbody>
</table>

In the context of this evaluation plan, outcome indicators show that the AFN is contributing to important changes or results, but do not permit attribution about the impact. Attribution can be established using net impact indicators, which require that an experimental or quasi-experimental design be in place to control for other potential explanations for change. In this evaluation plan, there are no net impact indicators given inherent challenges to measuring advocacy and collaborative work.

While the evaluation plan outlines a strategy for evaluation, in order to implement the Plan, the AFN will be required to engage in a continual process of learning; identifying and articulating clear objectives of their work, updating their key activities and desired outcomes, and determining suitable data sources to track performance and support an evaluation. Currently the evaluation plan includes a Matrix with indicators and a data collection strategy for each proposed evaluation question (Section 3). The Plan also includes a discussion on how to implement an appropriate PMS for the purposes of the evaluation (Section 4).
SECTION 3: EVALUATION PLAN

3.1 Evaluation Objectives and Audience

The evaluation of the FNIHB-AFN CA comprises of an evaluation of both the CA as a funding tool and the results that been achieved by investing funds in the AFN’s Workplan. The evaluation therefore has two main purposes:

- First, to assess whether the flexible CA is a rational and effective way to fund the AFN’s Workplan in the area of health; and
- Second, to ensure accountability for funds released under the CA and to facilitate learning about how to best pursue desired outcomes.

The evaluation is a new way of assessing the CA and its Workplan, moving away from activity reporting to strategic assessment of what results Workplan activities have achieved, and what can be learned about how to effectively pursue desired outcomes.

Under the CA, the evaluation is expected to augment and build on other areas of reporting otherwise required by the agreement, specifically:

- Financial Reporting (annual audit reports and/or one interim financial report); and
- Project Reporting (annual reports to internal and external stakeholders each year).

This evaluation has two main audiences. First and foremost, the evaluation is owned by the AFN, and will be used to support their management, accountability and learning processes. However, the AFN’s accountability is twofold: they report to both their internal stakeholders as well as to FNIHB, the funder of the CA.

3.2 Key Considerations

Several unique features about the AFN’s work and the flexible funding agreement can present challenges to evaluating their effectiveness, and therefore must be carefully considered when designing an evaluation plan.

3.2.1 The Unique Nature of the AFN’s Work

The AFN’s Workplan consists of multiple core activities and objectives that are interrelated. As an advocacy organization, the AFN acts as a key partner with FPT governments, other Aboriginal organizations, as well as First Nations leaders, communities, and regions. The AFN can act as a mobilizer, facilitator and conduit for information, resulting in increased opportunities for First Nations to be involved in the FPT policy and program cycles, as well as other relevant work (such as research or international initiatives).

The key attributes affecting the evaluation are:

- The AFN’s activities and achievements overlap, making attribution or “tracing back” of an achievement to a particular approach difficult, if not impossible;
- Systemic change, and even policy or program changes, are long term goals which may require months or years of input before concrete results are seen;
Successfully influencing FPT policies, programs, and priorities is highly dependent on factors outside of the AFN’s control, including political direction/climate, budget decisions, etc.,

Many of the benefits of the AFN’s work are intangible and involve subtle shifts in influence. Those which can be identified, such as improved relationships, mutual understanding, the creation of participation opportunities and greater awareness are difficult to measure, and are subject to change (e.g., when housed within a particular government official); and

Health outcomes are outside the scope of the 5-year expected results.

Therefore, the focus of the evaluation is on areas of success that are most measurable and within the ability of the AFN to influence, and both qualitative and quantitative indicators are identified. When areas of success are important but difficult to measure, qualitative and opinion-based (or “reflective”) indicators have been developed. Health indicators and net impact assessments are not included as part of this evaluation.

3.2.2 Determining Effectiveness

One of the main purposes of the evaluation is to examine the “effectiveness” of the CAs’ funding, and the AFN’s activities, in reaching desired outcomes or expected results. Effectiveness, in its technical sense, requires a comparison of some kind to be made. The most robust evaluations include comparisons over time and between groups that have and have not received an intervention (in this case, CA funding).

This is not practical given the nature of the CA, and therefore it is important to recognize that the evaluation will examine effectiveness in the following ways:

- Comparing results to a benchmark of “expected results”, where achieving expectations is deemed as effective;
- Collecting retrospective assessment of achievements under the flexible CA compared to what officials recall as being typical under a fixed CA;
- Collecting feedback in at least two points in time, where improvements in stakeholders’ assessment of the AFN’s work is deemed as an increase in effectiveness; and
- Considering both results and intermediate steps toward achieving results in the evaluation.

A “cost effectiveness” assessment requires comparing the CA investment’s results to other, similar investment results, and is not feasible to include as part of the evaluation. Similarly, an assessment of “net impact” or attribution of results to the activities of the AFN alone are not possible and out of the scope of the evaluation.

3.2.3 Inherent Risks and Proposed Mitigations

There are two types of risk that may impact the evaluation. First, there are “program risks”, or risks that are related to the AFN’s ability to achieve results. Many of these risks, such as change in political climate, structure, priorities or funding are beyond the AFN’s control. A well-planned performance measurement and evaluation strategy will help to identify these changes and adapt as quickly as possible. Second, there are “evaluation risks” that are related to the ability to evaluate the CA successfully.
Our focus will be on risks and mitigations for the evaluation:

1) The CA covers a relatively long 5 year period; valuable learning and reflection on the early stages of developing and executing the CA may be lost by year 4 or 5. To mitigate this risk, we have built a phased evaluation approach, beginning in year 2.

2) The evaluation planning phase has preceded finalization of expected results statements; key objectives, activities and expected results may continue to change, especially in light of the flexibility provided under the CA. To mitigate the risk of the evaluation plan becoming out-of-date, next steps to finalize the plan (in year 1), and to keep it current (years 2-4) are included as part of the overall evaluation strategy.

3) Stakeholder input will be a key source of feedback on the work undertaken by the AFN, and as a means of identifying results. However, stakeholder representatives can change over time. If only contacted in year 4 or 5, this could provide an incomplete picture to evaluators. To mitigate this risk, periodic feedback from stakeholders is built into the evaluation plan. In addition, a phased evaluation approach, beginning in year 2, will allow stakeholders to raise issues sooner rather than later, and provide an opportunity for the AFN to respond prior to the final evaluation.

4) There is a risk that some expected results will not be achieved in 5 years, and that progress towards them will be difficult to measure. To mitigate this risk, the evaluation plan includes questions and indicators related to activities, immediate outcomes, and longer-term outcomes, with a combination of qualitative and quantitative lines of evidence, in order to reach a more complete view of the AFN’s success under the CA, and to facilitate learning about areas that are, more or less, a success.

5) Finally, evaluation activities must be funded by the AFN. There is a risk that the sufficient funds may be difficult to set aside, without compromising other activities. Therefore, the evaluation plan is designed in a phased approach, with methodological options set out to inform the AFN’s decisions about the structure and execution of their evaluation.

3.3 Key Evaluation Questions

There are several key questions that a comprehensive evaluation of the flexible CA must consider. These may be broken down into three main data collection and analysis time periods, based on when information will be available, and when it should be collected to meet the AFN’s information needs. The benefits of a phased approach have already been presented as part of the discussion on risks and mitigations. In general, ongoing performance measurement and periodic feedback will provide information on activities and results, the interim review will examine the rational as well as the process of administering the CA, and the final review will encompass all of the above, as well as long-term results, lessons learned and cost accountability.

Interim review (Year 2)

- Has the flexible CA been a valuable funding tool to further the AFN’s objectives?
- Was the process of designing and implementing the CA/Workplan effective?
- Are any changes needed in the management or execution of the CA/Workplan?
- Are performance measurement and evaluation processes in place to support evaluation and used to continuously improve design and execution of the Workplan?

**Performance measurement and periodic feedback (ongoing)**
- Are activities being undertaken as planned?
- Is flexibility being employed to adjust the Workplan or funding allocations?
- Are stakeholders satisfied with the role and work of the AFN?
- What key results have been achieved?
- What evaluation activities are required this year?

**Final review (Years 4-5)**
- Has the CA and associated Workplan been relevant to First Nations health issues?
- Has governance and management of the CA, including the type and range of activities undertaken, been effective?
- Has the flexible CA better supported the AFN in achieving results than a fixed CA?
- Has the flexible CA better supported responsiveness of the AFN to emergent issues?
- Have financial accountability requirements been met?
- What lessons have been learned from implementing this CA in terms of: funding the AFN’s work and achieving results?

The final review will also encompass and update learning from the interim review and performance measurement and periodic feedback processes.

It is extremely important to realize that *addressing* an evaluation question is not the same as *answering* an evaluation question, which depends upon the necessary data being available. In some cases, questions may only be partially addressed, requiring caveats to be identified for conclusions.

3.3.1 Overview of Key Evaluation Areas

The Evaluation Matrix serves as a blueprint for conducting the evaluation. It covers key areas of relevance/rationale, implementation and management (process), progress/success, lessons learned, and cost accountability.

- **Rationale and relevance**: This area examines the extent to which the flexible, multi-year CA and Workplan align with the AFN and FNHIB objectives, the impact of the features of the agreement, and the Workplan’s ability to respond to issues as they arise.
  This will be primarily evaluated through a document review and interviews with stakeholders, both within an interim and final evaluation context. An interim evaluation in this area will be particularly useful to highlight the features of the CA and the process of designing and implementing the agreement that are new for the AFN and FNHIB. Perceptions, reactions and feedback must be gathered before new features or processes become routine.

- **Implementation and management of the CA (process)**: This area examines the process to design and manage the CA and Workplan as well as the required performance measurement and evaluation processes. This largely involves an
examination of satisfaction, resources, reporting and tracking of data/information; through document reviews, key informant interviews and performance measurement. Process will be evaluated within an interim and final evaluation context. An interim evaluation will be particularly useful as the strengths and weaknesses of the implementation and management of the CA will surface. These areas can then be built on (strengths) or addressed (weaknesses) prior to the end of the agreement.

- **Progress/success**: This area examines progress and success using two lenses. First, it examines the extent to which the flexible, multi-year CA resulted in adjustments in funding and increased responsiveness. Second, it examines the extent to which the AFN achieved expected outcomes that are based on results statements derived from the Workplan. In order to capture all components of these outcomes, the evaluation includes elements related to the undertaking of activities (e.g., input, output, effectiveness, satisfaction, etc.), which will provide context, and the results of these activities (e.g., influence on policy, change in attitude, etc.). This will allow for both an understanding of the AFN’s contribution as well as an assessment of the impact of that contribution, in light of the context in which the AFN operates. Further, by taking a high-level, general perspective of the AFN’s contributions, the proposed questions encompass the range of activities, initiatives and programs in which the AFN is involved, while not precluding changes to these over the five years. The examination of results and success does not include an assessment of net impact of the AFN’s activities.

While progress and success will be primarily evaluated in a final evaluation, periodic feedback from stakeholders and reviews of performance ensures that information is collected in a timely manner (e.g., after peak periods of activity, after a key activity, after an innovative or new activity, etc.).

- **Lessons learned**: This area examines factors that have affected success and unintended impacts; contributing to overall lessons learned in the five year period. Such information will be collected through key informant interviews and a document review. It is a chance for the AFN to reflect on what has been achieved during the CA and to support or re-adjust future direction based on experience.

- **Cost accountability**: This area examines the extent to which the AFN ensured accountability and transparency of funds, and the degree to which the CA represents value for financial investment. As it is challenging to measure and assign financial value to influence, advocacy and change, cost accountability does not include an assessment of financial activities, per se, but rather focuses on whether or not good accountability practices were in place. This is achieved through a document review and key informant interviews at the time of the final evaluation.

### 3.3.2 Indicators and Data Sources

For each key evaluation area and questions, a number of indicators have been developed. In most instances, each question will be assessed through more than one indicator in order to form a compelling argument. Further, some evaluation questions will be addressed through more than one data source. In the Matrix, a number of data sources have been identified. These include:

- A document / data review (abbreviated DOC in the Matrix), which refers to documents such as plans, strategies, policies, procedures, files and reports authored or held by the AFN or FNIHB. Suggestions for inclusions in the AFN’s Annual Report are also noted;
The implementation of a PMS, which includes tracking of key activities and results in some way (e.g., database, internal reports). Analysis of the PMS is expected to be annual (this feature is not included in the Matrix);

Periodic feedback function (FEEDBK), which involves obtaining feedback (as it relates to the Workplan) from key stakeholders to assist in relationship-building (e.g., a survey, focus group or online discussion forum) with stakeholders and partners. Feedback could be obtained by the AFN staff or an evaluator and can take place either inside or outside of the interim review / final review process; and

Stakeholder Engagement (SHE), which includes obtaining feedback (as it relates to the Workplan) from a set or sub-set of stakeholders as part of an interim or final review (e.g., surveys, focus groups, online forums, in-person or telephone interviews) with stakeholders and partners. Stakeholder engagement should be examined by an evaluator. In the Matrix, SHE activities may involve, for example:

- Partners: First Nations Regions and communities, First Nations leaders, First Nations organizations, FPT governments and others (e.g., academics, international bodies);
- First Nations representatives: the AFN, other First Nations organizations, First Nations community representatives, First Nations leadership;
- Other stakeholders: those involved in a particular project; and/or
- The AFN staff.
## 3.4 Evaluation Matrix

### Table 2: Evaluation Matrix

<table>
<thead>
<tr>
<th>Key Evaluation Areas and Questions</th>
<th>Sub-questions</th>
<th>Indicators</th>
<th>Data Collection Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Likely Data Source&lt;sup&gt;17&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Rationale/Relevance of the CA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1. Has the flexible, multi-year CA been a valuable funding tool to the AFN and FNIHB? | 1.1 Does the CA align with FNIHB funding objectives? | - Parameters of the CA are consistent with FNIHB policy and procedure documents  
- Parameters ensure accountability with FNIHB and Health Canada  
- Identified objectives or features within the CA or Workplan that may work at cross-purposes to fulfilling the mandate or objectives of FNIHB | DOC | Y2 | The AFN maintains relevant documents / data | DOC Analysis – interim |
|                                   | 1.2 Are features of the CA (flexibility, multi-year) consistent with achieving the AFN’s objectives? | - Features of the CA (flexibility, multi-year) are consistent with high-level objectives of the AFN-HSS  
- Features of the CA (flexibility, multi-year) are consistent with First Nations self-determination  
- Identified objectives or features within the CA or Workplan that may work at cross-purposes to fulfilling the mandate or objectives of the AFN or FNIHB | DOC  
Stakeholder engagement (SHE) - Key informant interviews (KII) | Y2 | The AFN maintains relevant documents / data | DOC Analysis – interim  
SHE |
|                                   | 1.3 Have features of the CA (flexibility, multi-year) had an impact on the AFN’s capacity as an organization? | - Changes in recruitment and retention  
- Changes in staff job security / morale  
- More ambitious / relevant scope of work under CA Workplan | SHE / KII | Y2 | n/a | SHE |

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<sup>17</sup> Note: method of stakeholder engagement subject to change (e.g., KIIs, focus group, questionnaire).  
<sup>18</sup> Note: for an interim review, the evaluator may be in-house or contracted, and comprise an individual or a team.
<table>
<thead>
<tr>
<th>Key Evaluation Areas and Questions</th>
<th>Sub-questions</th>
<th>Indicators</th>
<th>Data Collection Strategy</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Likely Data Source</td>
</tr>
<tr>
<td>1.4 Is a flexible, multi-year CA more efficient to administer?</td>
<td>• Lower costs of administration for the AFN and / or FNIHB compared to fixed CAs</td>
<td>DOC SHE / KII</td>
<td>Y4</td>
</tr>
<tr>
<td></td>
<td>• More streamlined reporting than fixed CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reporting is useful to the AFN and / or FNIHB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 Has flexibility / multi-year impacted on results?</td>
<td>• Increased resources available to execute the Workplan due to administrative efficiencies</td>
<td>DOC SHE / KII</td>
<td>Y4</td>
</tr>
<tr>
<td></td>
<td>• Improved human resources situation, impacting on results</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Perceived impact of flexibility on ability to achieve results</td>
<td></td>
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</tr>
<tr>
<td>2. Has the CA and associated Workplan been relevant to First Nations' health issues?</td>
<td>2.1 Is the Workplan consistent with the parameters of the CA?</td>
<td>• Areas of work fall within the parameters and health authorities identified in the CA</td>
<td>DOC</td>
</tr>
<tr>
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<tr>
<td></td>
<td>2.2 Is the Workplan consistent with the mandate and priorities of the AFN?</td>
<td>• Areas of work are consistent with the health priorities of the AFN</td>
<td>DOC (e.g., the AFN Health Action Plan) PMS (activities)</td>
</tr>
<tr>
<td></td>
<td>• Activities are consistent with the mandate of the AFN</td>
<td></td>
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<tr>
<td></td>
<td>2.3 Has the Workplan been an effective tool to respond to First Nations whom the AFN is accountable?</td>
<td>• Stakeholders’ view of responsiveness of the Workplan</td>
<td>SHE / KII</td>
</tr>
<tr>
<td></td>
<td>• Stakeholders’ view of sufficient flexibility to implement Workplan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of adjustments made to Workplan / funding re-allocation</td>
<td></td>
<td>PMS / Annual report</td>
</tr>
</tbody>
</table>
### Implementation and management of the CA (Process)

<table>
<thead>
<tr>
<th>Key Evaluation Areas and Questions</th>
<th>Sub-questions</th>
<th>Indicators</th>
<th>Data Collection Strategy</th>
</tr>
</thead>
</table>
| 3. Was the process to design the CA / Workplan effective? | 3.1 What were the strengths and weaknesses in the CA development process? | • Timeliness of processes (time and resources required to finalize)  
• AFN / FNIHB satisfaction with process and reasons for (dis)satisfaction  
• Levels of accountability and flexibility of final CA are viewed as appropriate by the AFN and FNIHB | SHE / KII  
SHE / KII | Y2 | The AFN records time and resources used (if possible) | SHE |
| | 3.2 What were the strengths and weaknesses of the Workplan approval process? | • Timeliness of processes (time and resources required to finalize)  
• AFN / FNIHB satisfaction with process and reasons for (dis)satisfaction  
• AFN / FNIHB satisfaction with the end product Workplan  
• Process to update the Workplan / reallocate funds is clear  
• Process to update the Workplan / reallocate funds is perceived efficient | DOC  
SHE / KII | Y2, Y4 | The AFN maintains relevant documents / data | DOC Analysis SHE |
| 4. Has management of the CA been effective? | 4.1 Has the Workplan overall and in particular areas been adequately resourced? | • Activities identified in the Workplan (including revisions) have taken place*  
• Staff perceptions of adequacy of resources needed to achieve expected results | *PMS / Annual report  
SHE / KII | Y2, Y4 | The AFN reports on Workplan activities in Annual Report  
The AFN tracks staff resources by Workplan area | Analysis SHE |
| | 4.2 Have internal and external reporting requirements been met? | • Annual reporting to FNIHB is complete and on time  
• Reporting to other stakeholders meets time requirements  
• Stakeholders are satisfied with information provided | DOC  
SHE / KII | Y2, Y4 | The AFN maintains relevant documents / data | DOC Analysis SHE |
<table>
<thead>
<tr>
<th>Key Evaluation Areas and Questions</th>
<th>Sub-questions</th>
<th>Indicators</th>
<th>Data Collection Strategy</th>
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<tbody>
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<td></td>
<td>Likely Data Source</td>
</tr>
</tbody>
</table>
| 4.3                               | Have decisions been well-documented?                                         | • Rationale for changes to Workplan or re-allocation of funding are documented  
• Relevant parties have been informed of change | DOC                     | Y2, Y4             | The AFN maintains relevant documents / data | DOC Analysis SHE              |
| 5.                                | Were performance measurement and evaluation processes in place to a) support  
measurement and evaluation processes were put in place? b) continuously improve 
& design and execution of the Workplan? | 5.1 What performance measurement and evaluation processes were put in place?  
• PMS  
• Evaluation plan(s)  
• Evaluation / assessment training or education provided (i.e., training in data entry and analysis / SPSS)*  
• Increase in the AFN’s evaluation capacity | DOC                     | Y2, Y4             | The AFN maintains relevant documents / data | DOC Analysis SHE              |
|                                   |                                                                               |                             | SHE / KII          |                   | SHE / KII                         | DOC Analysis SHE              |
|                                   |                                                                               |                             | *PMS / Annual Report |                   | The AFN reports on evaluation activities in Annual Report | Doc Analysis SHE |
|                                   |                                                                               |                             | DOC                  |                   | The AFN reports on Workplan activities in Annual Report | DOC Analysis SHE |
|                                   |                                                                               |                             | SHE / KII          |                   | The AFN maintains relevant documents / data | DOC Analysis SHE |
|                                   |                                                                               |                             | DOC                  |                   | The AFN maintains relevant documents / data | DOC Analysis SHE |
|                                   |                                                                               |                             | SHE / KII          |                   | The AFN maintains relevant documents / data | DOC Analysis SHE |
|                                   |                                                                               |                             | DOC                  |                   | The AFN maintains relevant documents / data | DOC Analysis SHE |
|                                   |                                                                               |                             | SHE / KII          |                   | The AFN maintains relevant documents / data | DOC Analysis SHE |
|                                   |                                                                               |                             | DOC                  |                   | The AFN maintains relevant documents / data | DOC Analysis SHE |

*PMS / Annual Report

1. Preliminary Plan
<table>
<thead>
<tr>
<th>Key Evaluation Areas and Questions</th>
<th>Sub-questions</th>
<th>Indicators</th>
<th>Data Collection Strategy</th>
</tr>
</thead>
</table>
|                                   | 6. Did the flexible CA result in strategic adjustments and increased responsiveness to emergent issues? | 6.1 How were strategic adjustments undertaken?  
Method of identifying new issues  
Criteria to trigger an adjustment  
Process for approving adjustments  
# and type of stakeholders involved in adjustment decision  
Rationale for changes to Workplan or allocation of funding are documented  
Relevant parties have been informed of change  
Stakeholder perception of strengths and weaknesses** | DOC  
SHE / KII  
** FEEDBK  
Y2, Y4 | The AFN maintains relevant documents / data, including challenges encountered in implementing the Workplan and making re-adjustments.  
The AFN may gather periodic feedback from stakeholders | DOC Analysis  
SHE |
|                                   | 6.2 What were the strengths and weaknesses of this approach?                 | # of adjustments made*  
# of proposed adjustments not made  
Augmented / new areas of work funded under the CA as a result of adjustments* | DOC,  
PMS / Annual Report  
SHE / KII  
Y2, Y4 | The AFN maintains relevant documents / data  
The AFN reports on Workplan adjustments in Annual Report | DOC Analysis  
SHE |
|                                   | 6.3 Did the priority / funding adjustments address new or emerging issues?   | Areas of work with funding reductions under the CA as a result of adjustments (i.e., initiatives that were / were not renewed) | DOC  
SHE / KII  
Y2, Y4 | The AFN maintains relevant documents / data  
The AFN reports on Workplan adjustments in Annual Report | DOC Analysis  
SHE |
|                                   | 6.4 What trade-offs resulted from adjustments?                              | Ease of adjustment process  
# of adjustments made*  
Stakeholder satisfaction with the adjustment process**  
Stakeholder perception of adequacy of flexibility | SHE / KII  
PMS / Annual Report  
** FEEDBK  
Y4 | The AFN reports on Workplan adjustments in Annual Report  
The AFN may gather periodic feedback from stakeholders | DOC Analysis  
SHE |
<p>|                                   | 6.5 Was there sufficient flexibility in the CA for the AFN to adjust priorities / funding to meet new or emerging issues? |                                                                 |                                                                 |                                                                 |                                                                 |</p>
<table>
<thead>
<tr>
<th>Key Evaluation Areas and Questions</th>
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<th>Indicators</th>
<th>Data Collection Strategy</th>
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<tbody>
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<td></td>
<td></td>
<td></td>
<td>Likely Data Source¹⁷</td>
</tr>
<tr>
<td><strong>7. To what extent did the AFN achieve the expected results identified in the Workplan?</strong></td>
<td><strong>7.1 Partnerships</strong></td>
<td># and type of partner organizations (i.e., Chief’s Committee on Health-CCOH, National First Nations Health Technicians Network-NFNHTN)<em>&lt;br&gt;# and type of partner activities (e.g., working groups, bilateral committees, teleconferences etc) and role of partners</em>&lt;br&gt;Partner organizations activities are relevant to achieving the AFN’s health objectives</td>
<td>*PMS / DOC</td>
</tr>
<tr>
<td></td>
<td>a) To what extent has the AFN partnered with relevant organizations?</td>
<td>Frequency of meetings is appropriate to scope of work&lt;br&gt;Processes to support / guide future collaboration established&lt;br&gt;# of collaborative outputs (e.g., jointly authored communications)*&lt;br&gt;The AFN’s resource contribution (hours, financial) to collaborative outputs&lt;br&gt;Partners are satisfied with elements of collaboration (e.g, information-sharing, mutual respect, transparency, etc.**)</td>
<td>SHE / KII&lt;br&gt;*PMS&lt;br&gt;**FEEDBK</td>
</tr>
<tr>
<td></td>
<td>b) Does the AFN have effective working relationships with key partners?</td>
<td># and type of information-sharing processes in place with different types of stakeholders (e.g., FPT governments, regions, communities, other organizations) in addition to forums and strategic input (i.e., website development, help-lines, prevention programs, panels)*&lt;br&gt;Documentation or map of FPT health responsibilities exists&lt;br&gt;AFN’s resource contribution (hours, financial) to forums / tools&lt;br&gt;Stakeholders’ satisfaction with information exchange**</td>
<td>*PMS&lt;br&gt;DOC&lt;br&gt;**FEEDBK</td>
</tr>
<tr>
<td><strong>7. To what extent did the AFN achieve the expected results identified in the Workplan?</strong></td>
<td><strong>7.2 Forums / Opportunities and Tools</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>a) To what extent has the AFN effectively facilitated information exchange among stakeholders?</td>
<td></td>
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</tbody>
</table>

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¹⁷ Likely Data Source: PMS/DAC/DOC

¹⁸ Evaluator Role: DOC/Analysis/SHE
<table>
<thead>
<tr>
<th>Key Evaluation Areas and Questions</th>
<th>Sub-questions</th>
<th>Indicators</th>
<th>Data Collection Strategy</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>b) To what extent has the AFN’s communication materials been effective?</td>
<td>• Protocols for health communication are in place and are adhered to</td>
<td><strong>Likely Data Source</strong>&lt;sup&gt;17&lt;/sup&gt; <strong>Timing of Analysis</strong> <strong>AFN Role</strong> <strong>Evaluator Role</strong>&lt;sup&gt;18&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The AFN’s resource contribution (hours, financial) to communication materials*</td>
<td>DOC *PMS **FEEDBK Y4 The AFN maintains relevant documents / data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stakeholders’ and the AFN’s perception of the information’s**:</td>
<td>** The AFN may gather periodic feedback from stakeholders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Timeliness</td>
<td>DOC Analysis</td>
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<td></td>
<td></td>
<td>• Completeness</td>
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<td></td>
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<td>• Credibility</td>
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<td></td>
<td></td>
<td>• Accessibility</td>
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<tr>
<td></td>
<td>c) To what extent has the AFN helped First Nations to be represented in policy, program, and other decisions?</td>
<td>• # of projects with the AFN providing First Nations representation*</td>
<td>*PMS / DOC SHE / KII **FEEDBK Y4 The AFN maintains relevant documents / data and PMS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• # of projects where the AFN has secured First Nations representation*</td>
<td>The AFN tracks: work areas, projects, contributions to and impacts on FPT or stakeholders’ work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• # of policy / program / other documents that reflect the AFN’s input*</td>
<td>DOC Analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• # of policy / program / other documents that reflect input facilitated by the AFN (from other First Nations representatives)*</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Frequency and type of forum (e.g., meetings, working groups, task forces, agreements, and MOUs)*</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Representatives’ perception of the AFN’s success in securing opportunities**</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stakeholders’ perception of the AFN’s success in connecting them with appropriate representatives **</td>
<td></td>
</tr>
<tr>
<td>Key Evaluation Areas and Questions</td>
<td>Sub-questions</td>
<td>Indicators</td>
<td>Data Collection Strategy</td>
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<td></td>
<td></td>
<td>Likely Data Source&lt;sup&gt;17&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>7.3 Strategic Input</td>
<td>a) To what extent did the AFN provide strategic input in areas related to the Workplan?</td>
<td>Types of input provided by the AFN to stakeholders&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td># of projects where the AFN has provided input&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Incidence of input (e.g., # of briefing notes, working papers, etc.)&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The AFN's resource contribution (hours, financial) to strategic input</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The AFN's perception of strategic influence</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Stakeholders' perception of strategic influence&lt;sup&gt;**&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AFN updates / revisions to key documents to better reflect current First Nation needs and priorities&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>b) To what extent has strategic input influenced policy / programming / other decisions?</td>
<td># of policy / program / other documents that reflect input from the AFN or AFN resources&lt;sup&gt;*&lt;/sup&gt;</td>
<td>*PMS / DOC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Factors affecting influence (e.g., timeliness, credibility, national scope)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Stakeholders' perception of influence of the AFN's strategic input&lt;sup&gt;**&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>7.4 Coordination</td>
<td>a) To what extent do policies / programs / other decisions address inter-jurisdictional issues?</td>
<td># of multi-partite or multi-jurisdictional forums initiated or supported by the AFN&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Programming improvements, if any (gap filling)&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Actions plans / strategies for coordination exist&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Stakeholders' view of / examples of success</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The AFN's resource contribution (hours, financial) to coordinated activities</td>
</tr>
<tr>
<td>Key Evaluation Areas and Questions</td>
<td>Sub-questions</td>
<td>Indicators</td>
<td>Data Collection Strategy</td>
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<td></td>
<td></td>
<td></td>
<td><strong>Likely Data Source</strong>17</td>
</tr>
<tr>
<td>b) To what extent do policies / programs / other decisions address multi-partite issues?</td>
<td># of policy / program / other documents that address or improve coordination*</td>
<td>*PMS / DOC</td>
<td>Y4</td>
</tr>
<tr>
<td></td>
<td>Incidence of relevant forums (i.e. caucus on NIHB)*</td>
<td>SHE / KII</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stakeholders' views on progress in multi-partite issues**</td>
<td>**FEEDBK</td>
<td></td>
</tr>
<tr>
<td>7.5 Health Information Management</td>
<td>The AFN's resource contribution (hours, financial) to OCAP / health data</td>
<td>DOC</td>
<td>Y4</td>
</tr>
<tr>
<td>a) To what extent has the AFN successfully advocated for OCAP principles being reflected in research and health information systems development?</td>
<td>Incidence of research protocols for First Nations being put in place, particularly due to AFN input*</td>
<td>SHE / KII</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Incidence of First Nations' ownership and control of health information, particularly due to AFN input*</td>
<td>First Nations Information Governance Board</td>
<td></td>
</tr>
<tr>
<td></td>
<td>First Nations representation on health information governance or oversight bodies (committees, etc.), particularly due to AFN input</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stakeholders’ view of / examples of success</td>
<td></td>
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</tr>
<tr>
<td>b) To what extent has an improved pool of First Nations health data and information been used to inform policy / programs / other decisions?</td>
<td># of additional areas of First Nations health information (e.g., surveys, original research, research papers)*</td>
<td>*PMS / DOC</td>
<td>Y4</td>
</tr>
<tr>
<td></td>
<td>Citations of influential documents that include this information</td>
<td>SHE / KII</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Content / quality of information reflects First Nations health needs and priorities</td>
<td>**FEEDBK</td>
<td></td>
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<tr>
<td></td>
<td>A centre of excellence or similar concept exists</td>
<td></td>
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<tr>
<td></td>
<td>The AFN’s resource contribution (hours, financial) to establishment of a centre of excellence or similar concept</td>
<td></td>
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<tr>
<td></td>
<td>Stakeholder perceived access to and influence of relevant First Nations health information**</td>
<td></td>
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</tr>
</tbody>
</table>
### Key Evaluation Areas and Questions

<table>
<thead>
<tr>
<th>7.6 Other area(s)</th>
<th>Sub-questions</th>
<th>Indicators</th>
<th>Data Collection Strategy</th>
</tr>
</thead>
</table>
|                  | a) Activities and immediate results (e.g., input/output, effectiveness, satisfaction, etc.) | To be determined (TBD) | |}

#### Lessons Learned

<table>
<thead>
<tr>
<th>8. What factors have facilitated or impeded success?</th>
<th>Sub-questions</th>
<th>Indicators</th>
<th>Data Collection Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 Have certain relationships proved more/less effective in achieving expected results? Why?</td>
<td>Stakeholders’/Partners’ perception of effectiveness, Stakeholders’/Partners’ identification of factors affecting success</td>
<td>SHE / KII</td>
<td>Y4, n/a</td>
</tr>
</tbody>
</table>

| 8.2 Have certain activities proved more/less effective in achieving expected results? Why? | Stakeholders’/Partners’ perception of effectiveness, Stakeholders’/Partners’ identification of factors affecting success, Evidence of change in influence | SHE / KII | Y4, n/a | SHE |

<p>| 8.3 Has the flexible funding proved more/less effective in achieving results? | Stakeholders’/Partners’ perception of effectiveness, Stakeholders’/Partners’ identification of factors affecting success | SHE / KII | Y4, n/a | SHE |</p>
<table>
<thead>
<tr>
<th>Key Evaluation Areas and Questions</th>
<th>Sub-questions</th>
<th>Indicators</th>
<th>Data Collection Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Have there been any unintended impacts?</td>
<td>9.1 Have there been any unexpected impacts arising from a flexible CA?</td>
<td>• Variances between actual and expected results*  • Stakeholders’ / Partners’ identification of positive or negative unexpected impacts</td>
<td>Likely Data Source: PMS / DOC SHE / KII  Timing of Analysis: Y4  AFN Role: The AFN maintains relevant documents / data  Evaluator Role: DOC Analysis SHE</td>
</tr>
<tr>
<td></td>
<td>9.2 Have there been any unexpected impacts from activities undertaken as part of the Workplan?</td>
<td>• Variances between planned and expected results*  • Stakeholders’ / Partners’ identification of positive or negative unexpected impacts</td>
<td>Likely Data Source: PMS / DOC SHE / KII  Timing of Analysis: Y4  AFN Role: The AFN maintains relevant documents / data  Evaluator Role: DOC Analysis SHE</td>
</tr>
<tr>
<td>10. What lessons have been learned from implementing this CA?</td>
<td>10.1 What has the AFN learned from the design and management of a flexible, multi-year CA?</td>
<td>• Changes to processes in implementing the Workplan  • Recommendations and management responses from interim evaluation or performance information  • Identification of factors affecting success  • Stakeholders’ / Partners’ identification of lessons learned</td>
<td>Likely Data Source: DOC SHE / KII  Timing of Analysis: Y4  AFN Role: The AFN maintains relevant documents / data  Evaluator Role: DOC Analysis SHE</td>
</tr>
<tr>
<td><strong>Cost Accountability</strong></td>
<td><strong>11. Did the AFN ensure accountability and transparency for funds?</strong></td>
<td><strong>11.1 Did the AFN meet the terms and conditions of the CA?</strong></td>
<td>Likely Data Source: DOC  Timing of Analysis: Y4  AFN Role: The AFN maintains relevant documents / data  Evaluator Role: DOC Analysis</td>
</tr>
<tr>
<td>Key Evaluation Areas and Questions</td>
<td>Sub-questions</td>
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<td></td>
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<td></td>
<td>Likely Data Source</td>
</tr>
<tr>
<td>12. Do the results of the CA investment represent value for financial investment?</td>
<td>12.1 Overall, did the AFN undertake work consistent with the Workplan and CA?</td>
<td>• CA-funded activities fall under objectives identified in the Workplan.</td>
<td>DOC</td>
</tr>
</tbody>
</table>
|                                   | 12.2 Overall, does the AFN and other key stakeholders believe that the AFN has achieved expected results? | • Comparison / variances of expected and actual results  
• Perception of stakeholders (including the AFN) | DOC  
SHE | Y4 | The AFN maintains relevant documents / data | DOC Analysis  
SHE |
|                                   | 12.3 Were there any areas of additional efficiencies in terms of achieving results? | • Coordination of activities to save resources  
• Stakeholders’ / partners’ identification of efficiencies | DOC  
SHE / KII | Y4 | The AFN maintains relevant documents / data | DOC Analysis  
SHE |
|                                   | 12.4 Were there any unexpected cost implications for the work to be undertaken under the CA? | • Parameters of the CA that caused increases or savings in time / resources to implement the Workplan  
• The AFN processes that caused increases or savings in time / resources to implement the Workplan  
• Tracking and use of surpluses | SHE / KII | Y4 | n/a | SHE |
SECTION 4: PERFORMANCE MEASUREMENT BY THE AFN

The five-year CA requires annual reporting on key activities, decisions, progress towards results and objectives that have been achieved. In addition, a strategic evaluation focused on the relevance and effectiveness of the AFN’s work is required. Both of these reporting tools require a comprehensive set of performance data as a basis as well as analytical interpretation of the data, and additional contextual or qualitative information, such as why areas of work have been prioritized, and whether progress is satisfactory.

4.1 Annual Reports

The main components of the annual report include:

- Key areas of work, drawn from the Workplan and other documents
- Accomplishments during the year in these areas, including completed activities, outputs, and results, and drawing on performance measurement data
- Adjustments to priorities or funding allocations, including a rationale for the change
- An update on evaluation activities; and
- Other information as mutually agreed by the partner organizations.

Therefore, annual reports will be an important resource for the evaluation via a document review, and also provide a synopsis of other data held by the AFN (such as performance measurement data) that will be examined directly as part of the evaluation.

4.2 Performance Measurement

Performance measurement data will provide the foundation to much of the evaluation. Therefore, it is important that the AFN revisit both the performance measurement and evaluation plans annually to remain current.

The evaluation plan identifies key types of information that will be collected to support the evaluation (both interim and final reviews) as well as allow the AFN to periodically reflect on their work. Specifically, performance data can support periodic analysis of achievements as well as areas that need attention or correction in order to achieve the desired results. Performance measurement associated with the adopted evaluation plan include:

- Activities or activity areas related to the Workplan. Activities will be linked to a particular project or area(s) of work (e.g., activities related to upstream renewal will be able to be identified, compared to those related to a National Aboriginal Diabetes Strategy) as well as being linked to a specific objective identified in the Workplan. Specific activity categories will be created and may include areas such as:
  - Working with partners: meetings, working groups, negotiations and similar;
  - Workshops or training activities (the AFN receives training or information);
  - Workshops or training activities (the AFN provides training or information);
  - Regional, national or international forums/conferences or similar; and
  - Others as decided by the AFN after internal review.
Outputs that have been produced and represent interim or final results in an area of work. As with activities, outputs will be linked to a particular project or area(s) of work as well as being linked to a specific objective identified in the Workplan.
  - Strategic documents authored by the AFN (e.g., Health Action Plan);
  - Information (e.g., briefing notes, communiqués, commissioned reports);
  - Partner organizations (number and type); and
  - Others as decided by the AFN after internal review.

Results or outcomes that have been achieved. Results measures will be specific, but will link to a particular project or area(s) of work, as well as to a specific objective in the Workplan.
  - The AFN’s contributions to policy, program and initiative documents that better address First Nations health priorities as a result;
  - First Nations’ contribution to policy, program and initiative documents that was supported by the AFN;
  - Outputs identified as results in the Workplan (e.g., FPT map of health funding responsibilities, tools such as a cultural competency framework, protocols on First Nations health data OCAP, etc.); and
  - Others as decided by the AFN after internal review.

Resources or time investments related to activities, projects/areas of work, and specific objectives in the Workplan.

4.3 Periodic Research or Evaluation Activities

While performance measurement data can provide an excellent basis of information, it will not answer all questions nor tell the entire story of what the AFN has achieved by executing the CA.

Therefore, this data will be augmented with three additional types of activities. These activities will take place in Year 2 in order to provide the AFN with feedback well in advance of the final evaluation review.

1. Evaluation planning and development: This evaluation plan will be enhanced from some additional development work taking place within the AFN. In particular, the development of a more detailed logic model or set of logic models will:
   - Aid staff in understanding how their work and outputs contribute to ultimate objectives;
   - Inform refinement of the PMS; and
   - Prove useful to interim and final reviews that comprise the evaluation.

2. Feedback from stakeholders: As the main lever of strategic influence, the quality and effectiveness of different types of partnerships is very important to the AFN’s achievement of results. The AFN will therefore undertake systematic feedback from one or more stakeholder groups, in order to a) set a benchmark for the quality and effectiveness of the relationship and b) identify areas to build on success or overcome challenges. Feedback will include:
o Other Aboriginal organizations, with whom the AFN exchanges information and creates opportunities for input into the policy dialogue;
o FPT government policymakers, to whom the AFN provides information, strategic input, and advocates for policies and issues; and
o First Nations leaders to whom the AFN is accountable and responsive.

Feedback will be gathered in-house by the AFN, or contracted, in order to provide anonymity and honest assessment of the relationship and the AFN’s contribution to work of mutual interest. As mentioned above, this feedback will also be incorporated into the interim review. Regardless of how it is collected, the feedback will form part of the information base that the evaluation will draw on and potentially update during the final review.

3. **Completed project closure**: It may come to pass that during the first several years of the CA, certain projects will be completed. An example may be the hosting of a national forum on a health issue, or the joint development of a key output. When this occurs, information must often be captured quickly or risk being lost. The precise type of evaluative activity will depend on context. For example, a feedback or evaluation form often follows a national forum or conference event. For other projects, such as completing an action plan, capturing participants’ reflections on overall success, challenges and lessons learned may suffice. The pool of information that arises from project closure will form part of the information base that the evaluation will draw on during the interim or final review.
SECTION 5: METHODOLOGICAL OPTIONS FOR EVALUATION

Sections 3 and 4 outlined potential data sources that provide information to respond to evaluation questions. In this section, we describe the process to be undertaken for the evaluation work, and in particular how the data will be collected and analyzed. We have also illustrated how the multiple data sources (or lines of evidence) respond to key evaluation issues. Figure 4 (below) illustrates how objective, data-driven lines of evidence such as a document review and performance measurement data analysis are paired with subjective and interpretive lines of evidence, such as interviews or other forms of feedback from stakeholders, to provide a comprehensive and balanced investigation of each key question.

**Figure 4: Multiple Lines of Evidence Strengthen an Evaluation**

### Relevance:
- Has the flexible CA been a valuable funding tool to further the AFN’s objectives?
- Has the CA and associated Workplan been relevant to First Nations health issues?

### Cost:
- Have financial accountability requirements been met?
- Is there evidence of value for financial investment?

### Process:
- Was the process of designing and implementing the CA/Workplan effective?
- Has management of the CA, including the type and range of activities undertaken, been effective?

### Results:
- Has the flexible CA better supported responsiveness of the AFN to emergent issues?
- Has the AFN in achieved results? Did it achieve more than under a fixed CA?

### Lessons Learned:
- What lessons have been learned from implementing this CA in terms of: funding the AFN’s work and achieving results?

5.1 **Document and Data Review**

The document and data review will form an important part of the evaluation, in both the proposed interim and final review stages. Documents will include:
Foundational documents, including the CA, Multi-year Workplan and any other documents related to either the obligations or processes falling under the CA;

- Decision-making documents, including TOR, ROD, meeting minutes and other documentation which may describe the CA or Workplan rationale and development;
- Operational documents, including operational Workplans and parameters of the PMS;
- Financial documents, including planned and actual expenditures by Workplan area or project, and documented reasons for variances and re-adjustments of funds;
- Strategic documents and reports, particularly the Annual report, that outlines priorities for the AFN and HSS, and report on progress in these areas;
- Bellwether documents that can be further analyzed for impact (e.g., by searching for citations); and
- Any other information on health issues that relates directly to implementing the Workplan.

Data may also include information that is held but not formalised, for example working papers, a database of outputs, communications materials, etc.

The purpose of the document and data review will be to first collate information and then analyze information. The analysis stage involves first using the information to provide a descriptive overview of the CA and its related processes, and then to undertake comparative analysis. This involves comparing information across documents to identify consistency or lack of consistency and by comparing information over time to search for evidence of progress, challenges and solutions.

5.1.1 Strengths and Limitations of a Document Review

The strength of a document review is that it provides objective assessment of what has been communicated about a given issue, and allows an analyst to glean evidence from them. The main weakness is that documents are static snapshots, covering only a certain amount of information at a certain point of time. While a critical starting point, a document review must be validated through other lines of evidence.

5.2 Performance Measurement Data Analysis

The document and data review will provide important information, but will not cover all areas of work comprehensively. The best source of comprehensive data will be analysis of performance measurement data.

Performance measurement data analysis is not intended to replicate activity reports that were associated with prior CAs. Rather, the analysis will focus on strategic use of that information to inform judgements about the extent to which the AFN has progressed towards or achieved its objectives. For this reason, performance indicators, along with other pieces of information are often identified as “indicators” within the Evaluation Matrix. In order to determine, for example, the AFN’s influence in the area of a National Aboriginal Youth Suicide Prevention Strategy, one must first examine the resources devoted to that area, the activities that were undertaken, the outputs that were produced, and ultimately whether such a strategy has been developed. To understand the AFN’s true contribution, this information
needs to then be augmented by stakeholder input and reflection on how the strategy was
developed, the role that the AFN played, and whether input helped to move to a satisfactory
product that met the needs and expectations of First Nations.

Performance data can support three types of analysis:

- **Descriptive analysis**: Some elements of the evaluation will call for a summation or
categorized report on activities, resources, and outputs. Some of this information
may be available in annual reports or financial reports, and additional information
may be drawn from performance data. Descriptive analysis involves using the
performance data to deepen understanding. Examples include reporting on activities,
resources and outputs by area of work (e.g., health funding, OCAP, or program
development), by jurisdiction (federal, provincial/territorial, international or multi-
jurisdictional project) or by other key distinctions. This will be particularly helpful
when associating resource investments in an area of work with the activities and
outputs that were funded.

- **Comparisons over time**: By ensuring that performance data is categorized by area of
work and key objectives (as identified in the Workplan), it will be possible to examine
different areas over time. One would expect that over time, performance data shows
more outputs and results in work areas. "Flags" such as few activities in a work area;
long periods of time without recorded outputs or results (or, alternatively, prolific
outputs or results), or very high or low resources invested in an area may then be
identified and explored through other lines of evidence.

- **Comparisons of actual versus expected activities, outputs and results**: There is
mutual agreement that, as the Workplan was jointly developed by FNIHB and the
AFN; it serves as the best available benchmark of desirable and worthwhile results.
Therefore, comparing planned and actual work as captured by performance
monitoring data is one line of evidence used to evaluate the "effectiveness" of the CA
funding.

### 5.2.1 Strengths and Limitations of Performance Data Analysis

The main strength of analyzing performance data is that it provides the opportunity to
undertake a type of quantitative analysis, because performance data should be
comprehensive in scope. The main limitation is the quality of the data. Inevitably,
performance data will have quality failures – ranging from data entry errors to
misunderstanding or misinterpretation of what should be recorded. Performance data is
likely to be of high quality since it is regularly collected and used by the AFN; and therefore,
will provide a strong line of evidence. Performance data will be used as a basis for annual
reports; and, as such to be of high quality. While performance data can provide a summary
of resources, activities and outputs, it cannot evaluate the relative value or impact of this
work, and; by extension, cannot answer the “so what?” question. Therefore, performance
data must be supplemented by other lines of evidence, particularly stakeholder feedback.

### 5.3 Stakeholder Engagement

As illustrated in Figure 4, stakeholder engagement is the third pillar of the evaluation, and
will be a main source of information about what has happened between “activities” and
“results”. Stakeholders include a range of people and organizations, and the groups into
which they fall may overlap, given the complex set of relationships that exist, multiple
projects, and the likelihood of individuals changing roles over the life of the CA.
Stakeholders will include:

- The AFN and its staff;
- FPT policymakers and other staff;
- Other Aboriginal organizations (national and international);
- Aboriginal leadership (Chiefs Committee on Health);
- Community and regional representatives/organizations;
- The AFN Executive Committee;
- The National First Nations Health Technician Network (NFNHTN);
- FNIHB staff; and
- Academic researchers or research institutions.

These stakeholders will fall into one or more types of relationships:

- Partners with the AFN in the policy development process, comprised of:
  - FPT policymakers;
  - Aboriginal leadership (Chiefs Committee on Health);
  - NFNHTN; and
  - Other First Nations organizations.

- Providers of information (e.g., identifying priority areas, health needs), including:
  - Other Aboriginal organizations (national and international);
  - Aboriginal leadership (Chiefs Committee on Health);
  - NFNHTN;
  - Academic researchers or research institutions; and
  - The AFN Executive Committee.

- Recipients of general information, tools or resources, including:
  - FPT policymakers and other staff;
  - Other Aboriginal organizations (national and international);
  - NFNHTN;
  - Aboriginal leadership (Chiefs Committee on Health);
  - Community and regional representatives/organizations;
  - The AFN Executive Committee; and
  - Academic researchers or research institutions.

- Recipients of specific advice or strategic input, including:
  - FPT policymakers and other staff;
  - NFNHTN;
  - Other Aboriginal organizations (national and international);
  - Academic researchers or research institutions; and
  - Aboriginal leadership (Chiefs Committee on Health).

- Groups to whom the AFN is accountable, such as:
  - The AFN Executive Committee;
  - Aboriginal leadership (Chiefs Committee on Health);
Different types of relationships are likely best suited to different methods of engagement. Options for engagement are presented below.

5.3.1 Individual or Small-group Semi-structured Engagement

Individual or small-groups are best suited to “semi-structured engagement”. Semi-structured often describes interviews or focus groups that are guided by a series of questions, but which are open-ended in participants’ responses.

Key informant interviews

In this case, key informant interviews are recommended when engaging with:
- Partners with the AFN in the policy development process;
- Recipients of specific advice or strategic input; and
- Groups to whom the AFN is accountable.

“Key” partners and recipients will include those who have worked with the AFN in a significant relationship in order to provide the deep and detailed feedback that key informant interviews are designed to collect. Partners and recipients who have a less significant relationship may be better suited to respond to a survey as part of the AFN’s periodic feedback process or an interim review. We expect that up to 60 key informant interviews will be necessary in order to obtain in-depth feedback from the relevant members of these groups.

Key informant interviews will take place following research best practice. This includes:
- Recruiting participants from a range of organizations, relationships and experiences, so as not to introduce selection bias (e.g., selecting only the most amicable relationships);
- Preparing and distributing, in advance, an interview guide that introduces topics and structures the discussion, while allowing for new or unexpected findings to also be generated;
- Ensuring accurate recording of responses through means such as recording or note-taking and providing participants the opportunity to review their responses; and
- Reporting on findings as appropriate to a qualitative line of evidence.

The evaluation framework will guide development of key informant interviews, by identifying questions, sub-questions and indicators linked to key informant input. However, main areas to be addressed by key informant interviews include:
- Negotiating the CA and Workplan;
- Feedback on quality of relationships;
- Feedback on the quality and influence of strategic input provided by the AFN; and
- Perceived ability of the AFN to achieve results, including strengths, weaknesses and factors affecting success.

Key informant interviews will be undertaken as part of both the interim and final review.
Focus groups

Focus groups are an optional follow-up to feedback from stakeholders. There are two instances where this may occur. First, if the AFN engages with stakeholders as part of their PMS, there may be issues that a focus group can help to better understand. For example, if a number of partners indicate a relatively low level of satisfaction with information provided by the AFN, a focus group will allow a small group to discuss their information needs, how they use information, and the features of information that they find to be helpful or unhelpful. Similarly, if feedback from stakeholders during the interim or final evaluation raises issues that should be more deeply investigated, focus groups can be useful. Therefore, focus groups may be an option for engaging with:

- FPT policymakers and other staff;
- Other Aboriginal organizations (national and international); and
- Health Technicians (Regional representatives).

5.3.2 Structured Engagement

Surveys

Surveys will be a useful way to engage with stakeholders during the final evaluation, and also as part of the interim evaluation.

In this case, surveys will be used when engaging with:

- Providers of information; and
- Recipients of general information, tools or resources.

The main purpose of survey-based feedback will be to obtain information from a wider group of stakeholders on the AFN’s role as a facilitator of information exchange. Feedback on the AFN’s communication materials, representative voice and collaboration with them will be gathered via survey.

Surveys will also be considered as a means for additional engagement with:

- Partners with the AFN in the policy development process; and
- Recipients of specific advice or strategic input.

The purpose of the additional engagement will be to obtain a more basic level of feedback on the role and level of influence of the AFN, communications material, etc. If conducted as part of periodic feedback or the interim review, this survey will also be repeated as part of the final review.

Surveys will be conducted using:

1. Paper media (e.g., mail, fax or e-mail attachment);
2. Online data collection; and/or
3. Telephone.

The recommendation for any survey engagement with stakeholders is an online survey with a paper media option (e.g., including the ability to print the survey, complete it in hard copy...
and mail or fax it back). An advantage of third-party survey administration is the ability to ensure anonymity of respondents.

Surveys will be administered using research best practice. This includes:

- Identifying the population group in question and/or the sample being invited to participate in the survey. This will allow for calculation of response rates and a determination of bias;
- Preparing a questionnaire that includes well-constructed questions that are pre-tested to ensure clarity;
- Appropriate assurances of confidentiality and/or anonymity and storage of data, as appropriate; and
- Reporting on findings as appropriate to the sampling method (if applicable) and response rate.

5.3.3 Strengths and Limitations of Different Forms of Stakeholder Engagement

Each method of stakeholder engagement has different strengths and weaknesses. It is most important that the method of engagement is appropriate to the stakeholder group (e.g., respectful of their time and position) and appropriate to the type of information required.

When engaging in key informant interviews, main strengths include the ability to deeply engage with participants on a range of issues, the adaptability to new ideas and information, and the fact that interviews convey respect to participants, particularly those in senior level positions. However, interviews can be limited in number as they require more time and skilled resources to conduct the interviews. Therefore, they may not be representative of a group, if not all members are interviewed. Similarly, due to the semi-structured and conversational nature of interviews, not all topics may be covered in equal depth.

Surveys allow for a more systematic coverage of issues than interviews and, depending on sample size and response rates, can provide quantitative (e.g., representative) results. Surveys can also be efficient to administer, especially if online techniques are used, and can also include validated collection techniques, such as standardized questions and rating scales, if appropriate. A drawback to survey data is that open-ended responses are generally limited, and often coded into categories, reducing the amount of detail that is reported. Improper reporting of survey results can be misleading.

5.4 Optional Additional Evaluation Components

Depending on the issues and information needs of the AFN, additional evaluation activities may be added to the proposed evaluation methodology. Based on information at this time, additional case study components could be added to examine topics such as:

- Factors affecting influence in policy and politics, which may include observational research of the relative power within certain groups;
- Valuing policy development activities in a “results oriented” context;
- Quantitative assessment of relative resource investments in policy areas;
- Case studies of successful advocacy / collaboration results for First Nations;
- Risk assessment current practice; and
➢ A longitudinal impact assessment by undertaking a policy review and the degree to which First Nations have been represented over time.

Case study methodologies will depend on the topic under study.
SECTION 6: IMPLEMENTING THE EVALUATION PLAN

6.1 Next Steps

Although this is an evergreen document that proposes an evaluation approach (and therefore changes are expected for the duration of the CA), a number of steps should completed before the final evaluation takes place.

1) **Refine results chain:** The AFN may wish to further pursue its thoughts through the development of a formal results chain. A result chain would bridge the 'chasms' between previous activity-based reporting and new results-based reporting. This is particularly relevant as measuring transformative change can be challenging, as noted in this document. However, if activities and resulting change are linked and laid-out in a rational manner, then a stronger argument can be made for pursuing these activities.

2) **Map stakeholders, partners and representatives:** Identify and classify stakeholders, partners and representatives according to their level of interaction with First Nations' health issues and the AFN. This will allow for the selection of individuals at appropriate levels to participate in periodic feedback and stakeholder engagement activities.

3) **Refine measures / definitions:** As transformative change can be difficult to measure, it is of value to define a few key terms or scales to assess how the AFN is performing. Further, this will provide the AFN with benchmarks that it may wish to maintain or improve on in the future. For example, how can “timeliness”, “collaboration”, “influence” and “value” be defined?

4) **Implementation of the PMS and arranging for periodic feedback:** As discussed in the Plan, ongoing and periodic data collection will provide a number of advantages. The plan should be reviewed and those indicators that require ongoing tracking or periodic feedback should be flagged so that steps are taken to ensure that this information is collected, including developing data collection tools and assigning roles and responsibility for this data collection.
# APPENDIX A: LIST OF DOCUMENTS REVIEWED

## AFN Evaluation Plan References/List of Documents Reviewed

<table>
<thead>
<tr>
<th>Title or First Line</th>
<th>Information</th>
<th>Date</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010 HSS Operational Workplan (draft)</td>
<td>Objectives, core activities, and specific activities of health portfolio</td>
<td>July 2009</td>
<td>AFN</td>
</tr>
<tr>
<td>Final 2009-2014 HSS Multi-year Workplan</td>
<td>Matrix of the objectives, core activities, and key areas included in the AFN Workplan under the flexible funding agreement</td>
<td>undated</td>
<td>AFN</td>
</tr>
<tr>
<td>How does the AFN work?</td>
<td>Powerpoint presentation explaining the organization and health priorities of the AFN</td>
<td>October 19th, 2009</td>
<td>AFN</td>
</tr>
<tr>
<td>Health Policy Areas (online document)</td>
<td>List of the goals and activities associated with all of the various health policy areas of interest to the AFN</td>
<td>Accessed September 13th, 2009</td>
<td>AFN</td>
</tr>
<tr>
<td>Assembly of First Nations, First Nations Health Action Plan</td>
<td>Objectives, components/needs, and direction to be taken by the AFN to achieve their health goals</td>
<td>September 2004</td>
<td>AFN</td>
</tr>
<tr>
<td>Health Secretariat-Base Final Activity Report</td>
<td>Report of objectives, activities, achievements, and deliverables of the AFN-HSS</td>
<td>April 1st 2008-March 31st 2009</td>
<td>AFN</td>
</tr>
<tr>
<td>Contribution Funding Framework</td>
<td>Powerpoint presentation explaining the flexible funding framework (and other models) and the AFN’s implementation plan</td>
<td>August 2007</td>
<td>AFN/FNIHB Business Planning and management Division Health Funding Arrangements</td>
</tr>
<tr>
<td>Table of data collection methods</td>
<td>Table outlining the strengths and limitations of various primary data collection methods</td>
<td>undated</td>
<td>FNIHB</td>
</tr>
<tr>
<td>National Indian Brotherhood (AFN) Performance Strategy</td>
<td>Sample matrix outlining activities, performance indicators, and data collection strategy.</td>
<td>undated</td>
<td>FNIHB</td>
</tr>
<tr>
<td>National Indian Brotherhood Multi-Year Workplan Evaluation Strategy Matrix</td>
<td>Sample evaluation matrix outlining evaluation categories, indicators, and data collection strategy (filled with examples from the AFN Workplan)</td>
<td>undated</td>
<td>FNIHB</td>
</tr>
<tr>
<td><strong>Title or First Line</strong></td>
<td><strong>Information</strong></td>
<td><strong>Date</strong></td>
<td><strong>Author</strong></td>
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<tr>
<td>PMS Validation Tool</td>
<td>Sample performance measurement matrix for the AFN objectives</td>
<td>undated</td>
<td>FNIHB</td>
</tr>
<tr>
<td>Health Funding Contribution Agreement</td>
<td>Flexible funding agreement between the Minister of Health and the National Indian</td>
<td>April 9th, 2009</td>
<td>Health Canada</td>
</tr>
<tr>
<td>Agreement (Flexible/Set Funding-Corporate)</td>
<td>Brotherhood (AFN) from April 1st, 2009 to March 31st, 2014</td>
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<tr>
<td>This Consolidated Contribution Agreement</td>
<td>CA between the Minister of Health and the National Indian Brotherhood (AFN) from</td>
<td>May 30th, 2006</td>
<td>Health Canada</td>
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<tr>
<td></td>
<td>May 31st, 2006 to March 31st 2009</td>
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<tr>
<td>FNIHB Contribution Funding Framework: Overview</td>
<td>Outline of the funding framework; the rationale behind it, its elements, and</td>
<td>April, 2007</td>
<td>Health Canada</td>
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<tr>
<td></td>
<td>associated requirements</td>
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<tr>
<td>Results-Based Management and Accountability</td>
<td>Health Canada framework for measuring and reporting the outcomes and outputs of</td>
<td>April 1st, 2005</td>
<td>Health Canada</td>
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<tr>
<td>Framework (RMAF)</td>
<td>various programs</td>
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<tr>
<td>2009-10 Estimates</td>
<td>Details Health Canada's strategic outcomes and planned initiatives for the</td>
<td>undated</td>
<td>Health Canada</td>
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<td>Part III-Report on Plans and Priorities</td>
<td>upcoming 3 years</td>
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<tr>
<td>Non-Insured Health Benefits Program</td>
<td>Description of the Non-Insured Health Benefits Program</td>
<td>2003</td>
<td>Health Canada</td>
</tr>
<tr>
<td>Contribution Agreements (online document)</td>
<td>Brief overview explaining CAs</td>
<td>Accessed September</td>
<td>Health Canada</td>
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<td></td>
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<td>10th, 2009</td>
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<tr>
<td>Benefits Information (online document)</td>
<td>Explanation of the criteria for eligibility and included benefits of the Non-ins</td>
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<td>insured Health Benefits program</td>
<td>Accessed September</td>
<td>Health Canada</td>
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<td></td>
<td></td>
<td>10th, 2009</td>
<td></td>
</tr>
<tr>
<td>Funded Health Programs and Services (online</td>
<td>List and description of the health programs funded by Health Canada and</td>
<td>Accessed September</td>
<td>Health Canada</td>
</tr>
<tr>
<td>document)</td>
<td>FNIHB through various CAs</td>
<td>10th, 2009</td>
<td></td>
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<td>OCAP: Ownership, Control, Access, and</td>
<td>Outlines the rationale and components of the OCAP principles</td>
<td>April, 2007</td>
<td>National Aboriginal Health</td>
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<tr>
<td>Possession</td>
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<td>Organization</td>
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</tbody>
</table>

Preliminary Plan
### APPENDIX B: WORKPLAN WITH RESULTS STATEMENTS

**FINAL 2009-2014 HSS Multi-year Workplan**

**GOALS:** Increased opportunities for First Nations to participate in and influence national health policy, health systems and program development in areas including, but not limited to: children and youth, mental health and addictions, chronic disease and injury prevention, communicable disease control, environmental health and research, primary care, supplementary health benefits and health governance and infrastructure support.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Core Activities</th>
<th>Key Areas (including but not limited to the following)</th>
<th>Outcome Measures (How do we measure success?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Develop and provide policy advice and analysis on strategies and initiatives relating to First Nations health initiatives, needs and priorities.</td>
<td>1.1 Provide input into strategic approaches to address policy and program issues including program renewal processes.</td>
<td>Participate in key public health planning and policy development in fields of public health assessment, surveillance, disease prevention, health promotion and emergency preparedness particularly focussing on but not limited to: early childhood development, FN water regulations and guidelines, environmental health including climate change, communicable disease control and pandemic preparedness.</td>
<td>Stakeholders have the tools and the opportunities to better address First Nations' health needs and priorities. The AFN provides input into a strategic direction for addressing First Nations' health needs and priorities so that issues can be moved forward. This is achieved through the AFN and stakeholders having relevant tools to advocate and inform policy (for example: strategies, frameworks, information, cultural competency), as well as the opportunity to do so through forums (for example: meetings, working groups, task forces, agreements and memorandum of understandings).</td>
</tr>
<tr>
<td>1.2 Pursue integrated First Nations health system that ensures equitable access to quality health care services and equitable health outcomes regardless of residence.</td>
<td>1.2 Provide policy advice, analysis, support and recommendations to various stakeholders as appropriate.</td>
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<td></td>
<td>1.3 Support improved coordination of service delivery across jurisdictions.</td>
<td>Support First Nations health promotion through activities such as national food policy, oral health, reducing tobacco, alcohol and other drugs and injury prevention programs.</td>
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<td></td>
<td>1.4 Provide cultural safety and cultural awareness perspectives.</td>
<td>Develop a strategic approach to addressing upstream determinants of health.</td>
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<td></td>
<td>1.5 Conduct research and develop approaches to bring a First Nations perspective to influence national policy.</td>
<td>Research Study /Analysis of Federal, Provincial, and Private plans for Non-Insured Health Benefits.</td>
<td>Policies, strategies and initiatives address First Nations’ needs and priorities/are consistent with the First Nations’ Health Action Plan (FNHAP).</td>
</tr>
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<td></td>
<td>1.6 Promote and facilitate increased expertise and capacity in First Nations communities to deliver, design, and/or implement comprehensive First Nations</td>
<td>Ensure First Nations active participation in</td>
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</table>

Preliminary Plan
<table>
<thead>
<tr>
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<th>Outcome Measures (How do we measure success?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop First Nations health programming.</td>
<td>implementing “Jordan's Principle”. Support increased access to Non-Insured Health Benefits (NIHB). Provide strategic advice on the IRS file. Fulfil the objectives of the 5 year Youth Action Plan on FASD. Design and develop a First Nations Children &amp; Youth Health Strategy</td>
<td></td>
<td>The AFN contributes to facilitating interactions among stakeholders (community, regional, F/P/T, international) so that stakeholders with shared responsibilities can be identified and work together on similar issues/concerns. This is done by connecting and liaising with stakeholders, and ensuring that stakeholders have an opportunity to advocate and support First Nations' interests in health. In doing so, it is expected that policies, strategies and initiatives will address First Nations' health needs and priorities.</td>
</tr>
</tbody>
</table>
| 2. Create and maintain partnerships at community, regional, provincial /territorial, national and international levels to support and advocate First Nations interests in health. | 2.1 Create linkages, where appropriate, with regional, national programming and organizations to optimize First Nation participation in, and benefit from, health programs and projects. 2.2 Participate in, or create various stakeholder meetings in areas of health. 2.3 Participate in working group meetings | Conduct consultations on the FN Bio-monitoring Initiative. Support the development of the Standards Guide for Aboriginal Head Start on Reserve. Participate in the development and roll-out of e-health initiatives. | ➢ The AFN has effective partnerships with stakeholder groups.  
The AFN supports stakeholders and other partners in reaching their goals by ensuring that issues are brought to the forefront. To do so, the AFN both collects and consults with stakeholders on health needs and priorities. The organization acts as a source to which stakeholders would turn for guidance and support. |

Preliminary Plan
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>3. Develop First Nation awareness, expertise and build capacity on health matters.</td>
<td>3.1 Develop current and relevant health information that is culturally appropriate for the public including; background papers, fact sheets, discussion journals, and other public education materials as required. 3.2 Develop and assess public communications strategies.</td>
<td>Raise the profile of current and emerging health issues and participate in knowledge translation activities including publication and dissemination of materials for relevant health issues in First Nations communities. Participate in the development of the Home and Community Care milestones document.</td>
<td>Stakeholders have the tools and the opportunities to better address First Nations’ health needs and priorities. The AFN provides input into a strategic direction for addressing First Nations’ health needs and priorities so that issues can be moved forward. This is achieved</td>
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<tr>
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<td>can turn for information and support (for example by connecting and liaising with stakeholders, by participating in meetings and other forums, by providing information). In doing so, the AFN contributes to stakeholders having the information and support to advocate First Nations’ interests in health.</td>
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<td>➢ A systematic, single-voice/coordinated approach to supporting and advocating First Nations’ interests in health is in place.</td>
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<td>The AFN contributes to facilitating interactions among stakeholders (community, regional, F/P/T, international) so that stakeholders with shared responsibilities can be identified and work together on similar issues/concerns. This is done by connecting and liaising with stakeholders, and ensuring that stakeholders have an opportunity to advocate and support First Nations’ interests in health.</td>
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and conference calls, provide feedback into draft documents, and provide guidance as required.
<table>
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<tr>
<th>Objectives</th>
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<th>Outcome Measures (How do we measure success?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3 Increase and improve communications with First Nations Leadership.</td>
<td>Support initiatives aimed at increasing quality service delivery such as health human resource planning and implementation, development and support of training and identification of milestones.</td>
<td>through the AFN and stakeholders having relevant tools to advocate and inform policy (for example: strategies, frameworks, information, cultural competency), as well as the opportunity to do so through forums (for example: meetings, working groups, task forces, agreements and memorandum of understandings).</td>
<td></td>
</tr>
<tr>
<td>3.4 Increase and improve communications with and between First Nations Health Professionals.</td>
<td>4.1 Build capacity in areas related to performance measurement and evaluation.</td>
<td>4.1 Promote increased capacity in communities and regions to design, conduct and implement research.</td>
<td></td>
</tr>
<tr>
<td>3.5 Build and support training initiatives for First Nations at the community, regional and national level.</td>
<td>4.2 Support and improve the processes and quality of data collection and surveillance for First Nations.</td>
<td>4.2 Support and improve the processes and quality of data collection and surveillance for First Nations.</td>
<td></td>
</tr>
<tr>
<td>3.6 Increase First Nation knowledge base of priority health issues and interventions.</td>
<td>4.3 Promote First Nations ownership, control, access and possession (OCAP) of health information and health information systems.</td>
<td>4.3 Promote First Nations ownership, control, access and possession (OCAP) of health information and health information systems.</td>
<td></td>
</tr>
<tr>
<td>4.1 Promote increased capacity in communities and regions to design, conduct and implement research.</td>
<td>4.4 Promote enhanced relations between PTOs and provinces on information management.</td>
<td>4.4 Promote enhanced relations between PTOs and provinces on information management.</td>
<td></td>
</tr>
<tr>
<td>4.1 Build capacity in areas related to performance measurement and evaluation.</td>
<td>Provide input and analysis on emerging environmental public health research in First Nations communities including climate change, biomonitoring and contaminants.</td>
<td>Provide input and analysis on emerging environmental public health research in First Nations communities including climate change, biomonitoring and contaminants.</td>
<td></td>
</tr>
<tr>
<td>4.2 Support and improve the processes and quality of data collection and surveillance for First Nations.</td>
<td>Participate in the development and implementation of information technologies (e-health, EHR, Panorama, etc.) including the development of protocols on health information management.</td>
<td>Participate in the development and implementation of information technologies (e-health, EHR, Panorama, etc.) including the development of protocols on health information management.</td>
<td></td>
</tr>
<tr>
<td>4.3 Promote First Nations ownership, control, access and possession (OCAP) of health information and health information systems.</td>
<td>Work with partners in determining the readiness of communities to assume the governance, implementation, and ongoing management of a health information system.</td>
<td>Work with partners in determining the readiness of communities to assume the governance, implementation, and ongoing management of a health information system.</td>
<td></td>
</tr>
<tr>
<td>4.4 Promote enhanced relations between PTOs and provinces on information management.</td>
<td>In consultation with PHAC, PSC and others, develop and implement emergency preparedness protocols on health information data collection and management reflect OCAP principles.</td>
<td>In consultation with PHAC, PSC and others, develop and implement emergency preparedness protocols on health information data collection and management reflect OCAP principles.</td>
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<tr>
<td></td>
<td>The AFN promotes OCAP principles so that health information is managed in a way that reflects the interests of First Nations.</td>
<td>The AFN promotes and supports interactions and information sharing between stakeholders. In terms of information management and in light of OCAP principles, the AFN contributes to the development of protocols and systems that reflect OCAP principles and support First Nations’ interests.</td>
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</tr>
<tr>
<td></td>
<td>First Nations have access/ownership/control of information to be able to advocate health needs, priorities, interests and matters.</td>
<td>First Nations have access/ownership/control of information to be able to advocate health needs, priorities, interests and matters.</td>
<td></td>
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</tbody>
</table>
Preliminary Plan

<table>
<thead>
<tr>
<th>Objectives</th>
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<th>Outcome Measures (How do we measure success?)</th>
</tr>
</thead>
</table>
| 5. Pursue clarification on recognition of First Nations rights to health and jurisdictional control, management and delivery of health systems. | 5.1 Promote integration as essential to overcome the multitude of health programming gaps at federal, provincial and municipal levels.  
5.2 Support improved coordination and control of service delivery across jurisdictions  
5.3 Provide support and advocate for funding matched to population growth, health needs | tools for communities.  
Support communities to develop and implement TB control programs.  
Participate in public health information and surveillance.  
Negotiate protocols on health information management. | that they are reflected in polices and processes. Through OCAP principles, First Nations can make decisions regarding research (for example: what will be done, for what use, where the information will be physically stored and who will have access). This contributes to First Nations having access to research and being more self-determined/self-reliant.  
- First Nations increase governance responsibility of health systems, policy or programming.  
With the AFN’s input and support, First Nations increase their knowledge, expertise and infrastructure to support research, and implementation and management of health systems. As a result, First Nations are better equipped to reach their goals and become self-reliant.  
- Multi-partite/multi-jurisdictional forums exist to address integration.  
The AFN promotes collaborative models and joint policy processes so that stakeholders (community, regional, F/P/T, international) have the opportunity to address integration through forums (for example: meetings, working groups, task forces, agreements and memorandum of understandings). |

Participate in the Health Canada – AFN Health Portfolio Task Group.  
Work with AHTF to review projects as they are related to public health and develop a communications plan that will summarize and analyze the results of the projects.  
Provide input into emerging public health documents, policies and programs that examine changing roles and responsibilities of all service providers.
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Core Activities</th>
<th>Key Areas (including but not limited to the following)</th>
<th>Outcome Measures (How do we measure success?)</th>
</tr>
</thead>
</table>
|            | and cost drivers. | providers including but not limited to; communicable disease control, emergency preparedness and environmental health. | ➢ *F/P/T and First Nations responsibilities and relationships are mapped.*
|            | 5.4 Clarify the roles and responsibilities of all levels of government. | | The AFN contributes to facilitating interactions among stakeholders (community, regional, F/P/T, international) so that stakeholders with shared responsibilities can be identified and work together on similar issues/concerns. This is done by connecting and liaising with stakeholders. Mapping areas and responsibilities is a precursor to advancing strategies for the integration and coordination of health programming. |
|            | 5.5 Promote new collaborative models (Tripartite) implemented by First Nations. | | ➢ *Services and programs better reflect First Nations’ rights and health needs, priorities, interests and matters.*
|            | 5.6 Promote joint policy processes. | | The AFN contributes to facilitating interactions among stakeholders (community, regional, F/P/T, international) so that stakeholders with shared responsibilities can be identified and work together on similar issues/concerns. In doing so, the AFN creates the opportunity for stakeholders to work jointly and collaboratively on models and processes that reflect First Nations’ rights and health issues. |