

INDIGENOUS HEALTH EQUITY FUND ANNUAL ACTIVITY REPORT

DCI number/Fiscal year:

HC-P149 (2024-2025)

Purpose:

This report is for funding recipients to report on the progress or results of health related activities and services supported by the Indigenous Health Equity Fund. This report is not for reporting on financial and audit information. Indigenous Services Canada may use the information or data contained here to develop summary reports at the regional or national level, or to showcase key initiatives that demonstrate tangible outcomes. This also allows Indigenous Services Canada and funding recipients to identify strengths and gaps in programming and, where feasible, to adjust programming to better serve the needs of distinctions-based Indigenous communities. For information on financial reporting and audit requirements, please refer to your contribution agreement.

Reporting period:

Communities/organizations that receive Indigenous Health Equity funding will submit an annual activity report within 120 days after the conclusion of each fiscal year. For fiscal year 2024-25, the reporting period is April 1, 2024 to March 31, 2025.

Due date:

The annual activity report is due July 29, 2025, unless otherwise stated in the reporting schedule of the contribution agreement. For other information, please consult your [regional office](#).

Note:

Once the “submit” button is selected, this activity report will auto-generate an email that will be pre-populated with the appropriate email address, depending on the region selected. If you would like to speak with a regional representative, please send your request to the appropriate email address below.

List of regional office contacts:

Region	Email address
NHQ - Headquarters	fesa-ihef@sac-isc.gc.ca
AB - Alberta	Fesa-ihef-ab@sac-isc.gc.ca
BC – British Columbia	Fesa-ihef@sac-isc.gc.ca
MB – Manitoba	Fesa-ihef-mb@sac-isc.gc.ca
NB – New Brunswick	Fesa-ihef-atl@sac-isc.gc.ca
NL – Newfoundland and Labrador	Fesa-ihef-atl@sac-isc.gc.ca
NS – Nova Scotia	Fesa-ihef-atl@sac-isc.gc.ca
NT – Northwest Territories	Fesa-ihef-nr@sac-isc.gc.ca
NU - Nunavut	Fesa-ihef-nr@sac-isc.gc.ca
ON - Ontario	Fesa-ihef-on@sac-isc.gc.ca
PE – Prince Edward Island	Fesa-ihef-atl@sac-isc.gc.ca
QC - Quebec	Fesa-ihef-gc@sac-isc.gc.ca
SK - Saskatchewan	Fesa-ihef-sk@sac-isc.gc.ca
YT - Yukon	Fesa-ihef-nr@sac-isc.gc.ca

Field definitions:

Field	Definition
Identification	
Recipient/Organization name	Provide the name of recipient or organization that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement.
Province/Territory	Select the province/territory in the drop-down menu from which the recipient is reporting.
Associated communities	
Community name	Provide the name of the community that is represented.
Distinction and organizational type	<p>Select the most appropriate distinction, which includes the three distinct Indigenous Peoples of Canada: First Nations, Inuit, Métis, or Multiple (please specify). ‘Multiple’ in this case could include pan-Indigenous organizations.</p> <p>Once a ‘distinction’ is selected, choose from the menu provided to identify organizational type, including the following:</p> <p>(FN) Self-governing Indigenous government</p>

Field	Definition
	(FN) Modern treaty holder (FN) Band (FN) District (FN) Tribal council (FN) Association (FN) Organization (Inuit) Land claim organization (Inuit) Treaty organization (Inuit) Hamlet (Inuit) Council (Métis) Governing member (Métis) Settlement (Métis) Community (Multiple) Organization (Multiple) Association
Contact	
<ul style="list-style-type: none"> - Given name - Family name - Title/Position - Telephone number - Extension - Email address 	Provide the name and contact information of the responsible official to verify the content and information contained in this report. A valid telephone number includes the 3 digit area code in the format, '###-###-####'. If there is an extension, it has a maximum of 5 digits and is in the format '#####'. A valid email address may be in upper or lower case in the format 'a@a.a'.
Reporting period	
<ul style="list-style-type: none"> - From (YYYYMMDD) - To (YYYYMMDD) 	Indicate the reporting period 'from' and 'to' dates from the drop-down calendar. Dates are in the format of 'Year-Month-Day'.
Activity information	
Activity	If needed, more than one activity can be added by clicking '[+] Add an activity' button.
1. Activity description	Provide a brief and clear description of this activity (e.g., Enhance mental wellness crisis response teams in community/region X).
2. Activity start date (YYYYMMDD)	Indicate the activity start date. Dates are in the format of 'Year-Month-Day'.
3. Activity completion date (YYYYMMDD)	Indicate the activity completion date. Dates are in the format of 'Year-Month-Day'.

Field	Definition
<p>4. Choose one of the options in the drop-down menu that best indicates the current status of this activity.</p>	<p>On track – The activity is being implemented as outlined in the Implementation Plan. No corrective measure or delay expected.</p> <p>Delayed – The activity is experiencing unexpected delays (please elaborate the circumstances below in number 5); but it is still expected to proceed at a slower pace or with a delayed timeline (specify the revised timeline in number 5, if possible)</p> <p>Focus shifted – The activity and the original planned objective have shifted during the reporting period, and going forward, the revised focus will become the objective (please provide explanations, as well as the new focus, in number 5 below)</p> <p>No longer feasible – Circumstances surrounding the implementation of the activity have changed to a point where the planned activity is no longer feasible to move ahead. Provide details and mitigations in number 5 below.</p> <p>Other (please specify)</p>
<p>5. Describe any progress/change made on the implementation of this activity from the status above. If the activity has been delayed, no longer feasible, or focus has shifted, please elaborate.</p>	<p>If the status selected in number 4 is On track, provide a concise narrative on any progress made during this reporting period.</p> <p>Or, in the cases of the other status selected, provide a snapshot of the circumstances surrounding the change, and any follow-up or mitigating measures, as well as next steps, where applicable.</p>
<p>6. Identify the ways through which you were able to track to measure the achievement of this activity.</p>	<p>Where possible, enter any information or data here as it relates to this activity, including, but not limited to:</p> <ul style="list-style-type: none"> - size/number of communities, population the activity seeks to reach; or - number of beneficiaries as a result of this activity (e.g., number of health navigators trained / hired, etc.) <p>Where applicable, specify:</p> <ul style="list-style-type: none"> - any health gaps it seeks to address - any partnerships with other communities/ organizations/jurisdictions and their roles - any transformative elements in the activity
<p>7. If available, describe results/achievements of this activity.</p>	<p>Provide a narrative of any key results (expected to be) achieved through the activity. While optional, especially for the initial period/years of implementation, results highlighted here will provide useful and meaningful data for Indigenous Services Canada to showcase where appropriate.</p> <p>If possible, the narrative could highlight such elements as the beneficiaries reached (e.g., number and types of population groups, targeted areas of</p>

Field	Definition
	<p>activities, any types of partnerships that have contributed to the results, and any innovative measures used that could serve or be shared as best practices going forward)</p> <p>Note that this list is not exhaustive.</p>
Supporting documents	
Title	Enter the name of the supporting document.
Submission method	<p>From the drop-down list, select the method by which additional documents will be submitted. The options include:</p> <ul style="list-style-type: none"> - attachment - email - facsimile - mail - by hand/courier <p>If you select 'Attachment' as the submission method, an 'Attach file' button will appear. Selecting this button allows you to select a file that will be attached to the form. After attaching the file, you can click on the paper clip icon on the right side of the Adobe application to see the attached file. Once the file is attached, the 'Attach file' button changes to 'Remove file'. To remove the file only, select this button. To clear all fields for a single document and remove the associated file, select the [-] button.</p>
Declaration	
<ul style="list-style-type: none"> - Given name - Family name - Title - Date (YYYYMMDD) 	Provide the given name, family name and position title of the person who acknowledges the accuracy of the information, and the date on which it was completed. Dates are in the format of 'Year-Month-Day'.
Submit	Please ensure that this pre-populated email is sent as encrypted in order to prevent the protected data entered in the forms from being disclosed to unrelated parties.