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From the Minister

This year has been extremely challenging for First Nations, Inuit and Métis. The COVID-19 pandemic, the recent findings of unmarked graves at former residential schools, and the unacceptable deaths of Joyce Echaquan and Chantal Moore have shaken Canada. They have reminded all of us of the clear need for faster and more robust responses to end systemic anti-Indigenous racism and discrimination, confront the historic wrongs of the past, end practices that perpetuate inequity and exclusion and work faster and more efficiently to ensure a just society that is fair and equitable for everyone.

The pandemic has highlighted the socio-economic gaps that exist between Indigenous and non-Indigenous Peoples caused by colonization and decades of historic injustices.

At the department, we’re working in partnership with Indigenous Peoples across the country. We aim to provide high-quality services in a consistent way, using an approach that recognizes the distinctions among Indigenous communities. At the heart of our work is the steadfast belief in substantive equality, in opportunity and in outcomes. Canada will be stronger when everyone has a fair chance to succeed.

Amid the backdrop of the pandemic, we’ve pushed forward and provided a wide range of supports to Indigenous communities, organizations and businesses. We’ve invested in languages and education. We’ve improved access to safe drinking water for First Nations on reserve. We’ve continued our commitment to fully implement Jordan’s Principle and collaborated with Crown-Indigenous Relations and Northern Affairs Canada to launch the Missing and Murdered Indigenous Women and Girls and 2SLGBTQQIA+ National Action Plan, and expanded critical shelter supports to address gender-based violence. And we’ve started the work with provincial and territorial partners to transform health care systems to eliminate racism towards Indigenous Peoples.

All our work is carried out in collaboration with First Nations, Inuit and Métis partners across the country. Partnership is a principle that informs what we do, and we honour the saying, “Nothing about us without us.” True reconciliation is built on respect.

In this report, you can read detailed explanations about the progress that we’ve made on four priority areas:

- To advance health;
- To support families;
- To sustainable communities; and
- To support Indigenous communities in self-determination.
The work of decolonization and self-determination needs our commitment and focus: to new ways, to equity in funding and opportunity, and to a vision of a healthy future for all children in this country. Our government remains committed to doing this work together.

I look forward to continuing to work with Indigenous partners to support Indigenous self-determination, and the well-being and economic prosperity of all Indigenous Peoples in Canada. Reconciliation must be intentional. It must be transparent. It must further relationships and respect the commitments Canada and the Crown have made to Indigenous Peoples over many years.

Every First Nations community that has new access to fresh water, every Inuit young person who can stay home to further their education and every Indigenous person who is treated fairly and respectfully in a hospital, is a step in the right direction. But we must work faster. Because conversely every student who can’t finish their education, every family that doesn’t have safe and affordable housing, every person who experiences discrimination in any Canadian institution is an injustice and loss that we all bear. Canada will be stronger and better when every person has a true and fair chance at success.

The Honourable Patty Hajdu, P.C., M.P.
Minister of Indigenous Services
Results at a glance

Indigenous Services Canada (ISC) worked collaboratively with partners to improve access to high quality services for First Nations, Inuit and Métis communities.

The Government of Canada recognizes that First Nations, Inuit and Métis are among the most at risk and face unique challenges in addressing COVID-19. The health and well-being of First Nations, Inuit, and Métis has been and will remain Indigenous Services Canada's primary focus. This includes working with provinces and territories, Indigenous and health system partners to ensure that Indigenous Peoples have access to high quality public health and primary health care services no matter where they reside, and to support further actions on social determinants of health such as housing, education, and employment.

ISC is guided by three overarching principles focused on co-development, distinctions-based recognition, and substantive equality. In 2020-21, the department focused on four interconnected priority areas to advance health, support families, build sustainable communities, and support Indigenous communities in self-determination. These priority areas work together to ensure that the needs and concerns of First Nations, Inuit, and Métis people are recognized, providing support where it is needed from the individual through the family, community and nation-level.

**Advancing health**

- Provided Indigenous leadership with resources to keep their communities safe, prioritizing vaccine roll-out to all Indigenous Peoples, and enhancing physical and mental health services, emergency food security efforts, and educational and business relief. Temporary staffing measures were also put in place to increase the number of nurses in communities to respond to COVID-19. Protecting the health and safety of all Indigenous Peoples in the context of the COVID-19 pandemic remains ISC’s first priority.

- Announced funding of $82.5 million in mental health and wellness supports in August 2020 to help Indigenous communities adapt and expand culturally-safe mental wellness services, particularly in the context of the COVID-19 pandemic.

- Invested $15.6 million over two years to support the co-development of distinctions-based health legislation with First Nations, Inuit and the Métis Nation. This will begin the process of transforming health care delivery in Indigenous communities by supporting Indigenous control over the development and delivery of health services.

**Supporting families**

- Engaged with Indigenous partners to exercise jurisdiction over child and family services through the implementation of the *Act respecting First Nations, Inuit and Métis children, youth and families*.

- Completed a two-year First Nations-led engagement process on income assistance reform that will ultimately lead to greater self-sufficiency through the transition to employment and education opportunities. The findings were presented in January 2021.
Developed and implemented seven Regional Education Agreements that respond to the education goals and priorities set by First Nations and respect the principle of First Nations control of First Nations education.

Increased the percentage of students attending First Nations administered schools who are taught at least one subject in a First Nations language from 82% in 2019-20 fiscal year to 91% in 2020-21 fiscal year.

Increased, through Education Transformation, national funding by 52.1% (2015-16 vs 2020-21) for elementary and secondary education on reserve.

**Helping build sustainable communities**

- Invested over $1.5 billion starting in 2020-21, as part of the 2020 Fall Economic Statement, to help accelerate the work being done to end all long-term drinking water advisories on public systems on reserves, to better support the operation and maintenance of systems, and to continue program investments in water and wastewater infrastructure.

- Lifted 106 long-term drinking water advisories on public systems on reserves by First Nations with support from ISC, while 53 long-term drinking water advisories remain in effect in 33 communities since November 2015 and as of March 2021. During the same time, 178 short-term drinking water advisories (advisories lasting between two and 12 months) that were at risk of becoming long-term have also been lifted, ensuring clean drinking water to First Nations.

- Enhanced capacity for First Nations and ISC to improve earlier detection of water problems. Through joint efforts with First Nations communities, all First Nations communities have access to trained personnel (Community-Based Drinking Water Quality Monitor or an Environmental Public Health Officer) to sample and test drinking water quality at the tap.


- Invested $112 million in August 2020 to support a safe return to elementary and secondary schools on reserve. This supported both the direct needs of schools and students, as well as supporting minor capital investments for schools to follow public health guidelines and respect adequate physical distancing.

- Increased post-secondary funding supports by $75.2 million, as announced by the Prime Minister on April 22, 2020, to help First Nations, Inuit, and Métis Nation post-secondary students mitigate the impacts of the pandemic. On October 30, 2020, an additional investment of $25.9 million was announced to ease the immediate pressures facing Indigenous post-secondary institutions.
• Announced $59 million in October 2020 for First Nations to adapt other on reserve community infrastructure, including band offices, health facilities, daycares, women’s shelters and fire halls, in the context of COVID-19.

• Invested over $5.7 billion in support of 5,820 infrastructure projects in water and wastewater, housing, school facilities, health, other community infrastructure and transformation. As of March 31, 2021, 3,689 projects were completed.

• Shifted the Aboriginal Entrepreneurship Program to distinctions-based delivery.

• Provided supplementary funding to First Nations in the Reserve Land and Environment Management Program to assist with operational activities that were adapted as a result of the COVID-19 pandemic.

**Supporting Indigenous communities in self-determination**

• Supported capacity-building efforts in communities to improve the delivery of economic development services and build on successful investments by supporting projects that leverage private sector investment and lead to higher community revenues and employment.

• Leveraged greater access to capital to support Aboriginal Financial Institutions and Indigenous entrepreneurs, through the expanded Aboriginal Entrepreneurship Program and newly established COVID-19 pandemic measures.

• Marked a significant change towards a distinctions-based approach to supporting Métis entrepreneurs through the Aboriginal Entrepreneurship Program. Program delivery agreements were reached with five Métis Capital Corporations.

• Marked the 25th anniversary of the signing of the Framework Agreement on First Nation Land Management. In October 2020, Katlodeechee became the first northern First Nation to reassert jurisdiction over their land by becoming operational under their land code.

• Accepted additional First Nations into the New Fiscal Relationship grant, a funding mechanism of up to 10 years that provides stable and predictable funding for eligible First Nations to build capacity, do effective long-term planning, and have the flexibility to respond to community priorities.

Through the COVID-19 pandemic, ISC has continued to work towards closing socio-economic gaps and advancing Indigenous self-determination. Social and economic factors, including health, education, income, employment and community infrastructure, are major determinants of well-being. We know that the pandemic will likely have long-lasting impacts on mental wellness in Indigenous communities magnifying the current issues and widening the gaps. The need to recognize and close these gaps has never been more urgent.

By understanding the importance and impacts of these factors, and by working in partnership with the communities and peoples facing challenges, governments can design and deliver services to address disparities among populations.
It is unacceptable that only 37.8% of First Nations adults and 36.9% of Inuit (Inuit Nunangat) report being in very good or excellent health. It’s vital that Indigenous Peoples are in the driver’s seat when it comes to designing and delivering their health care programs and services.

The federal government acknowledges that more investments are required to address the socio-economic gaps adequately. This includes having more current data through the First Nations Regional Health Survey (RHS) and up to date tuberculosis rates among Inuit living in Inuit Nunangat. As we continue to strengthen the federal government’s ability to report on the socio-economic gaps, we commit to providing a more detailed aggregate breakdown of what the total funding gap is in future reports.

When First Nation students do well, communities do well and Canada does well. It’s essential that First Nations students on reserve have the best chance to succeed. The 36.8% graduation rate must be addressed.

This report shows that there is much work to be done to understand exactly how large those gaps are and the work underway has been delayed due to the pandemic.

As mentioned in the Annual Report tabled in December 2021, many studies from Indigenous and non-Indigenous partners have tried to measure what the total funding gap between Indigenous and non-Indigenous People in Canada. For example, the Government recognizes more investment is needed to address the gap in adequate housing between Indigenous and non-Indigenous People.

A recent Parliamentary Budget Office study showed a $636 million annual shortfall in investments for adequate housing and shelter. Another Parliamentary Budget Office study highlighted a gap of $138 million in funding (between 2016-2017 and 2026-2027) for Water and Waste Water management on-reserve and what is needed for overall operation and maintenance for those systems. The Canadian Council for Public-Private Partnerships released a study that found that First Nations face an overall infrastructure gap of roughly $30 billion. Finally, while the National Indigenous Economic Development Board’s 2019 Economic Progress Report readily pointed out that while socio-economic gaps are closing between First Nations, Inuit, Métis and the rest of Canada, they are closing too slowly – and that more must be done to achieve parity.

In working toward these results for 2020-21, ISC’s total actual spending was $16,353,245,516 and its total actual full-time equivalents was 6,371. For more information on Indigenous Services Canada’s plans, priorities and results achieved, see the “Results: what we achieved” section of this report.

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2 Clean Water for First Nations: Is the Government Spending Enough, [https://distribution-a617274656661637473.pbo-dpb.ca/8544c3674361c171dbaded06eaf8e5261695d588b608cabc5505f521aaab326fb](https://distribution-a617274656661637473.pbo-dpb.ca/8544c3674361c171dbaded06eaf8e5261695d588b608cabc5505f521aaab326fb)
3 P3’s: Bridging the First Nations Infrastructure Gap, [https://www.pppcouncil.ca/web/P3_Knowledge_Centre/Research/P3_s_Bridging_the_First_Nations_Infrastructure_Gap.aspx?WebsiteKey=712ad751-6689-4d4a-aa17-e9f993740a89](https://www.pppcouncil.ca/web/P3_Knowledge_Centre/Research/P3_s_Bridging_the_First_Nations_Infrastructure_Gap.aspx?WebsiteKey=712ad751-6689-4d4a-aa17-e9f993740a89)
Results: what we achieved

Services and Benefits to Individuals

These services and benefits are mainly delivered directly to Indigenous Peoples by the department. They include, among other services and benefits, individual First Nations and Inuit clinical care and health-related benefits such as pharmacy, dental and vision care. The department is also responsible for determining individuals' entitlement to Indian registration and for the issuance of various proofs of registration, including the Secure Certificate of Indian Status (SCIS), which can be used to access various programs and services.

Results:

1. Quality and timely services are delivered directly to Indigenous People

The effects of the COVID-19 pandemic highlighted the unique challenges faced by many First Nations, Inuit and Métis communities in accessing quality and timely health care services and benefits. It also underlined the need to provide these services in a way that is culturally relevant and results in improved outcomes.

Throughout the pandemic, Indigenous Services Canada’s (ISC) first priority has been to provide Indigenous leadership with the resources they need to keep their communities safe. Significant investments were made to support:

- distribution of personal protective equipment (i.e., hand sanitizer, N95 masks, face shields, surgical masks, non-medical masks, gowns and gloves) to First Nations and Inuit communities and Indigenous organizations;
- procurement and distribution of testing swabs and point-of-care testing devices to support COVID-19 testing;
- health emergency management at the community level through the regional emergency operations centres;
- additional health personnel, supplementing the existing workforce to support First Nation communities;
- air transportation of health experts to First Nation communities in Ontario, Manitoba and Alberta;
- surge health infrastructure solutions, supporting isolation, screening and assessment, accommodation requirements, mental health supports and supportive home care;
- prioritization of all Indigenous peoples, regardless of where they live, for culturally-safe access to COVID-19 vaccines and supported vaccine clinics through provision of vaccine administration supplies, surge immunizers, and guidance; and
- continued provision of non-insured health benefits and services, while adhering to public health guidance.
While these investment helped COVID-19 response efforts, the pandemic had a detrimental effect on the retention and recruitment of nurses in communities. Temporary staffing measures were implemented to significantly reduce the time to hire by up to 80%. ISC’s nursing leadership carried out regular engagement sessions to address the increased stress placed on this workforce and to provide wellness tools and support. Further support was provided to front-line nurses working in communities with the launch of the Nursing Services Response Centre in August 2020. This provides a single window approach for nurses to navigate issues while working in remote regions and communities. Since the Centre’s opening, over 1,800 requests have been received with a case closure rate of 93% within an average of 11 calendar days to fulfill requests.

In addition to supporting the COVID-19 response efforts, ISC advanced other health services and benefits for First Nations, Inuit and Métis communities:

- The COVID-19 pandemic disrupted plans to acknowledge 2020 as the International Year of the Nurse and Midwife, celebrating nurses and midwives as part of its Nursing Now Canada initiative. ISC continued to work with partners to advance the four pillars of the initiative, including the Assembly of First Nations, the Canadian Nurses Association, the National Aboriginal Council of Midwives, the Canadian Indigenous Nurses Association, and the Canadian Association of Schools of Nursing (CASN). While ISC supported the advancement of all pillars, its primary focus was the Indigenous Pillar to enable and support the nursing and midwifery workforce in providing culturally-safe care across Canada.

- The department worked with Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC) and CASN to explore how information pertaining to Indigenous Health Human Resources recruitment and retention strategies could be collected through CASN’s regular survey. An inventory of cultural safety, competency, and humility training at Canadian nursing schools was initiated, as were the discussions vis-à-vis the creation of an Indigenous Nursing Health Human Resources Strategy. While the pandemic negatively impacted the department’s ability to complete this work, partnerships were strengthened, discussions were advanced and the ground work for future efforts was laid.

- Although many oral health services have temporarily ceased due to the COVID-19 pandemic, ISC’s Community Oral Health Services have been able to expand their services in seven additional communities. Silver Diamine Fluoride has been implemented

<table>
<thead>
<tr>
<th>COVID-19 Health Supports (as of March 31, 2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 1,711 orders of personal protective equipment</td>
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<tr>
<td>• 143 orders of COVID-19 vaccine administration supplies</td>
</tr>
<tr>
<td>• 319 additional nurses and 147 additional paramedics</td>
</tr>
<tr>
<td>• 5,354 trips transporting experts by air to remote communities</td>
</tr>
<tr>
<td>• 59,945 calls and online health chats answered</td>
</tr>
<tr>
<td>• 518 surge health projects funded</td>
</tr>
</tbody>
</table>
as a non-invasive, secondary prevention option to prevent the progression of carious lesions; thereby avoiding the traditional use of restorative approaches in many instances.

- The department continued to collaborate with the Assembly of First Nations on the Non-Insured Health Benefits Program Joint Review which aims to enhance client access, address gaps, streamline service delivery, and increase program efficiencies. In 2020-21, the engagement focused primarily on COVID-19 related issues. The department also continued to work collaboratively with the Inuit Tapiriit Kanatami on Inuit specific priorities.

- In June 2020, a new Health Information Claims Processing Services solution was implemented. This system was updated to enable the processing of vision care, mental health counselling, benefit claims, and included “Gender X” as a data field, allowing gender data to be further disaggregated.

In addition to health services, ISC continued to provide quality and timely client services for First Nations registration, membership, status cards, Indian moneys, estates and treaty annuities. In 2020-21, the department improved registration services through a partnership with Correctional Services Canada to provide registered First Nations offenders a Secure Certificate of Indian Status (SCIS) before they are released. Other partnerships were put in place with Canada Post Corporation and the Manitoba region to improve client services and provide more points of service to issue Secure Certificates of Indian Status.

The Indian Status application process was modernized through the launch of an online service kiosk in Gatineau, Quebec. This digital solution, which will be rolled out to other locations, eliminates the need for applicants to submit a paper application and reduces wait times. In addition, the SCIS PhotoApp continued to be updated to provide more timely service for passport quality photos for registrations at no cost.

In keeping with the commitment to reconciliation and a renewed nation-to-nation relationship, ISC tabled the [final Report to Parliament](#) in December 2020 on the review of S-3, *An Act to amend the Indian Act in response to the Superior Court of Quebec decision in Descheneaux c. Canada (Procureur général)*. This fulfilled ISC’s obligations to report after three years on the review of the Act.

The department also continued to:

- support the administration of estates of deceased, minors, and dependent adults;
- maintain services and support to regions, stakeholders, and clients through band moneys expenditure requests, interest calculation support, Minors Accounts Payout Initiative Project; and
- work with First Nations interested in transferring their current and future trust moneys from Canada to external trusts.

COVID-19 limited the access to some of these services. When local public health guidance permitted, most in-person services were only available by appointment. To respond to these
restrictions, the department displayed responsiveness and extended the validity date of status cards so that people could still access services and programs needed throughout the pandemic.

2. Health services delivered to Indigenous Peoples contribute to health outcomes

ISC’s primary focus in 2020-21 was supporting COVID-19 response efforts and improving preparedness for First Nations and Inuit communities, as well as Indigenous organizations. The department actively worked with communities to mitigate the impacts of COVID-19, including reopening and closing public facilities based on federal, provincial, territorial, and community public health guidelines and measures, assisting in outbreak management (contact tracing and investigation), and supporting regional emergency response structures. It also included the provision of personal protective equipment and vaccine administration supplies, coordination of working groups and networks, provision of culturally-safe public health guidance, and COVID-19 case surveillance in First Nations and Inuit communities.

ISC worked closely with Indigenous partners to support culturally-safe, timely access to COVID-19 vaccines for all Indigenous Peoples, regardless of where they live. A COVID-19 Vaccine Planning Working Group was established with federal, provincial, territorial and Indigenous participation in the rollout and administration of vaccines for First Nations, Inuit and Métis communities. The working group was a key forum for sharing strategic advice on emerging issues and facilitating inclusion of Indigenous populations and community perspectives in response to COVID-19. Additionally, ISC and the National Association of Friendship Centres co-chaired the First Nations, Inuit and Métis Living in Urban and Related Homelands Vaccine Task Group, with membership from Indigenous organizations and federal, provincial and municipal partners.

ISC continued to support First Nations and Inuit communities in preparing for and mitigating the impacts of health emergencies. A national network of health emergency managers established policies for health emergency management, identified community readiness in the early stages of the COVID-19 pandemic, and provided training to employees and community members who were responsible for emergency management. A Communicable Disease Emergency Table Top Exercise was finalized and shared with First Nations and Inuit communities to facilitate the creation or updating of community communicable disease emergency plans.

ISC worked with its Indigenous partners to strategize on nursing workforce issues that affected access and quality of care to First Nations communities. In 2020-21, partnerships with the Nursing Retention and Recruitment Steering Committee and the Nursing Leadership Council resulted in policies that directly responded to the workplace needs of nurses. The department also supported development of Phase 2 of the Nursing Workforce Survey to inform the devolution of health care services in First Nations communities. COVID-19 significantly impacted the ability to conduct the survey, however work is underway to continue development of Phase 2.

Gender-based analysis (GBA) plus

ISC strives to ensure health-related services and benefits are made available to all Indigenous Peoples. It takes into account gaps in these services within Indigenous communities.
In 2020-21, the department worked closely with the Advisory Committee on Indigenous Women’s Well-Being to facilitate the development of new GBA Plus approaches designed and guided by Indigenous Peoples and perspectives. The Advisory Committee was actively engaged throughout the COVID-19 pandemic highlighting the need for mental wellness supports and action on increased violence faced by Indigenous women and children. They developed an Action Plan to address family violence and cultural safety in health care. The department is continuing to work with the Advisory Committee on an Indigenous-led process to support National Indigenous Women’s Organizations to advance and disseminate their GBA Plus frameworks and tools.

The Non-Insured Health Benefits (NIHB) Program provides coverage to all eligible First Nation and Inuit clients regardless of sex, gender, age and other identity factors. Data collected by the NIHB Program can be disaggregated based on a variety of identity factors for analysis and monitoring purposes. The Program has mechanisms in place to address varying levels of health service availability and benefits coverage is expected to advance the Poverty Reduction and Health and Well-Being goals of the Gender Results Framework. First Nations and Inuit partners along with First Nation and Inuit medical professionals participated in expert advisory committees to ensure clients’ needs and perspectives informed policies and coverage, such as coverage for traditional healer services provided through projects developed and delivered by First Nations and Inuit organizations.

ISC’s Health and Wellness services incorporated GBA Plus tracking in its work plans to strengthen integration in all its activities. Specific GBA Plus activity planning has increased to 49% in 2020-21 from 32% in 2019-20. To further strengthen the integration of GBA Plus considerations into health and wellness services, ISC supported GBA Plus capacity development by strengthening its governance structure through the creation of a Responsibility Centre in early 2021.

Applications for Secure Certificate of Indian Status provided the opportunity to select a third, non-binary gender identifier on applications. As of December 2020, application forms included “Gender X” as a data field, supporting inclusion of transgender and non-binary people.

**Results-based Innovation**

ISC supported projects that sought and expanded results-based innovation solutions to improve the delivery of health and registration services to Indigenous Peoples.

In 2020-21, ISC supported the University of Saskatchewan’s Oral Health Practitioner project, in partnership with the Northern Inter-Tribal Health Authority and Saskatchewan Polytechnic. This project proposed to establish a Dental Therapy Training Program where Indigenous students would be prioritized for enrolment.

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4 ISC refers to Treasury Board Secretariat’s term “experimentation” as “results-based innovation” given the negative connotation in the Indigenous services context due to Canada’s colonial history, including the impact on residential schools. Evidence-based decision making will continue to be achieved at ISC through recognized tools such as innovation challenges, demonstration and systems transformation projects, and recognized methods including user-centred design, behavioural insights, data analytics, and modelling, and open policy making.
The department worked with the Advisory Committee on Indigenous Women’s Wellbeing to improve culturally-safe access to midwifery services. Three regional midwifery projects received increased funding in Alberta, Manitoba, and Saskatchewan to restore traditional birthing knowledge and practice in communities. They established integrated care teams with other community and provincial maternal child health programs, and began partnerships with the National Council of Indigenous Midwives.

ISC explored and tested options to provide better access to First Nations for estate and treaty annuity services. The digitization of application processes for Indian Status, through the development of an online service kiosk for registration, was activated at a service kiosk in Gatineau, Quebec in 2020-21. Work continued to modernize the process and leverage data interconnectivity for providing First Nations access to their Band’s recent and historic trust account information.

Departmental Result: Quality and timely services are delivered directly to Indigenous Peoples

<table>
<thead>
<tr>
<th>Performance indicators</th>
<th>Target</th>
<th>Date to achieve target</th>
<th>2018–19 Actual results</th>
<th>2019–20 Actual results</th>
<th>2020–21 Actual results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of First Nations adults who rate the quality of health care services delivered in their community as good or excellent</td>
<td>57%</td>
<td>March 2023</td>
<td>55.2%</td>
<td>55.2%</td>
<td>55.2%</td>
</tr>
<tr>
<td>Percentage of prior approval requests for medication coverage completed within 24 hours</td>
<td>100%</td>
<td>March 2021</td>
<td>Not applicable²</td>
<td>99.6%</td>
<td>98.4%³</td>
</tr>
<tr>
<td>Percentage of eligible First Nations and Inuit population who received at least one non-insured health benefit in a year</td>
<td>74%</td>
<td>March 2022</td>
<td>72.6%⁴</td>
<td>72.9%⁴</td>
<td>67.1%⁵</td>
</tr>
<tr>
<td>Percentage of eligible applicants issued a Secure Certificate of Indian Status within 16 weeks from the application date</td>
<td>90%</td>
<td>March 2021</td>
<td>Not applicable⁶</td>
<td>94.12%</td>
<td>92%⁷</td>
</tr>
</tbody>
</table>

1- Last available data for First Nations (on reserve) is from the 2015-16 Regional Health Survey which runs on a five year cycle. The subsequent survey, however, has been delayed due to the pandemic.

2- This indicator was introduced in 2019-20.

3- Due to the COVID-19 pandemic, the Drug Exception Centre had to rapidly shift to remote work. This shift, along with the transition to a new claims processing system in June 2020, impacted the Program’s ability to review requests within 24 hours.

4- The Non-Insured Health Benefit Program is an individual-based, demand-driven program. Access rates are expected to increase in the long-term due to ongoing engagement with First Nation and Inuit partners to ensure benefits meet the unique health needs of the eligible client population, greater client awareness of benefits coverage and better data collection through the Health Information and Claims Processing Services system.

5- The decreased claims volume for 2020-21 is likely a result of COVID-19 pandemic restrictions.
6- The Individual Affairs Program was transferred from CIRNAC to ISC in 2019 as per Order in Council P.C. 2019-1109. Previously reported by CIRNAC as "Percentage of eligible applicants issued a Secure Certificate of Indian Status within service standard", with a result of 93% in 2018-19.

7- The reduction in service standard in 2020-21 was due to COVID-19 related delays in processing files, including office closures and mail intake impacts, particularly between March and June 2020.

**Departmental Result: Health services delivered to Indigenous Peoples contribute to improved health**

<table>
<thead>
<tr>
<th>Performance indicators</th>
<th>Target</th>
<th>Date to achieve target</th>
<th>2018–19 Actual results</th>
<th>2019–20 Actual results</th>
<th>2020–21 Actual results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of First Nations and Inuit adults who reported being in very good or excellent health</td>
<td>First Nations (on reserve): 44% Inuit (Inuit Nunangat): 44%</td>
<td>March 2028</td>
<td>First Nations (on reserve): 37.8% Inuit (Inuit Nunangat): 36.9%</td>
<td>First Nations (on reserve): 37.8% Inuit (Inuit Nunangat): 36.9%</td>
<td>First Nations (on reserve): 37.8% Inuit (Inuit Nunangat): 36.9%</td>
</tr>
</tbody>
</table>

1- Last available data for First Nations (on reserve) is from the 2015-16 Regional Health Survey. Last available data for Inuit (Inuit Nunangat) is from the 2017 Aboriginal Peoples Survey.

**Budgetary financial resources (dollars)**

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1,835,650,316</td>
<td>1,835,650,316</td>
<td>2,319,079,357</td>
<td>2,042,963,939</td>
<td>207,313,623</td>
</tr>
</tbody>
</table>

**Human resources (full-time equivalents)**

<table>
<thead>
<tr>
<th>2020–21 Planned full-time equivalents</th>
<th>2020–21 Actual full-time equivalents</th>
<th>2020–21 Difference (Actual full-time equivalents minus Planned full-time equivalents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,509</td>
<td>1,741</td>
<td>232</td>
</tr>
</tbody>
</table>
Health and Social Services

These services are primarily delivered in partnership with Indigenous communities and organizations, provinces/territories and agencies. Together, they focus on health and wellbeing for Indigenous Peoples. They include health services to strengthen Indigenous communities in areas such as healthy living, communicable disease control, healthy child development and community care. They also include social services with an emphasis on children and families, as well as education services from kindergarten to post-secondary.

Results:

1. Indigenous Peoples and communities are healthier

The 2020-21 year was defined by the damaging effects of the COVID-19 pandemic and the related significant response effort. There were some factors that accelerated COVID-19 transmission, such as housing density; and other factors that were aggravated during the pandemic. This included social isolation, economic deprivation, food insecurity, family and gender-based violence, substance abuse and other mental health issues. These may have contributed to the burden of other communicable diseases and infections. However, targeted public health measures, such as physical distancing and flu vaccinations, contributed to a drastic reduction in the number of influenza cases reported. The results and availability of data presented should be considered in light of the limits placed by public health measures aimed at preventing, controlling and containing COVID-19 in First Nations, Inuit and Métis communities.

ISC worked closely with First Nations health authorities and communities, as well as provincial/territorial and regional/local public health authorities, to support ongoing surveillance of COVID-19 test positive cases for on reserve communities. The department established the Interdepartmental Collaborative Committee on Indigenous Data and participated in the Assembly of First Nations’ COVID-19 Data Working Group and the Indigenous Advisory Circle of the COVID-19 Immunity Task Force.

The department continued to support the advancement of the Inuit Tuberculosis Elimination Framework through engagement with Inuit Tapiriit Kanatami and Inuit communities. Due to capacity issues within partner organizations related to COVID-19, the development of a tuberculosis reduction action plan for First Nations was not completed; however, the department will continue to support this work as partner capacity allows. Meanwhile, work towards tuberculosis elimination for all Indigenous populations continued by supporting the Canadian Tuberculosis Elimination Network and building awareness through the World Tuberculosis Day.

The Sexually Transmitted and Blood Borne Infections program continued to focus on prevention, education, awareness and community capacity building. It facilitated access to culturally-safe care, treatment, testing, and social support in First Nations and Inuit communities. Collaboration with the National Microbiology Laboratory resulted in increased access to new testing and treatment technologies for Human Immunodeficiency Virus (HIV) and prevention of the emergence of antimicrobial resistance in the causative agent of gonorrhea within Indigenous communities. The “Know Your Status” integrated model of care continued in Saskatchewan
where 72 communities had access to at least one of three core services: testing, harm reduction, and support for specialized nursing and outreach. While ISC continued to provide education activities on sexually transmitted and blood borne infections in schools, the COVID-19 pandemic significantly impacted the ability to respond to the current syphilis outbreak and expand the “Know Your Status” program.

ISC supported the Inuit Tapiriit Kanatami’s Inuit-specific approach to suicide prevention through the National Inuit Suicide Prevention Strategy. Over $50 million has been committed since 2019 to support this devastating impact felt across many communities. In collaboration with the Government of Nunavut and Inuit partners, the development of a treatment centre in Nunavut received over $47.5 million to support its construction and ongoing operations.

Additional health outcomes were supported by ISC in 2020-21:

- As of March 2021, 34% of First Nations and Inuit communities (outside of British Columbia) have been supported through Climate Change and Health Adaptation projects to identify, assess and respond to the health impacts of climate change. Many recipients received an extension in their project timeline due to COVID-19 related restrictions in First Nation communities.

- Initiated work in collaboration with the Public Health Agency of Canada and Indigenous organizations including the First Nations Information Governance Centre and the Inuit Tapiriit Kanatami, and their regions, to develop distinctions-based information strategies and appropriate indicators that will identify gaps in health outcomes.

- Invested in community-driven services through the Indigenous Community Support Fund to promote food security and improved access to healthy food for First Nations, Inuit and Métis communities during the COVID-19 pandemic. ISC also provided ongoing funding for community-based healthy living programs and services, including funding for nutrition education initiatives to complement the Nutrition North Canada subsidy program and Harvester’s Support Grant delivered through CIRNAC.

- Co-chaired the Inuit-Crown Food Security Working Group with the Inuit Tapiriit Kanatami to develop collaborative approaches to food security by leveraging contributions of multiple federal departments and agencies, as well as Inuit organizations. This included the implementation of the 2020-21 Inuit-Crown Food Security Work Plan to advance Inuit food security.

- Began working with CIRNAC and Employment and Social Development Canada in January 2021 to support the Minister of Agriculture and Agri-Food in addressing food insecurity in direct collaboration with First Nations, Inuit and Métis partners.

- Continued to develop new methodologies with First Nations organizations, communities, and universities to support the longitudinal study of First Nations Children and Youth on food, nutrition and the environment. While COVID-19 delayed the full implementation
of the study, results from the previous study of food and nutrition were implemented into a predictive model of food insecurity in First Nations communities.

2. Indigenous People receive social services that respond to community needs

The delivery of social services for Indigenous communities requires a comprehensive approach to responding to needs such as child and family wellness, mental wellness, and employment supports.

On January 1, 2020, An Act respecting First Nations, Inuit and Métis children, youth and familiesii (the Act) came into force affirming the rights of First Nations, Inuit and Métis to exercise jurisdiction over child and family services and established national principles, such as the best interests of the child, cultural continuity and substantive equality.

To support the implementation of the Act, over $542 million over five years was committed as part of the July 2020 Economic and Fiscal Snapshot. These funds are geared to assist distinctions-based governance mechanisms, capacity building activities, coordination agreement discussions, and internal resources. Since the Act came into force, almost 100 Indigenous communities across Canada have started the process that will lead to the development and implementation of policies and laws based on their particular histories, cultures, and circumstances with regards to child and family services. An additional 15 coordination agreement discussions began with Indigenous governing bodies seeking to create and implement laws for their own communities. Progress has been made towards having these Indigenous laws receive the same force as federal legislation through tripartite coordination agreements under the Act.

In 2020–21, ISC engaged with Indigenous partners regarding the implementation of the Act through:

- a Joint Protocol signed with the Assembly of First Nations to support discussions on implementation;
- working groups with Inuit partners and Inuit Tapiriit Kanatami, including an Inuit data strategy working group with representatives from all Territories, a few Provinces and the Public Health Agency of Canada; and
- distinctions-based Governance Engagement Mechanisms, co-developed and organized by Indigenous partners as venues to discuss the implementation of the Act.

First-ever Coordination Agreements


These agreements empower Nations to exercise their full jurisdiction over their children, youth, and families and the necessary tools and resources to be able to best care for them.

The department continued to work to fully implement the orders of the Canadian Human Rights Tribunal (CHRT). This included continued funding for agencies to meet the best interests and
needs of First Nations children and families, as well as prevention. In March 2021, the CHRT issued an order regarding additional funding to First Nations not served by a delegated First Nations child and family services agency. The department worked with the Assembly of First Nations and the Caring Society to develop an interim funding model retroactive to 2016. This model will be in place until a new funding methodology is determined.

Throughout 2020-21, ISC collaborated with First Nations communities to monitor the impacts of COVID-19 on communities and provided support to their pandemic responses. COVID-19 posed significant challenges to the wellbeing of First Nations and highlighted the importance of having high-quality long-term care services available in communities. While some engagement activities began in 2020-21, the pandemic delayed the co-development of options for a continuum of long-term care services. A virtual engagement will be re-launched Fall 2021-22 to discuss capacity building, infrastructure, facility licensing, and public health surveillance.

The Supportive Care Initiative was announced in the 2020 Fall Economic Statement to address needs and gaps in supportive care facilities and provide additional home care in Indigenous communities, in order to protect elders and other vulnerable community members from COVID-19. Over $186 million in funding under this initiative will continue to support Indigenous communities through the end of 2021-22.

As part of its response to assist the communities, the Government of Canada invested $270 million to address increased essential needs of Income Assistance clients on reserve throughout 2020-21. The department completed a two-year engagement process on income assistance reform. The First Nations-led engagement on Income Assistance 2018 to 2020 national summary report highlighted specific areas for program change that would establish more support, greater flexibility, and more control for First Nation communities. As next steps, ISC will be embarking on a co-development process with Indigenous partners to establish policy options based on the findings of the engagement process.

The department prioritized pandemic-related pressures and provided significant funding through the Indigenous Community Support Fund. Therefore, the call for proposals for the new infrastructure funding stream for Urban Programming for Indigenous Peoples was delayed to 2021-22.

The Shelter Initiative for Indigenous Women and Children was announced in May 2020 as part of a suite of initiatives to provide critical support to Indigenous families and communities. Through the Shelter Initiative, the Canada Mortgage and Housing Corporation will provide $44.8 million, over five years, for the construction of 12 new shelters, including ten in First Nations communities on reserve. ISC invested $40.8 million in operational funding for the new shelters, over five years, and $10.2 million annually thereafter. This included $1 million per year ongoing to support Métis engagement on assessing shelter needs as well as community violence prevention projects to raise awareness and focus on Métis women, girls, and 2SLGBTQQIA+ people. As part of the COVID-19 Economic Response Plan, an additional $10 million was distributed to ISC's network of shelters to help them manage or prevent an outbreak in their facilities.
Addressing anti-Indigenous racism in health care is an urgent priority. On October 16, 2020, the Ministers of ISC, CIRNAC, and Health Canada convened an urgent meeting, bringing together Indigenous, provincial and territorial governments and partners, and health practitioners and regulators. The meeting honoured the life of Joyce Echaquan and the lived experiences of Indigenous patients and providers. The Government of Canada committed to providing $2 million to the Atikamekw Nation and Manawan First Nation for continued advocacy of Joyce’s Principle, which aims to guarantee to all Indigenous Peoples the right of equitable access to social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health.

On January 27 and 28, 2021, federal, provincial, and territorial governments and Indigenous and health system partners met virtually to share both short and long-term concrete actions to eliminate anti-Indigenous racism in health systems. During this National Dialogue, the Government of Canada reaffirmed its commitment to address anti-Indigenous racism in health systems. By launching the engagement process for the co-development of distinctions-based Indigenous health legislation, this improves Indigenous access to high-quality, culturally-safe health care services.

In October 2020, a commitment to initiate distinctions-based, thematic and regional roundtable dialogues led by Indigenous, health system, and federal partners was reached. By March 31, 2021, five Indigenous-led roundtables were held where participants had the opportunity to contribute to a series of conversations on the importance of recognizing, preventing, and addressing anti-Indigenous racism in health care systems.

The Government of Canada fully supports the implementation of Jordan’s Principle and the Inuit Child First Initiative. These initiatives support First Nations and Inuit families in accessing products and services for First Nations and Inuit children and youth to help with a wide range of health, social and educational needs. On July 17, 2020, the Canadian Human Rights Tribunal released a ruling regarding the definition of a First Nations child in relation to Jordan’s Principle eligibility. The final order issued on November 25, 2020, expanded the eligibility criteria for Jordan’s principle to include:

- a child registered or eligible to be registered under the *Indian Act*;
- a child with one parent/guardian who is registered or eligible to be registered under the *Indian Act*;
- a child recognized by their Nation for the purposes of Jordan’s Principle; or
- a child ordinarily resident on reserve.

### Jordan’s Principle and Inuit Child First Initiative

During COVID-19, [Jordan's Principle](#) continues to help First Nations children living in Canada access the products, services, and supports they need. Since the program launched in July 2016, more than 911,000 requests have been approved. In 2020-21, that resulted in 339,654 approved products and services; 2,900 requests were related to COVID-19 for a total of $7.1 million.

The [Inuit Child First Initiative](#) has approved more than 30,000 products, services and supports between April 1, 2019 and March 31, 2021.
While the Government of Canada upholds and honours Jordan’s Principle, work continued with First Nations partners, provinces and territories to develop longer-term approaches to address the unique health, social, and education needs of First Nations children. This included continued engagement through the Jordan’s Principle Operations Committee and the Jordan’s Principle Action Table. ISC is also working with Inuit partners to address the immediate needs of Inuit children. The Government of Canada committed $220 million over five years, beginning in 2019 to improve local capacity to deliver services.

Work is underway with Indigenous partners, health professionals, institutions and accreditation bodies, provinces and territories to instill a zero-tolerance approach to racism against Indigenous peoples across all health care systems in Canada. But more work needs to be done to ensure First Nations, Inuit and Métis people have access to timely and culturally appropriate medical care and mental health services.

The COVID-19 pandemic had profound and likely long-lasting impacts on mental wellness in Indigenous communities, magnifying existing mental health issues and inequities while creating new gaps and needs. To help address these impacts, ISC supported mental health team support and services for 344 Indigenous communities, as well as mobile crisis and interventions for vulnerable communities in need. In August 2020, ISC announced $82.5M in mental health and wellness supports to help Indigenous communities adapt and expand mental wellness services, improving access and addressing growing demands. This funding enables the department to support new activities in surge capacity to meet demands, increase the number of mental wellness workers, and support culturally-safe adaptation of mental wellness services in the COVID-19 context. Many mental wellness services closed, are less accessible, or have shifted the way services are delivered. ISC has been working with partners to provide additional supports to Indigenous communities during the COVID-19 pandemic.

Environmental Public Health Officers were recruited to support COVID-19 responses in other departments and jurisdictions, including the temporary employment of retired Officers. As these certified professionals are in very high demand across all public health authorities and are limited in number, ISC is working to develop a long-term recruitment and retention strategy for First Nations communities.

Despite these resource gaps, Environmental Public Health Officers continued to work with First Nations communities south of 60° to implement effective public health strategies to minimize COVID-19 transmission in long-term care and assisted living facilities, schools and day cares, and other critical infrastructure. Environmental Public Health Officers supported communities by
ensuring surge health infrastructure met necessary public health standards and providing training in environmental cleaning, infection prevention and control. Their skills and experience were also leveraged to support Emergency Operations Centers to ensure effective response and integration of First Nations community needs. Similarly, their experience in communicable disease outbreak management was leveraged to provide surge capacity for contact tracing and management.

3. Indigenous students receive an inclusive and quality education

The COVID-19 pandemic put significant pressure on Indigenous education systems across the country and brought unprecedented challenges for keeping students, teachers, staff and communities safe. This included school closures, remote learning, access to digital learning resources, safe reopening of schools, and the recruitment and retention of teachers in northern and remote communities. In response to COVID-19, the Government of Canada invested in a safe return to elementary and secondary schools on reserves by funding the unique needs of schools and students during the pandemic. This included funding support for teachers, custodians, and bus driver salaries. It supported access to technology, purchasing e-learning software, and developing take-home learning materials. This investment also supported schools with the retrofits needed to follow public health guidelines and respect physical distancing. On April 22, 2020, the Prime Minister announced an increase of $75.2 million in 2020-21 to the existing support for First Nations, Inuit, and Métis Nation post-secondary students to help mitigate the impact of the pandemic. On October 30, 2020, an additional investment of $25.9 million was announced to ease the immediate pressures facing Indigenous post-secondary institutions.

Throughout 2020-21, ISC implemented the co-developed transformed policy and funding approach for First Nations elementary and secondary education and completed seven regional education agreements with First Nation partners under the Education Transformation policy. Agreements such as the Athabasca Denesuline Education Authority Agreement are a demonstration of First Nation control over education. The agreement enables the education governing body to establish standardized education programming across the First Nation schools that focuses on the specific needs of their region.

The First Nations and Inuit Youth Employment Strategy helped to boost employment to pre-COVID levels by providing COVID top-up funding totalling $30.6 million to 321 recipients, including band councils, Indigenous organizations, and colleges. The 2020 Fall Economic Statement committed an extra $80 million in funding for 2021-22 and funding for a pilot project to help First Nations youth overcome barriers and transition to employment during Canada’s post-pandemic economic recovery.

Gender-based analysis plus

The well-being of Indigenous Peoples relies on strengthened health and social services that are culturally competent, timely, and responsive to the distinct needs of diverse and intersecting groups. These include First Nations, Inuit and Métis, men, women and gender-diverse
Indigenous communities, families and individuals. Indigenous communities experience more barriers to services and are at greater risk for negative impacts from services that cannot support their needs.

The 2020 Fall Economic Statement announced an investment of $304.1 million for ISC to develop a Comprehensive Violence Prevention Strategy, to expand culturally relevant supports for Indigenous women, children and 2SLGBTQQIA+ people facing gender-based violence. This will help address the urgent need for new shelters and second-stage (transitional) housing for First Nations, Inuit and Métis across the country including on reserve, in the north and in urban areas.

ISC continued to support Indigenous educational success, particularly for those who experienced early parenthood. According to 2016 Census data, Indigenous women experience higher rates of teenage parenthood than non-Indigenous women. In addition, the 2016 First Nations Regional Early Childhood, Education and Employment Survey indicated First Nation women on reserve identify their mothers as their primary caregiver, and significantly more First Nations children live with their biological mothers than their biological fathers. As a result of these responsibilities for childcare, teenage and young adult First Nations mothers may not have the time or financial resources to attend school or access a daycare until their child is old enough for elementary school. In 2020-21, approximately 800 First Nations children were enrolled in full-day kindergarten programs for children aged 4 and 5 in First Nations administered schools on reserve. Given this, it is likely that full-day kindergarten indirectly benefitted parents, and particularly First Nations mothers, by reducing the cost barrier for caregivers and providing opportunity for parents to attend school or find employment.

ISC enhanced the First Nations Post-Secondary Student Support Program and implemented new post-secondary education strategies led by Inuit and Métis Nation. Supporting more Indigenous students in obtaining a quality education aims to narrow the post-secondary attainment gap between Indigenous Peoples and non-Indigenous Canadians. According to a trend analysis of the 2017-18 through 2019-20 academic years, approximately twice as many First Nations women than First Nations men were registered in the Post-Secondary Student Support Program and the University and College Entrance Preparation Program. Higher levels of education attainment reduce the employment gap between Indigenous and non-Indigenous populations. According to Census 2016, the employment rate of Indigenous Peoples without a degree (including no high school credential) is 39.7%, compared to 56.7% for the non-Indigenous population. For Indigenous Peoples with a high school diploma only, the employment rate rises to 61.8%, compared to 71.2% for the non-Indigenous population; for Indigenous People with a trades certificate, the employment rate rises to 67.2% versus 78.4% for the non-Indigenous population, and for college or other training below bachelor-level the employment rate rises again to 73.1% versus 79.9% for the non-Indigenous population. With regards to Indigenous Peoples with a university degree, the employment rate is higher at 83.0% when compared to the non-Indigenous population at 82.7%. Given this, attaining a post-secondary degree/diploma is important for labour market participation and enables Indigenous Peoples to secure higher occupational levels of employment, and higher income earning potential. The difference between Indigenous and
non-Indigenous employment rates and median income levels is narrowing as Indigenous populations’ educational levels rise.

ISC provided funding for prevention work to address the root causes of violence against Indigenous women and girls, as identified in the National Inquiry into Missing and Murdered Indigenous Women and Girls Final Report and Calls for Justice. These investments supported the prevention of risks of maltreatment, building protective factors to keep First Nations families safely united and improve their well-being. The funding aligned with the longer-term reform goals of the program and the objectives of the new Act respecting First Nations, Inuit and Métis children, youth and families. Additional funding was provided to First Nations communities not being served by a delegated agency resulting in more equitable resource levels between all First Nations communities.

In the context of health emergencies, a number of identity and socio-economic factors assessed in the Gender-Based Analysis Plus framework are important to consider. While the entire population can be negatively impacted by emergencies and evacuations, the Canadian Red Cross considers women and Indigenous people to be amongst the ten most high-risk populations during emergencies. Other vulnerable groups are known to be disproportionately impacted, including children, the elderly, the ill, and persons with disabilities. ISC continues to work with Indigenous partners, third-party service providers, and regional offices to ensure that health emergency management services meet the needs of all individuals, regardless of their age, gender, socio-economic status, or other identity factors.

**Results-based Innovation**

ISC continued to look for innovative, informed solutions to address health and social services priorities with Indigenous communities. In 2020-21, ISC initiated an interdepartmental scan of indicators and outcomes for First Nations housing and related health and social services, contributing to the ongoing co-development of the First Nation Housing and Related Infrastructure Strategy.

Investments in education programs and research and innovation support the success of Indigenous youth through the development of skills and work experience. In 2020-21, ISC implemented:

- **Innovation in Education Programs**, which provided $6 million in annual funding to support innovative programs and projects aimed at improving outcomes for communities, schools, and students.

- **The Research and Learning Program**, which provided $1.5 million in annual funding to support research projects that contribute to educational initiatives that are positively impacting First Nations students and their educational outcomes. It has further been designed to support a regionally-driven, First Nations-defined process enabling First Nations control over project selection and funding allocation.

- **The Data Management System** is an online reporting platform available for First Nations Child and Family Services recipients to enable improved and streamlined data collection. A common set of data fields was implemented to create an aggregate Pan-Canadian data
set to measure prevention effectiveness. The implementation allowed for prevention reporting on activities and additional child welfare indicators to be used to inform the program’s outcomes.

**Departmental Result: Indigenous Peoples and communities are healthier**

<table>
<thead>
<tr>
<th>Performance indicators</th>
<th>Target</th>
<th>Date to achieve target</th>
<th>2018–19 Actual results</th>
<th>2019–20 Actual results</th>
<th>2020–21 Actual results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active tuberculosis incidence rate among Inuit living in Inuit Nunangat</td>
<td>Three-year average of 0 cases per 100,000 population</td>
<td>March 2030</td>
<td>Not applicable&lt;sup&gt;1&lt;/sup&gt;</td>
<td>200.0 (2015-2017)</td>
<td>201.2 (2019-2020)&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>189.9 (2014-2016)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>181.3 (2014-2015)</td>
<td></td>
</tr>
<tr>
<td>Active tuberculosis incidence rate among First Nations on reserve</td>
<td>Three-year average of 22 cases per 100,000 population</td>
<td>March 2028</td>
<td>Not applicable&lt;sup&gt;1&lt;/sup&gt;</td>
<td>26.3 (2015-2017)</td>
<td>24.3 (2016-2018)&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26.5 (2014-2016)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26.7 (2013-2015)</td>
<td></td>
</tr>
<tr>
<td>Rate of newly reported cases of HIV among First Nations</td>
<td>Three-year average of 19 cases per 100,000 population</td>
<td>March 2028</td>
<td>Not applicable&lt;sup&gt;1&lt;/sup&gt;</td>
<td>14.7 (2016-2018)</td>
<td>13.7 (2017-2019)&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.1 (2014-2016)&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Percentage of First Nations adults with diabetes accessing newer, novel medications and not on insulin</td>
<td>20%</td>
<td>March 2022</td>
<td>Not applicable&lt;sup&gt;1&lt;/sup&gt;</td>
<td>24.5%</td>
<td>29.8%</td>
</tr>
</tbody>
</table>

1 - This indicator was introduced in 2019-20.
2 - Latest tuberculosis data provided by the Canadian Tuberculosis Reporting System (CTBRS), Public Health Agency of Canada, 2010-2018. Note that the 2020-21 results reflect the three-year average rates from 2016-2018. The COVID pandemic response has delayed the release of more recent data and the capacity to undertake the data analysis. The CTBRS is a case-based surveillance system that maintains non-nominal data on people diagnosed with active TB disease in Canada. Data is collected annually from the provinces and territories, analyzed by the Public Health Agency of Canada, and validated by each province and territory. Note that this data does not include British Columbia.
3 - Latest HIV data provided by the National HIV/AIDS Surveillance System (HASS), PHAC, 2011-2019. The HASS system is a passive case-based surveillance system that collates data voluntarily submitted to PHAC from all provincial and territorial public health authorities. Note that this data should be interpreted with caution as it does not include British Columbia, Quebec, or Saskatchewan. Ethnicity data is either not reported by these provinces or not disaggregated by Indigenous subgroup. Year to year changes in reported rates are expected and can occur due to updates in the number of cases reported by provinces and territories. The 2019-20 results were previously reported as 15.0 (2016-2018); 13.6 (2015-2017); 13.2 (2014-2016).
## Departmental Result: Indigenous Peoples receive social services that respond to community needs

<table>
<thead>
<tr>
<th>Performance indicators</th>
<th>Target</th>
<th>Date to achieve target</th>
<th>2018–19 Actual results</th>
<th>2019–20 Actual results</th>
<th>2020–21 Actual results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of First Nations and Inuit communities with access to mental wellness team services</td>
<td>34%(^\text{1})</td>
<td>March 2021</td>
<td>50%</td>
<td>50%</td>
<td>Not available(^\text{2})</td>
</tr>
<tr>
<td>Percentage of First Nations communities offering family support services aimed at keeping families together</td>
<td>To be established with partners by March 2021(^\text{3})</td>
<td>To be established with partners by March 2021(^\text{3})</td>
<td>Not applicable(^\text{4})</td>
<td>51%</td>
<td>Not available(^\text{5})</td>
</tr>
<tr>
<td>Percentage of First Nations children on reserve in care</td>
<td>To be established with partners by March 2021(^\text{6})</td>
<td>To be established with partners by March 2021(^\text{6})</td>
<td>5.77%</td>
<td>Not available(^\text{5})</td>
<td>Not available(^\text{5})</td>
</tr>
<tr>
<td>Percentage of residents living on reserve who are supported through Income Assistance</td>
<td>To be established with partners by March 2023(^\text{7})</td>
<td>To be established with partners by March 2023(^\text{7})</td>
<td>27.7%</td>
<td>Not available(^\text{8})</td>
<td>Not available(^\text{8})</td>
</tr>
<tr>
<td>Number of individuals who received services under Urban Programming for Indigenous Peoples</td>
<td>To be established by March 2022(^\text{9})</td>
<td>To be established by March 2022(^\text{9})</td>
<td>Not applicable(^\text{4})</td>
<td>Not available(^\text{10})</td>
<td>Not available(^\text{10})</td>
</tr>
</tbody>
</table>

1 - The target was revised from 34% to 50% in the 2021-22 Departmental Plan.
2 - While it is anticipated that the data will have remained unchanged from the previous fiscal year, official confirmation of data will be available during Winter 2021.
3 - Efforts are underway to establish targets in the context of co-development and engagement with Indigenous partners rather than being set unilaterally. The establishment of new targets and baselines is required for program reform, and is subject to confidential negotiations with partners.
4 - This indicator was introduced in 2019-20.
5 - Recipient reporting and data inputs have not been finalized for the 2019-20 or 2020-21 fiscal year. Due to COVID related delays, it is anticipated the data will be finalized during Q3 of fiscal year 2022-23.
6 - The department continues to engage with Indigenous partners including the Consultation Committee on Child Welfare and the National Advisory Committee on First Nations Child and Family Services Program Reform to examine the suite of Program outcomes and their indicators. The Institute of Fiscal Studies and Democracy (IFSD) also recently released a report with wide-ranging recommendations for reforming the delivery of First Nations child and family services. Discussions with partners and consideration of IFSD’s recommendations will help form the
basis for a new performance measurement framework and options for a new Program funding methodology. A target date is to be determined.

7 - A national engagement process and joint technical working group with the Assembly of First Nations is underway to co-develop indicators and targets. In the meantime, the department will aim to decrease the percentage. Target and date to achieve have been revised as reported in the 2021-22 Departmental Plan and will be defined with First Nations partners by March 2023 through the evaluation response plan since the program is expected to undergo reforms and changes to indicators may occur. COVID-19 may also impact the timelines.

8 - Data compilation and reporting for this program is typically one year behind the year it covers, with the results only becoming available in the following fiscal year. COVID-19 impacted the collection of 2019-20 results and will likely further delay results for 2020-21 until September 2022. It is also anticipated that COVID-19 has also impacted the department’s ability to decrease the % of residents living on reserve who are supported by Income Assistance.

9 - The target and date to achieve were originally planned to be established by March 2020; they have been revised to March 2022, as published in the 2021-22 Departmental Plan although this work has been delayed due to COVID-19. Efforts are underway to establish targets in the context of co-development and engagement with Indigenous partners rather than being set unilaterally.

10 - The collection and compilation of the 2019-20 and 2020-21 results have been delayed due to COVID-19. Recipient reporting is anticipated to be available April 2022.

| Departmental Result: Indigenous students receive an inclusive and quality education |
|-----------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Performance indicators                  | Target          | Date to achieve target | 2018–19 Actual results | 2019–20 Actual results | 2020–21 Actual results |
| Number of First Nations students who are provided full-day kindergarten services in First Nations administered schools | To be established with partners by March 2022¹ | To be established with partners by March 2023¹ | Not applicable² | 8,089³ | 7,859³ |
| Percentage of students attending First Nations administered schools who are taught at least one subject in a First Nations language | Interim target: 89-93% | To be established with partners by March 2023⁴ | 88.6% | 82%⁵ | 90.7% |
| Percentage of First Nations on reserve students who graduate from secondary school | Interim target: increase percentage over time | To be established with partners by March 2023⁶ | 40.5% | 39.9% | 36.8%⁷ |
Number of funded First Nations, Inuit, Métis Nations students who graduate with a post-secondary degree/diploma/certificate

<table>
<thead>
<tr>
<th>by March 2022⁶</th>
<th>Interim targets: First Nations: 4,110-4,494</th>
<th>March 2025</th>
<th>3,852</th>
<th>3,602</th>
<th>1,434⁸</th>
</tr>
</thead>
</table>

1. The target and date to achieve the target were revised in the 2021-22 Departmental Plan. Efforts are underway to establish targets in the context of co-development and engagement with Indigenous partners rather than being set unilaterally. To ensure co-development processes provide sufficient time to meet the needs of all partners that need to be consulted the timeframe has been extended until March 2022 to provide such time for adequate engagement.

2 - This indicator was introduced in 2019-20.

3 - The value includes students attending full-day kindergarten programs for children aged 4 and 5 years (K4 and K5).

4 - The target and date to achieve the target were revised in the 2021-22 Departmental Plan. Efforts are underway to establish targets in the context of co-development and engagement with Indigenous partners rather than being set unilaterally. The interim target of 89-93% was established, however, this target was not established/co-developed with partners. The final target is to be established with partners by March 2022 and date to achieve to be established with partners by March 2023.

5 - As of 2019-20, this indicator is collected in aggregate form rather than individual student data. As a result, 2019-20 is the first year of baseline data for the new method of collection for this indicator. The result for this indicator in 2019-20 is lower than previous years due to the new method of collection.

6 - The target has been revised to be established with partners by March 2022 – an interim target will seek to increase percentage over time; the date to achieve the target was revised to be established by March 2023. The department is developing a new graduation rate methodology in response to the 2018 audit conducted by the Office of the Auditor General. Baseline data first needs to be generated using this new methodology before targets can be established. Baseline data for this new methodology is expected to be generated during the 2021-22 fiscal year.

7 - The data for graduation from secondary school is one year behind the current fiscal year.

8 - An interim target was previously established, however, this target was not established/co-developed with Indigenous partners. The final target is to be established with partners by March 2022 (as reported in the 2021-22 Departmental Plan). Efforts are underway to establish the remaining target in the context of co-development and engagement with Métis partners rather than being set unilaterally. To ensure co-development processes provide sufficient time to meet the needs of all partners that need to be consulted the timeframe has been extended until March 2022 to provide such time for adequate engagement. As a result of the new Inuit and Métis Post-Secondary Strategies, baseline data is not yet available for this indicator for Inuit and Métis.

9 - At time of reporting, 42.5% of the Annual Register of Post-Secondary Education Students Report due or submitted had been moved to the Accepted (Final) state. Only data in the Accepted (Final) state have been used for this indicator. The data also include students funded to attend a program as part of the University and College Entrance Preparation Program.
### Budgetary financial resources (dollars)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2020–21</td>
<td>5,426,092,193</td>
<td>5,426,092,193</td>
<td>8,648,475,398</td>
<td>7,800,965,092</td>
<td>2,374,872,899</td>
</tr>
</tbody>
</table>

### Human resources (full-time equivalents)

<table>
<thead>
<tr>
<th></th>
<th>2020–21 Planned full-time equivalents</th>
<th>2020–21 Actual full-time equivalents</th>
<th>2020–21 Difference (Actual full-time equivalents minus Planned full-time equivalents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020–21</td>
<td>1,490</td>
<td>1,576</td>
<td>86</td>
</tr>
</tbody>
</table>
Governance and Community Development Services

These services are commonly delivered in partnership with Indigenous communities and institutions and are focused on strong community governance and physical foundations. They include supports for governance capacity in areas such as community planning and financial management. They also include support for investments in community infrastructure, land and resource management, and economic development.

Results:

To achieve progress in this area, ISC focused on 4 departmental results.

1. Indigenous communities advance their governance capacity

Effective governance is key to the socio-economic progress and the overall well-being of every community, and supports the transfer of services to Indigenous communities. ISC supports First Nations in implementing and developing strong, effective, sustainable governments in support of Canada's constitutional and statutory obligations. At the same time, the department recognizes the need to enter into renewed and respectful relationships, where First Nations-led institutions facilitate the capacity development of First Nations governments, institutions, and leadership.

In 2020-21, ISC continued to provide core funding through the Indigenous Governance and Capacity Program to First Nations governments and tribal councils to support ongoing costs of First Nations governance, and for First Nations and Inuit communities to access tools and supports to further their capacity to govern. In addition, an investment of $24.2 million was made through the New Fiscal Relationship - Governance Capacity and Fiscal Reforms in the Economic and Fiscal Snapshot 2020 to further support First Nations communities in strengthening their governance capacity.

Through these investments, the department was able to continue to support governance capacity development projects, including community-led planning, in First Nations and Inuit communities. Due to the impacts of COVID-19 on communities, the progress of many community-led plans has been temporarily delayed or put on hold. As of March 2021, 37% of First Nations communities have completed a community-led plan. Through the community-led planning process, each community is supported in building strength-based plans rooted in their traditions, Indigenous knowledge, and culture. Planning, supported by quality data, is an important tool for strengthening governance capacity and exercising self-determination.

Due to the need to focus on the COVID-19 pandemic response, the Assembly of First Nations did not access funds from the health and wellness sector for health emergency management in 2020-21. This work will continue in 2021-22. ISC provided funding to support health emergency management activities to other Indigenous organizations, including Thunderbird Partnership Foundation.

The department is advancing the use of multilateral service agreements to include First Nation communities as full and equal partners. Doing so empowers First Nations on reserve to have the ownership and governance over the delivery and implementation of emergency management services in their communities. In British Columbia, the Tsilhqot’in National Government, ISC and the Province of British Columbia signed the Tsilhqot’in Collaborative Agreement on Emergency Management. This is the first multilateral agreement of its kind in Canada. The
Agreement promotes effective governance by supporting capacity building of Tsilhqot’in National Government communities in emergency management.

2. Indigenous Peoples have reliable and sustainable infrastructure

ISC supported Indigenous communities to develop basic, reliable, sustainable infrastructure and capacity building, allowing for economic growth and community well-being.

Investing in infrastructure is about investing in people and communities through safe housing and drinking water, improved schools and health facilities, and access to early learning and child care. Investments also address gaps in other community infrastructure, including resilient infrastructure in the face of climate change, energy systems, connectivity, roads and bridges, fire protection, solid waste management, and culture and recreation spaces that bring people together.

The Government of Canada remains steadfast in its commitment to ending all long-term drinking water advisories affecting public water systems on reserve. In 2020-21, ISC collaborated with and supported First Nations in their efforts to ensure access to safe, clean drinking water and treated wastewater:

- As of March 31, 2021, 106 long-term drinking water advisories had been lifted on public systems on reserves since November 2015 (53 long-term drinking water advisories remain in effect in 33 communities).
- During the same time, 178 short-term drinking water advisories (advisories lasting between two and 12 months) that were at risk of becoming long-term have also been lifted.
- ISC developed an action plan to respond to the Auditor General’s report on access to safe drinking water in First Nations communities and supported Assembly of First Nations engagements on the Long-Term Strategy for Water and Wastewater and the safe drinking water legislation.
- As part of the 2020 Fall Economic Statement, the Government of Canada announced an additional $1.5 billion in funding starting in 2020-21, and $114.1 million per year ongoing to end all long-term drinking water advisories on public systems on reserves, improve system operation and maintenance, and continue program investments in water and wastewater infrastructure.

Many water and wastewater projects were impacted by COVID-19 causing delays to expected lift dates and the cancellation of all Annual Performance Inspections due to public health restrictions. ISC continued to work in partnership with communities and remained committed to ending all long-term drinking water advisories on public systems on reserve as soon as possible.

Investments in sustainable housing infrastructure, durable health facilities, and reliable, sustainable, non-diesel energy are needed in many Indigenous communities. In 2020-21, ISC addressed infrastructure needs, including critical housing needs, in First Nations, Inuit and Métis Nation communities through:
• continued co-development of the 10-Year National First Nations Housing and Related Infrastructure Strategy with First Nations and federal partners, including a feasibility study for a National First Nations Housing Policy Research Centre. Through ISC-funded initiatives, a total of 3,257 new homes were built and 6,813 homes renovated; and
• partnerships established with 10 First Nations organizations to explore the design of opt-in service delivery models for housing and infrastructure services to interested First Nations communities.

Schools are often the cornerstone of First Nations communities, providing students with a safe place to learn and grow, and acting as a gathering place for community events and cultural activities. Since 2016, investments of $1.23 billion have supported 203 school-related infrastructure projects. These projects will result in the construction or renovation of 152 schools, benefiting approximately 35,000 students. To date, the construction of 27 new schools and the renovations and upgrades of 71 existing schools have been completed. In 2020-21, ISC continued to provide investments to support the creation of quality learning environments that are safe and healthy, promoting better educational outcomes for students living on reserves.

In 2020-21, ISC demonstrated its commitment to modernizing infrastructure policies to reflect changing operational needs and support First Nations’ self-determination. In partnership with the Assembly of First Nations, the department co-developed recommendations to update the policy on school standards.

Many remote Indigenous communities currently rely on diesel fuel for electricity and heat, which poses challenges to sustainable development. ISC is working with First Nations to explore energy systems that are reliable, clean, and affordable. Since 2016, ISC has invested $138 million of targeted funds to support 81 energy projects, 52 of which are completed, benefitting 79 First Nations communities. Ongoing and completed projects include alternative energy projects featuring solar, hydroelectric, and wind power, amongst others, that will enable communities to transition away from diesel dependency. In 2020-21, ISC invested in energy projects such as:

• $11.5 million to support the transition of Indigenous communities to clean and reliable energy through the Wataynikaneyap Power Project, and
• $6.6 million to Independent Power Authorities for operational support for safe and reliable diesel generated energy.

### Housing Program Reform

In 2020-21, the KII-WE-YAN Pikangikum First Nation Bail Bed and Transition Home became the first of its kind in Canada to provide temporary shelter and healing services for Pikangikum members, including those on bail or serving intermittent sentences.

This investment towards innovative housing program reform was done in collaboration with Pikangikum First Nation, the Indigenous Innovations Corporation, the Ontario Ministry of Attorney General’s Indigenous Justice Division, the Nishnawbe-Aski Legal Services Corporation, the Ontario Provincial Police, and Habitat for Humanity Canada.
In March 2021, the Assembly of First Nations’ Chiefs Committee on Emergency Management met to discuss a strategy for the eventual service transfer of emergency management to First Nations. Over 215 non-structural mitigation projects, 100 FireSmart projects, and the hiring of 49 emergency management coordinator positions took place in 2020-21. The FireSmart funding stream supported the First Nations’ Emergency Services Society in British Columbia to sustain safer and healthier communities through emergency preparedness, education and response, fire training, education and prevention and forest fuel and wildfire management.

Infrastructure funding supported over 200 health-related First Nations health facilities projects. By March 2021, 70% of all projects were completed. This resulted in updated or new nursing stations, health centres and care residences in communities that needed them. Challenges did arise however that affected progress and completion of health infrastructure investments, mainly due to COVID-19 or increased project costs. ISC continued to work with First Nations and monitor projects to find solutions and identify mitigation measures.

Through Budget 2019, the Government of Canada is addressing the Truth and Reconciliation Commission’s Call to Action #21, which called upon the federal government to ensure the funding of healing centers in Nunavut and the Northwest Territories. Budget 2019 committed $47.5 million over five years and $9.7 million ongoing to support the construction and operations of the Nunavut Recovery Centre as part of a Three Pillar Approach, designed through a consultative process as per Article 32 of the Nunavut Agreement, to improve addiction and trauma treatment in the territory. ISC’s Three Pillar approach includes: enhanced community-based programming (Pillar 1) with land-based healing; the construction of a recovery centre with services that are Inuit-led (Pillar 2); and the development of an Inuit workforce (Pillar 3) to lead on Pillars 1 and 2.

This funding is the result of a strong tripartite partnership in collaboration with the Government of Nunavut and Nunavut Tunngavik Incorporated. On October 2, 2020, ISC signed a Memorandum of Understanding with the Government of Nunavut and Nunavut Tunngavik Incorporated that outlined roles, responsibilities, and governance between the parties for the Three Pillar Approach, including for the construction period and ongoing operations of the Centre. On August 10, 2021, the 5-year contribution agreement for funding of the Centre was signed by the Government of Nunavut, the Government of Canada and endorsed by Nunavut Tunngavik Incorporated. The Government of Nunavut anticipates construction of the Centre reaching completion in 2025.

The Fall Economic Statement 2020 announced $200.1 million over 5 years, and $300,000 ongoing, to support the construction and operations of mercury treatment centres in the First
Nations communities of Asubpeeschoseewagong (Grassy Narrows) and Wabaseemoong. In 2020-21, ISC signed a Mercury Care Home Framework Agreement with Grassy Narrows First Nation (April 2020) and a Relationship Agreement with Wabaseemoong Independent Nations (September 2020).

There have been some delays in essential infrastructure projects due to the COVID-19 pandemic including restricted access to communities and increased costs. Public health inspection data was analyzed from the perspective of environmental factors that contributed to transmission of the COVID-19 virus and informed infrastructure decisions related to prevention in public buildings. This included the departments’ Indigenous Community Support Fund to support measures to prevent the spread of COVID-19.

To mitigate the risk that First Nation communities may not have the capacity in some cases to operate and maintain existing infrastructure, measures such as hiring a project manager or providing technical support, were offered to First Nations who were identified early as requiring assistance.

3. Land and resources in Indigenous communities are sustainably managed

ISC focused its efforts to ensure First Nations communities could leverage community and economic development opportunities to effectively manage lands and natural resources through:

- supporting five First Nations to complete their community-specific Land Use Plans through the Land Use Planning initiative;
- providing training to 19 Land Managers through the Professional Land Managers Certification of the Reserve Land and Environment Management Program;
- creating a Land Use Planning Hub and providing capacity training for 105 First Nations through the First Nation Land Management Resource Center; and
- finalizing the first installments in the Lands Management Manual update to reduce policy barriers and promote greater First Nations participation in land and economic development decision-making on reserve.

In 2020-21, ISC fulfilled an important role in protecting the environment in most First Nations communities by:

- supporting the Indigenous Center for Cumulative Effects through the recruitment of an Indigenous Executive Director, a distinctions-based Board of Directors, and the establishment of a Technical Advisory Committee. Funding was also provided to 10 community-based independent research projects;
- investing $101 million in solid waste management services, resulting in improvements to protect the environment, safeguard human health, and improve land management in First Nations communities;
- investing $47 million through the Contaminated Sites on Reserve Program to undertake remediation activities of contaminated sites situated on reserves. Community access restrictions due to COVID-19, and modifications to program funding conditions to allow
for remediation of moderate and low risk sites, have resulted in 29% of high-risk sites being addressed in 2020-21, below the 35% target; and
- conducting more than 700 environmental reviews of projects on reserves, as required by the Impact Assessment Act.

Indian Oil and Gas Canada continued to develop and implement support tools for provisions of the Act and Regulations that came into force in 2019.

The department worked in partnership with Indigenous organizations, communities and partners to ensure that Indigenous Peoples have the tools, capacity and resources needed to preserve and protect their lands for the use and well-being of current and future generations.

The Community Economic Development Initiative (CEDI) aimed to improve the economic prosperity of participating First Nations and adjacent municipalities through joint community economic development planning and initiatives. CEDI is a joint initiative for Cando and Federation of Canadian Municipalities to work with First Nations partner communities on joint community economic development by improving regional economic development prospects and employment opportunities, external investment and long-term sustainability, and relationships with their neighbours, community members and other regional partners. Cando (Council for the Advancement of Native Development Officers) is a federally registered, non-profit society that is Indigenous controlled, community based, and membership driven.

4. Indigenous communities build economic prosperity

ISC supported Indigenous and northern communities in promoting economic development, creating jobs for Indigenous people, and enhancing Indigenous participation in the public and private sectors.

By reducing barriers and increasing access to capital for First Nations, Inuit, and Métis entrepreneurs, the department worked to increase the number of viable businesses in Canada owned and controlled by Indigenous Peoples. Working with the National Aboriginal Capital Corporations Association and a vast network of Aboriginal Financial Institutions, ISC provided $33.9 million in 2020-21 to Indigenous entrepreneurs and businesses across the country.

Due to the ongoing COVID-19 pandemic, the full impact on the creation or expansion of Indigenous businesses is still not fully known. ISC provided over $133 million through the Indigenous Community Business Fund to support Indigenous businesses whose revenues had been affected by the pandemic. The Indigenous Business Initiative provided $306.8 million in interest-free loans or non-repayable contributions to businesses, and $332.8 million was provided to offset the Loss of Own-Source Revenue for collectively owned businesses. Additionally, through the Business Opportunities stream of the Aboriginal Entrepreneurship Program, $16 million in targeted relief funding was provided to Indigenous tourism businesses that experienced a decrease in revenue due to COVID-19.

In 2020-21, ISC also focused its efforts to supporting Métis entrepreneurs through the development of program delivery agreements with the five Métis Capital Corporations; marking
a significant distinctions-based departure from delivering the Aboriginal Entrepreneurship Program from one overarching Indigenous organization.

The Procurement Strategy for Aboriginal Business has been instrumental in encouraging Indigenous businesses to submit bids in response to federal government contracting opportunities. In 2018, the most recent data available, Indigenous businesses competed for and won over $321.8 million in federal contracts, approximately 2% of total government spending; and with the new mandate commitment to reach at least 5% the Procurement Strategy for Aboriginal Business has the potential to reach approximately $1 billion.

The Directive on Government Procurement and Real Property Leasing in the Nunavut Settlement was launched in 2019. ISC funded six projects with Inuit partners; these projects are ongoing and made progress during the pandemic to achieve their multi-year objectives of developing Inuit business capacity.

ISC was instrumental in convening and funding an Indigenous Business COVID-19 Response Taskforce with Indigenous partners to develop a database of Indigenous Personal Protective Equipment suppliers and to survey the businesses in light of the pandemic.

The Framework Agreement on First Nation Land Management, which marked its 25th anniversary on February 12, 2021, is an example of progress towards devolution of services to Indigenous partner organizations and communities. It enables participant First Nations to develop their own laws about land use, the environment and natural resources and take advantage of cultural and economic development opportunities. In 2020-21, 13 First Nations became new signatories to the framework agreement with a further 5 First Nations becoming operational under their land code. This brought the number of signatories to the framework agreement to 178; of which 96 are operational.

Since 2013, the Centre of Excellence for Matrimonial Real Property has provided support to First Nations for the implementation of the Family Homes on Reserves and Matrimonial Interests or Rights Act. First Nations have emphasized the important role the Centre of Excellence has played in providing support, training, and awareness to communities and individuals, resulting in two renewals of the Centre’s original mandate and acknowledgement of the need for continued support. Over the 2020-21 fiscal year, the Centre remained responsive to the needs of First Nations while pivoting to an online delivery model in response to COVID-19. On March 31, 2021, the Centre wound down operations as it had fulfilled its mandate.

**Gender-based analysis plus**

Strong community planning must be comprehensive and founded on inclusive governance frameworks. Services delivered to communities and institutions being responsive to the needs of diverse peoples helps to address gender, social and economic gaps and ensures positive impacts on the whole community, as well as specific marginalized groups within it.

In 2020–21, ISC provided funding to explore, design and plan the implementation of housing and infrastructure service delivery models that reflect the distinct needs, cultural realities, priorities and aspirations of the First Nations Peoples served. First Nations organizations include
diversity and inclusion considerations in their analyses; however, given that this initiative aims to increase First Nations’ control over the development and delivery of services, ISC does not collect data to analyze and assess direct GBA Plus impacts of housing and infrastructure service delivery initiatives.

Community-led planning ensures accessibility to services within residential zones for childcare, health services and education. As a form of sectoral self-government, First Nations have the option to enact laws and policies that are most appropriate to their citizens, including for the benefit of women, elders, children, etc. through the First Nation Land Management process.

The *Family Homes on Reserves and Matrimonial Interests or Rights Act* fills a legislative gap to provide equal legal protections for all individuals and families living on reserves regarding matrimonial rights and interests during the breakdown of a marriage or common-law partnership and death of a spouse or common-law partner.

First Nations education infrastructure enables quality programming for all children, regardless of gender and/or disabilities. Gender neutral washrooms, ramps and larger washroom stalls for wheelchair accessibility and additional space for high-cost students with disabilities are all design elements which can be integrated into schools as circumstances dictate.

ISC is partnering with technical service providers to promote, empower and encourage First Nations youth to pursue careers in science and technology that includes trades, mining and women in water/wastewater careers. ISC continued to work with the Native Women’s Association of Canada to identify challenges and barriers for women becoming water operators.

The department does not currently collect GBA Plus specific data related to emergency management as all First Nations members are included in any emergency management operations. Given the concerns with collecting such data and the purpose it would serve, a research project supported by First Nations and for First Nations based on the OCAP® principles: Ownership, Control, Access and Possession would need to take place. While information may be collected at reception centres when an evacuation occurs, it is protected by the organizations coordinating these operations, such as the Canadian Red Cross. These service providers are well-informed and trained on considerations and challenges, including culturally appropriate service delivery. For instance, elders, pregnant people, persons with disabilities and women with children are considered Priority 1 evacuees.

Similarly, the department does not collect gender-specific or social data related to health infrastructure. In accordance with the Health Facilities Program’s Terms and Conditions, the provision and management of health facilities on reserve is the responsibility of the First Nation recipient. Furthermore, the multi-jurisdictional complexity of health service delivery to Indigenous Peoples creates challenges in gathering comprehensive Indigenous health data. Many key indicators of health come from systems held by provinces and territories. There is no simple mechanism to identify Indigenous-specific data within these systems and consequently, health status information routinely available for Canadians is not available for Indigenous Peoples. However, First Nations in some jurisdictions such as Ontario, Manitoba, and British Columbia have established data governance and sharing agreements with the province which enable the
complex process of identifying First Nations specific health data in administrative health systems.

**Results-based Innovation**

Throughout 2020-21, ISC developed and implemented innovative solutions in collaboration with Indigenous partners to support community and economic development. The department worked with Tribal Councils to pilot the development and operation of centralized water and wastewater hubs to help First Nations communities support the effective operation of their water systems through hands-on training and support. ISC transferred approximately $6.3 million in 2020-21 to support 12 hubs serving 86 First Nations communities in Ontario. These hubs provided 24/7 monitoring, collected water quality data, developed Maintenance Management Plans and Emergency Management Plans for the respective water/wastewater systems.

As of December 31, 2020, ISC established partnerships with ten First Nation organizations to explore the design of opt-in service delivery models to provide housing and infrastructure services to interested First Nations communities. These initiatives are intended to support improved service delivery and increase First Nation involvement in decision making.

**2030 Agenda for Sustainable Development**

The department continued to support Sustainable Development Goal (SDG) 6: Clean Water and Sanitation through the water and wastewater infrastructure program. While focus has been placed on the number of long-term drinking water advisories, system risk ratings were not available and Annual Performance Inspections were cancelled in 2020-21 due to COVID-19 restrictions.

In support of reducing Canada’s total GHG emissions by 30% by 2030, 100% of the First Nations Infrastructure Fund funding was allocated to communities on reserves for infrastructure projects. These included planning and skills development, structural mitigation and energy systems that reduce dependency on diesel-powered electricity.

In 2020-21, ISC provided funding to five First Nations for a Land Use Planning Initiative which responds to UN Sustainable Development Goals related to Industry, Innovation and Infrastructure; Sustainable Cities and Communities; and Climate Action. This helped to complete new land use plans building towards healthier and more sustainable communities. Due to COVID-19, some First Nations chose to delay progress on land use planning, however further advancements are expected in the next fiscal year.

In 2019–20, ISC supported Canada’s commitments under the Pan-Canadian Framework for Clean Growth and Climate Change by maximizing First Nations' access to funding that supported greenhouse gas emissions reductions and improved community resilience to climate change. In 2020-21, investments of $12 million through the First Nations Infrastructure Fund and Gas Tax Fund supported 25 projects that protect First Nations communities from immediate climate-related hazards, such as flooding and shoreline erosion. ISC also supports the realization of diesel reduction and elimination projects with the goal of reducing community reliance on diesel generated electricity.
### Departmental Result: Indigenous communities advance their governance capacity

<table>
<thead>
<tr>
<th>Performance indicators</th>
<th>Target</th>
<th>Date to achieve target</th>
<th>2018–19 Actual results</th>
<th>2019–20 Actual results</th>
<th>2020–21 Actual results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of First Nations with a completed community-led plan</td>
<td>35%¹</td>
<td>March 2022¹</td>
<td>Not applicable²</td>
<td>37%</td>
<td>37%</td>
</tr>
</tbody>
</table>

¹ – The target has been updated from 35% to 48%, as published in the 2021-22 Departmental Plan, based on an analysis of data collected in early 2020-21. The date to achieve the target has been revised to March 2024. The target was set in consideration of the reported impact COVID-19 had on intended community-led planning activities. It was also set in consideration of the regional reports which indicated that many Indigenous communities reassigned Community Planners/Navigators to aid in their pandemic response.

² – This indicator was introduced in 2019-20.

### Departmental Result: Indigenous Peoples have reliable and sustainable infrastructure

<table>
<thead>
<tr>
<th>Performance indicators</th>
<th>Target</th>
<th>Date to achieve target</th>
<th>2018–19 Actual results</th>
<th>2019–20 Actual results</th>
<th>2020–21 Actual results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of long-term drinking water advisories affecting public water systems on reserve</td>
<td>0</td>
<td>Has not been set¹</td>
<td>59</td>
<td>61</td>
<td>53²</td>
</tr>
</tbody>
</table>

¹ – This indicator was introduced in 2019-20.

| Percentage of First Nations housing that is adequate as assessed and reported by First Nations | 75% | March 2021 | 75% | 72.7% | Not available³ |

| Percentage of First Nations schools with a condition rating of "good" or "new" | 65%⁴ | March 2025 | 60% | 59% | 53%⁵ |

⁴ – The condition rating of ‘good’ or ‘new’ were applied to schools that were opened before 1980.

| Percentage of First Nations health facilities with a condition rating of "good" | 60% | March 2021 | Not applicable⁶ | 87%⁷ | 84%⁷ |

⁶ – This indicator was introduced in 2019-20.

| Number of First Nations communities located on reserves that rely on ISC funded diesel for electricity generation | 24 | March 2025 | Not applicable⁸ | 38 | 38 |

⁸ – This indicator was introduced in 2019-20.

| Percentage of long-term evacuees who have returned home or have a scheduled | 90%⁹ | March 2021 | 95.4% | 82.7% | 90% |

⁹ – This indicator was introduced in 2019-20.
1 - The date to achieve the target was revised in the 2021-22 Departmental Plan to read “has not been set”. The Government of Canada continues to work in partnership with communities and remains committed to ending all long-term drinking water advisories on public systems on reserve as soon as possible. Initiatives are underway to address all remaining long-term drinking water advisories on public systems on reserve. A new date to achieve the target has not been set. ISC continues to actively work with First Nations to address drinking water issues, including by assessing timelines, estimating appropriate target dates, and advancing projects in a way that respects public health measures.

2 - Since November 2015, and as of March 31, 2021, 106 long-term drinking water advisories on public systems on reserves have been lifted by First Nations, with support by Indigenous Services Canada, with 53 long-term drinking water advisories remaining in effect in 33 communities.

3 - The result for 2020-21 will be based on finalized data from the Community Infrastructure and Housing Annual Report in December 2021. Actual results will be available in early 2022.

4 - The target has been revised from 65% to 60% in the 2021-22 Departmental Plan to reflect a new methodology. In previous years, all schools were captured including schools not supported by the Education Infrastructure Program. The methodology has been revised to only capture ISC-supported schools. The new target also takes into account the sunsetting of the Education Infrastructure Program in 2021, as well as consideration of the COVID-19 impacts where construction sites have either closed or slowed down, delaying a number of projects and increasing their overall delivery costs. Also to note, the Asset Condition Reporting System (ACRS) inspection could not be completed in 2020 and were postponed due to COVID-19. This delay in inspections will also have an impact on the trend of the results.

5 - A total of 234 out of 441 schools were in good or new condition. These include all ISC-supported band-operated, federal, private, and self-governing schools. It does not include provincial schools. Also a large cleanup of all school asset data was completed at the beginning of 2021 to correct classifications of school assets. As a result, the baseline for 2020-21 has changed slightly. The new methodology, combined with the data cleanup, explains the drop in the results from 59% to 53%.

6 - This indicator was introduced in 2019-20.

7 - The 3-year timeframe covered for these reporting periods include inspections completed through the Asset Condition Reporting System (ACRS) process between 2016-17 to 2018-19 (for 2019-20 result) and 2017-18 to 2019-20 (for 2020-21 result).

8 - Indicator was reframed in 2019-20 to measure the number of communities; previously measured the percentage that were dependent on diesel.

9 - The target has been revised from 100% to 90% as published in the 2021-22 Departmental Plan. The percentage reflects a combination of variables that impact the repatriation date, such as timeframes for house repairs/replacement events or COVID-19 delays. In cases without a repatriation date, the majority of evacuees will be repatriated within two years.

### Departmental Result: Land and resources in Indigenous communities are sustainably managed

<table>
<thead>
<tr>
<th>Performance indicators</th>
<th>Target</th>
<th>Date to achieve target</th>
<th>2018–19 Actual results</th>
<th>2019–20 Actual results</th>
<th>2020–21 Actual results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of First Nations with community-led Land use plans</td>
<td>27%</td>
<td>March 2021</td>
<td>23.6%(^1)</td>
<td>24%</td>
<td>24.6%(^2)</td>
</tr>
<tr>
<td>Percentage of First Nation communities with adequate</td>
<td>35%</td>
<td>March 2021</td>
<td>12%(^1)</td>
<td>23%</td>
<td>37.3%</td>
</tr>
</tbody>
</table>
solid waste management systems

| Percentage of high risk contaminated sites on reserve where clean-up or containment is occurring to reduce risk | 35% | March 2021 | 23.6%1 | 41% | 29%3 |

1 - This indicator was transferred to ISC in 2019 as per Order in Council P.C. 2019-1109. Previous results were reported by CIRNAC.
2 - Due to the COVID-19 health crisis, many First Nations chose to delay the development of their Land Use Plans throughout 2020-21.
3 - Many planned remediation work for high-risk (Class 1) sites did not progress as there were COVID restrictions in many communities. Money was redirected to communities where work could be undertaken and therefore increased remediation activities for moderate and low risk sites (Class 2 and 3 sites). Due to the successful decontamination, in previous years, of sites rated as high risk and high priority, the percentage of high priority sites is beginning to reduce. Funding conditions now allowed the Department to undertake more cost-effective remediation of multiple sites, regardless of priority, where equipment and personnel are mobilized. Because of this shift in attention towards medium and low-risk sites, 29% of sites addressed that were addressed were high-risk sites in 2020-21.

Departmental Result: Indigenous communities build economic prosperity

<table>
<thead>
<tr>
<th>Performance indicators</th>
<th>Target</th>
<th>Date to achieve target</th>
<th>2018–19 Actual results</th>
<th>2019–20 Actual results</th>
<th>2020–21 Actual results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage increase of Indigenous businesses created and/or expanded</td>
<td>2%</td>
<td>March 2021</td>
<td>1,229¹</td>
<td>1,156¹</td>
<td>-6.92%²</td>
</tr>
<tr>
<td>Percentage of First Nation communities where non-government revenues represent 25% or more of total revenues</td>
<td>18%</td>
<td>March 2021</td>
<td>13%³</td>
<td>Not available⁴</td>
<td>67%⁵</td>
</tr>
</tbody>
</table>

1 - This indicator was transferred to ISC in 2019 as per Order in Council P.C. 2019-1109. This indicator was reframed in 2020-21 to measure the percentage increase of businesses created and/or expanded; previously measured the number of business created and/or expanded.
2 – In 2020-21, there were 1,076 newly created or supported businesses. Although COVID-19 resulted in negative impacts on the economy, there are indications of strong recovery in some areas. The National Aboriginal Capital Corporations Association completely deployed all of their Aboriginal Entrepreneurship Program funds during the pandemic and significantly dampened its impact. The net number of businesses created may still show a decline due to closures of many Indigenous businesses, but it is expected to rise again as some temporary closures will be lifted.
3 - This indicator was transferred to ISC in 2019 as per Order in Council P.C. 2019-1109.
4 - Data collection was delayed due to the COVID-19 pandemic. The data is currently being analyzed.
5 - Due to gaps regarding available data and still-evolving impacts of COVID-19; a random sampling has been used to generate an estimate, which indicated that 66.95% of First Nation communities where non-government revenues represent 25% or more of total revenues. Given the difference between this figure and the target, efforts to improve data quality and understand the impacts of COVID-19 will be ongoing.
### Budgetary financial resources (dollars)

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</thead>
<tbody>
<tr>
<td></td>
<td>3,010,800,872</td>
<td>3,010,800,872</td>
<td>5,073,412,053</td>
<td>4,637,274,341</td>
<td>1,626,473,469</td>
</tr>
</tbody>
</table>

### Human resources (full-time equivalents)

<table>
<thead>
<tr>
<th></th>
<th>2020–21 Planned full-time equivalents</th>
<th>2020–21 Actual full-time equivalents</th>
<th>2020–21 Difference (Actual full-time equivalents minus Planned full-time equivalents)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,593</td>
<td>1,609</td>
<td>16</td>
</tr>
</tbody>
</table>
Indigenous Self-Determined Services

These services are designed and delivered by Indigenous people for Indigenous people. They include services for which the control, authority and/or jurisdiction has been formally transferred to Indigenous communities or organizations, as supported through departmental funding.

Results:

1. Indigenous Peoples control the design, delivery and management of services

ISC remains committed to a modern, agile, holistic, and community-based approach to service improvements that support Indigenous communities and organizations to exercise jurisdiction in the design, delivery and management of services. This is consistent with the Indigenous right to self-determination which is aligned with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Truth and Reconciliation Commission’s Calls to Action.

The 2020 Fall Economic Statement announced an initial investment of $15.6 million over two years, starting in 2021-22 to support the co-development of distinctions-based health legislation with First Nations, Inuit and the Métis Nation. On January 28, 2021, ISC launched an engagement process during a virtual national dialogue on anti-Indigenous racism in health care. Following the launch, preliminary information sharing took place with national and regional First Nations, Inuit, and Métis Nation partners, provinces, territories, and other groups.

ISC has continued to make progress on Health Transformation initiatives across Canada in an effort to advance the department’s work on transferring control over the design, delivery, and management of health services to First Nations partners. Towards this, in June 2020, the Government of Canada signed a Memorandum of Understanding with the Southern Chiefs’ Organization of Manitoba to formalize the commitment to work collaboratively on a new model of health governance that will increase control over health programs and service delivery by First Nations in southern Manitoba. In addition, the Government of Canada has also worked with Nishnawbe Aski Nation, Manitoba Keewatinowi Okimakanak, and the First Nations of Quebec and Labrador Health and Social Services Commission who have respectively reached trilateral agreement on key guiding documents, formalized partnerships and created service delivery organizations, and engaged with community members on governance models and health care needs. A new health transformation project was also launched in Nova Scotia to explore new models of health service delivery that will ultimately lead to the creation of a new Mi’kmaq Health and Wellness Authority (Tajikeimik) in the province.

Moving forward, Health Transformation work will continue to be guided by First Nation partners’ needs, while balancing risk considerations, including evolving priorities and pressures, capacity challenges, and evolving provincial priorities. To account for these risks, the department is continuing to create flexible and permissive agreements and is working collaboratively with First Nations, provincial, and federal partners to ensure that Health Transformation activities complement other parallel departmental initiatives, such as the ongoing work towards the introduction of health legislation.
In 2013, British Columbia transferred federal operations of First Nations health programs and service delivery to a new province-wide First Nations Health Authority. As part of the ongoing health partnership, the department was, and continues to be, an active partner to the First Nations Health Authority as they support and coordinate community efforts in response to the COVID-19 pandemic.

The First Nations Information Governance Centre conducted First Nations-led, national surveys on reserve and in northern First Nations communities, in compliance with the First Nations principles of OCAP® (ownership, control, access, and possession). These include the First Nations Regional Health Survey and the First Nations Regional Social Survey, which covers First Nations living on reserve. To support Inuit data improvements, the department supported the Inuit Tapiriit Kanatami to lead the permanent Inuit Health Survey.

ISC is actively engaged in advancing First Nation priorities in elementary and secondary education. This includes participation at regional technical tables and joint implementation tables, as well as undertaking ongoing refinements to the regional funding formulas to accurately meet provincial comparability and address the unique circumstances of First Nations communities.

As of March 2021, ISC completed seven regional education agreements with First Nation partners; one was signed in British-Columbia (British-Columbia Tripartite Education Agreement); two in Alberta (Kee Tas Kee Now Tribal Council Education Authority and the Sunchild Authority); three were signed in Saskatchewan (Athabasca Denesuline Education Authority, Peter Ballantyne Cree Nation and Whitecap Dakota First Nation) and one in New Brunswick (Elsipogtog First Nation Education Authority) (with others drafted and ready for signature).

Under the Permanent Bilateral Mechanisms, ISC worked with Inuit and Métis Nation partners to identify joint education priorities, co-develop policy options, and monitor progress. Since the endorsement of the Education, Early Learning and Skills Development 2020-21 Work Plan at the March 6, 2020, Inuit-Crown Partnership Committee Leaders Meeting, ISC has worked closely with working group members to advance the six outcomes through various deliverables.

In 2019, the New Fiscal Relationship implemented a grant funding mechanism of up to 10 years that provides stable and predictable funding for eligible First Nations to build capacity, do effective long term planning and have greater flexibility to respond to community priorities. In 2020-21, 27 First Nations entered into the 10-year grant, bringing the total up to 111 First Nations. Budget 2021 included a measure to ensure funding escalation for 10-year grants to address price and population growth and ensure that funding keeps pace with the needs of First Nations.

The department also continues to explore the interim recommendations of the Assembly of First Nations-Indigenous Services Canada Joint Advisory Committee on Fiscal Relations to further advance the New Fiscal Relationship. This includes:
• co-development of a mutual accountability framework supported by stronger First Nation-led institutions; and

• continued work with First Nations to replace the Default Prevention and Management Policy with a new and proactive approach that supports capacity development in partnership with Indigenous-led organizations.

In addition, ISC continued to support:

• the *First Nations Fiscal Management Act*, which provides legislative tools for First Nations and authority over fiscal matters, including financial management, property taxation and local revenue generation. Currently, 302 First Nations have opted into the Act;

• the Indigenous Center for Cumulative Effects, which was created through a co-development process and operates independently of government, to support the technical and scientific capacity of Indigenous communities; and

• the First Nations Information Governance Centre, who developed a National First Nations Data Governance Strategy in March 2020, to further develop their vision for a “First Nations-led, national network of modern information and statistical service centres at national and regional levels, to serve the data capacity needs of communities and Nations and to advance the realization of data sovereignty that is in alignment with First Nations’ distinct worldviews”.

2. Indigenous self-determined services are improving outcomes for communities

Indigenous self-determined services are about restoring control to where it always should have remained. It looks to improve outcomes for communities through the elimination of the unacceptable socio-economic gaps that exist between Indigenous peoples and other Canadians.

In 2020-21, ISC demonstrated its ongoing commitment by continuing to support self-determination in early learning and child care, alongside Employment and Social Development Canada and the Public Health Agency of Canada, with the continued Indigenous-led and driven implementation of the Indigenous Early Learning and Child Care Framework. The department continued to support self-determination in delivery of Environmental Public Health Services at the regional level by providing environmental public health program support to transferred First Nations organizations through regional and national environmental health networks.

Additionally, following the First Nations-led engagement process on Income Assistance, initial steps have begun to co-develop policy options with Indigenous partners for program reform. This work will ensure active and meaningful participation by Indigenous groups and will support ongoing work towards self-determination.

In addition to supporting the development of the National First Nations Data Governance Strategy, the department collaborated with Indigenous leaders to finalize a National Outcome-Based Framework, including co-development of baseline indicators, to comprehensively measure and track the closure of socio-economic gaps. ISC also supported the Métis Nation in gathering health data and developing a health strategy. Data development and governance
continued to be highlighted in the context of ongoing work between the federal government and Métis Nations to advance Métis self-determination and well-being.

As part of the July 2020 Economic and Fiscal Snapshot, nearly $10 million was provided over 2 years, starting in 2020-21, to support First Nations, Inuit, and Métis engagement and advancement in the co-development of the implementation process, including the establishment of, and participation in, distinction-based governance engagement mechanisms; $425 million over 5 years to support capacity-building activities that would enable First Nations, Inuit and Métis groups to work within and across their communities to build strong foundations for a successful transition toward the exercise of jurisdiction; and nearly $73 million over 5 years to support Indigenous governing bodies for, and participation in, coordination agreement discussions. These funds support the implementation of *An Act respecting First Nations, Inuit and Métis children, youth and families*.

In the context of self-determined services, First Nations have the flexibility to design and deliver services based on their own plans and priorities. As a result, the reporting framework and establishment of targets at the program level are not reflective of the array of First Nations plans and priorities. The department is working with First Nation partners to develop meaningful indicators for both parties that better reflect self-determined services moving forward.

**Gender-based analysis plus**

ISC more actively applied Gender-Based Analysis Plus in its work, embedding it into evaluations, policies and programs to better understand how supporting distinctions-based self-determination can have positive impacts on inclusivity and on the responsiveness of services; to the distinct needs of diverse groups of people. For example, during 2020-21 ISC evaluators supported greater self-determination by applying an intersectional, distinctions-based lens to the whole evaluation cycle, from the design phase, through data collection and analyses, and in the generation of findings and recommendations.

**Results-based Innovation**

In 2020-21, the department launched two activities to support advancements towards service transfer leading to self-determined services: 1) Results-Based Innovation Network was established to foster results-based innovation in the Indigenous Services context; 2) Strategic Partnership Fund which resulted in a collaboration with Indigenous partners to focus on Indigenous-centric ways of doing business and to develop innovative pathways to facilitate Indigenous jurisdiction and control. Through this fund, ISC supported five partnerships in 2020-21 with:

- Johnston Research Inc. – an exploratory project, entitled *Strengthening Indigenous Evaluation Frameworks and Practice*, to advance a new framework to overcome the limitations of the colonial underpinnings of logic models;
- Indigenomics Institute – an exploratory research project titled *Centering Indigenous Worldviews within Evaluation Frameworks*. Rooted in a dynamic theory of living that considers the complexity of historical, current and evolving relationships and mandates with
Indigenous Nations, it will generate a set of practical co-designed tools and methods for evaluation processes;

- Grand Challenges Canada – a project to advance Indigenous gender equality across health, economic, and social dimensions. It will accomplish this through transformative innovation and large-scale systemic change led by and/or directly benefitting First Nations, Inuit, and Métis women, two-spirit, queer, and gender diverse individuals in Canada;
- Canative Energy – a project to facilitate the realization of the potential of Indigenous Professionals and the development of Indigenous economies. It will accomplish this by strengthening the formal and informal networks between countries, and to demonstrate the power of global Indigenous collaboration; and
- Institute of Public Administration of Canada – engaged the Tl’etinqox and Takla Nations peoples, staff, and partners to establish local community bylaws alongside law enforcement authorities to manage local health and safety priorities.

2030 Agenda for Sustainable Development

In 2020-21, ISC worked collaboratively with federal departments, including Employment and Social Development Canada and Statistics Canada, on the development of a National Strategy for the advancement of the Sustainable Development Goals. This work contributed to the development of the Federal Implementation Plan\textsuperscript{v}, which was released on July 22, 2021. The Federal Implementation Plan sets out Canada’s commitment to achieve the United Nations 2030 Agenda for Sustainable Development and provide Canadians with annual reporting on progress.

ISC also collaborated with Employment and Social Development Canada, Statistics Canada and Crown-Indigenous Relations and Northern Affairs Canada on the inclusion of Indigenous-specific data and indicators for the Canadian Indicator Framework for the Sustainable Development Goals Hub\textsuperscript{xvi}, which was released on June 22, 2021. This work focused on Indigenous-specific indicators, including the number of long-term drinking water advisories for public systems on reserve, and the incidence of tuberculosis in Inuit Nunangat, as well as disaggregated results for Indigenous Peoples for other key indicators. Data collected on the Canadian Indicator Framework will support reporting and measuring progress on the implementation of Sustainable Development Goals. ISC will continue to work with partners to expand the amount of Indigenous-specific data included in the Canadian

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### Innovative Responses to COVID-19

In response to non-health related COVID-19 pressures on reserve, the Emergency Management Assistance Program was leveraged to distribute $1.095 billion through the Indigenous Community Support Fund. This provided Indigenous leadership and organizations with the flexibility needed to design and implement community-based solutions to prevent, prepare and respond to the spread of COVID-19 within their communities.

The Assembly of Manitoba Chiefs developed a network of Community Ambassadors who could be deployed to impacted communities within the province to manage and contribute to the in-community response to COVID-19 when local resources were overstretched. An example of further expanding the services being designed and delivered by Indigenous Peoples for Indigenous Peoples.
Indicator Framework as work continues to advance the Sustainable Development Goals. In addition, ISC will work with other federal departments and Indigenous partners to ensure that Indigenous data and indicators included in the Canadian Indicator Framework are aligned and consistent with other well-being frameworks that are currently in development, most notably the Finance Canada-led Quality of Life framework.

**Departmental Result: Indigenous Peoples control the design, delivery and management of services**

<table>
<thead>
<tr>
<th>Performance indicators</th>
<th>Target</th>
<th>Date to achieve target</th>
<th>2018–19 Actual results</th>
<th>2019–20 Actual results</th>
<th>2020–21 Actual results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of eligible First Nations communities that have opted in to a grant to support the new fiscal relationship</td>
<td>115(^1)</td>
<td>March 2021</td>
<td>Not applicable(^2)</td>
<td>85</td>
<td>111(^3)</td>
</tr>
<tr>
<td>Number of First Nations communities that have opted in to a self-determined service agreement</td>
<td>To be established by March 2021(^4)</td>
<td>To be established by March 2021(^4)</td>
<td>Not applicable(^2)</td>
<td>240(^5)</td>
<td>230</td>
</tr>
</tbody>
</table>

1 - This target includes the 110 First Nations who had signed grant agreements as of December 1, 2020, and was based on preliminary analysis of an anticipated 5 new grant agreements being signed by eligible First Nations effective April 1, 2021.
2 - This indicator was established in 2019-20.
3 - Due to the COVID-19 pandemic, many First Nations were unable to dedicate staff time and resources to seek eligibility for the 10-year grant, including developing financial administration laws and bylaws.
4 - The target and date to achieve were revised to be established by March 2021, as published in the 2021-22 Departmental Plan. Target to be established with partners when sufficient data becomes available. In the meantime, ISC will aim to achieve an increase.
5 - In calculating the result for 2020-21, an error was found in the result reported for 2019-20. The actual number of communities in 2019-20 was 227, indicating a net increase of 3 communities in 2020-21.

**Departmental Result: Indigenous self-determined services are improving outcomes for communities**

<table>
<thead>
<tr>
<th>Performance indicators</th>
<th>Target</th>
<th>Date to achieve target</th>
<th>2018–19 Actual results</th>
<th>2019–20 Actual results</th>
<th>2020–21 Actual results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Community Well-Being index score for First Nations communities in a New Fiscal Relationship funding agreement</td>
<td>To be established with partners(^1)</td>
<td>To be established with partners(^1)</td>
<td>Not applicable(^2)</td>
<td>Not applicable(^2)</td>
<td>Not applicable(^3)</td>
</tr>
</tbody>
</table>

1 - In calculating the result for 2020-21, an error was found in the result reported for 2019-20. The actual number of communities in 2019-20 was 227, indicating a net increase of 3 communities in 2020-21.
## Average Community Well-Being (education score) for First Nations communities in a self-determined services agreement

<table>
<thead>
<tr>
<th></th>
<th>To be established with partners by March 2022&lt;sup&gt;4&lt;/sup&gt;</th>
<th>To be established with partners by March 2023&lt;sup&gt;4&lt;/sup&gt;</th>
<th>Not applicable&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Not applicable&lt;sup&gt;2&lt;/sup&gt;</th>
<th>42&lt;sup&gt;5&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of British Columbia First Nations adults reporting that their health is excellent or very good</td>
<td>50%</td>
<td>March 2028</td>
<td>33%</td>
<td>33%</td>
<td>33%&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Percentage of First Nations communities with access to mental wellness team services&lt;sup&gt;7&lt;/sup&gt;</td>
<td>Target not specified</td>
<td>Date to achieve not set</td>
<td>Not applicable&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Not available&lt;sup&gt;8&lt;/sup&gt;</td>
<td>Not available&lt;sup&gt;8&lt;/sup&gt;</td>
</tr>
<tr>
<td>Percentage of residents living on reserve who are supported through Income Assistance&lt;sup&gt;7&lt;/sup&gt;</td>
<td>Target not specified</td>
<td>Date to achieve not set</td>
<td>Not applicable&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Not available&lt;sup&gt;8&lt;/sup&gt;</td>
<td>Not available&lt;sup&gt;8&lt;/sup&gt;</td>
</tr>
<tr>
<td>Percentage of First Nations on reserve students who graduate from secondary school&lt;sup&gt;7&lt;/sup&gt;</td>
<td>Target not specified</td>
<td>Date to achieve not set</td>
<td>Not applicable&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Not available&lt;sup&gt;8&lt;/sup&gt;</td>
<td>Not available&lt;sup&gt;8&lt;/sup&gt;</td>
</tr>
<tr>
<td>Percentage of First Nation housing that is adequate as assessed and reported by First Nations&lt;sup&gt;7&lt;/sup&gt;</td>
<td>Target not specified</td>
<td>Date to achieve not set</td>
<td>Not applicable&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Not available&lt;sup&gt;8&lt;/sup&gt;</td>
<td>Not available&lt;sup&gt;8&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

1 - The establishment of targets is not relevant within the context of self-determined services whereby First Nations have the flexibility to design and deliver services based on their own plans and priorities.
2 - This indicator was established in 2019-20.
3 - Calculations for this indicator will be completed when data from the 2021 national census is available.
4 - The target and date to achieve were to be established by March 2020; the target has been revised be established with partners by March 2022 when sufficient data becomes available. The date to be achieved will be established with partners by March 2023. In the meantime, ISC will aim to achieve an increase.
5 - This baseline result was determined using 2016 Census data. Although there are 180 communities that are currently under some form of self-determined service agreement related to education, only 88 communities have an education Community Well-Being score in the 2016 Census. This result represents the average of those 88 communities.
6 - Last available data for First Nations (on reserve) is from the 2015-16 Regional Health Survey.
7 - These program level indicators were introduced in 2020–21 to report on annual results of First Nations communities that have opted in to a grant to support the New Fiscal Relationship. Due to the context of self-determined services such as the grant, the establishment of targets at the program level for grant recipients would not be meaningful or relevant.
8 - Due to COVID-19 related delays, recipient reporting and data inputs have not been finalized for the 2019-20 or 2020-21 fiscal years. It is anticipated the data will be finalized during Q4 of fiscal year 2021-22.
### Budgetary financial resources (dollars)

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<tr>
<td></td>
<td>2,369,018,506</td>
<td>2,369,018,506</td>
<td>1,611,584,077</td>
<td>1,610,912,324</td>
<td>-758,106,182</td>
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</table>

### Human resources (full-time equivalents)

<table>
<thead>
<tr>
<th></th>
<th>2020–21 Planned full-time equivalents</th>
<th>2020–21 Actual full-time equivalents</th>
<th>2020–21 Difference (Actual full-time equivalents minus Planned full-time equivalents)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

Note: Self-Determined Services is specifically for contributions funding only.

Financial, human resources and performance information for Indigenous Services Canada’s Program Inventory is available in [GC InfoBase](https://www.gc.ca).
Internal Services

Internal Services are those groups of related activities and resources that the federal government considers to be services in support of programs and/or required to meet corporate obligations of an organization. Internal Services refers to the activities and resources of the 10 distinct service categories that support Program delivery in the organization, regardless of the Internal Services delivery model in a department. The 10 service categories are:

- Acquisition Management Services
- Communication Services
- Financial Management Services
- Human Resources Management Services
- Information Management Services
- Information Technology Services
- Legal Services
- Material Management Services
- Management and Oversight Services
- Real Property Management Services

Results:

In 2020-21, ISC continued to support greater effectiveness in service delivery to Indigenous Peoples through greater integrated planning, enhanced risk management capacity, and better alignment of resources with priorities. It also refined its investment and project management frameworks to allow risk and results to inform decision-making and oversight, while providing for increased accountability and early consideration for Indigenous involvement in the strategic planning process.

In addition, ISC established a vision for workplace modernization. The upgrading of workspaces favor access and collaboration as well as ease in mobility of the workforce towards enhanced interactions across programs as well as with Partners, increased representation at the national level, and the assessment and roll out of modern, digital collaborative tools for remote, in office or in community work.

In addition, to support ISC’s people management priorities, the department is developing a 3-year Accessibility Plan, and using the Accessibility Passport Pilot Program to reduce barriers, focus recruitment and retention efforts, and actively promote and implement the “yes by default” approach to accommodations in the workplace. ISC is also requiring employees to undertake 15 hours of annual cultural training and activities aimed at providing a culturally-safe working environment for Indigenous employees as well as the communities it serves, and increasing collaboration with the Knowledge Circle of Indigenous Inclusion, the Aboriginal Centre of Excellence, and other departments to share best recruitment and hiring practices.

Building ISC’s information management and information technology capacity is critical to supporting programs and communities. The department made investments to improve data stewardship, mitigate risks associated with aging technologies, implement new remote
computing tools and network capacity, modernize solutions, effectively bring data to decision makers, and to ensure front line health care workers have the tools and connectivity required to do their jobs. ISC also adopted a Workplace Modernization strategy that provides more flexibility and capability for remote work, better use of collaborative tools for home, in office or in community work and more effective recruitment of Indigenous talent from across the country.

ISC supported its programs and Indigenous Peoples through a wide range of other internal service, including:

- mitigating health and safety risks in custodial buildings by ensuring public health measures were in place;
- participating in the 2018-2021 Workplace Well-being and Mental health Departmental Strategy, including Mental Health First Aid training;
- laying the groundwork to create the Indigenous Employee Secretariat (IES). Indigenous employees participated in workshops and surveys to determine how the IES would operate and support their initiatives. In November 2020, a path forward was presented establishing the IES in 2021-22;
- focusing communication of key priorities, particularly on COVID-19 in collaboration with First Nations, Inuit and Métis partners in order to support an Indigenous-led response to the pandemic, including public health messaging and vaccine rollout; and

ISC will continue to ensure that all programs and regions are supported by high quality internal services that are continually evolving to better serve clients and to align with the departmental mandate, including the transfer of services to Indigenous partners.

**Budgetary financial resources (dollars)**

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<tbody>
<tr>
<td></td>
<td>170,639,148</td>
<td>170,639,148</td>
<td>269,045,596</td>
<td>261,129,820</td>
<td>90,490,672</td>
</tr>
</tbody>
</table>

**Human resources (full-time equivalents)**

<table>
<thead>
<tr>
<th></th>
<th>2020–21 Planned full-time equivalents</th>
<th>2020–21 Actual full-time equivalents</th>
<th>2020–21 Difference (Actual full-time equivalents minus Planned full-time equivalents)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,366</td>
<td>1,445</td>
<td>79</td>
</tr>
</tbody>
</table>
Analysis of trends in spending and human resources

Actual expenditures

Departmental spending trend graph

The following graph presents planned (voted and statutory spending) over time.

Note: due to rounding, figures may not add to totals shown

For 2018-19, the spending trend shown in the table above reflects the full year of actual expenditures following the establishment of Indigenous Services Canada as per the Orders in Council, November 30, 2017.

The 2019-20 actual spending was $13,274.5 million, a net increase of approximately $1,687.5 million over 2018-19. This is primarily due to:

- an increase in funding related to the transfer from CIRNAC primarily for the Individuals Affairs Program, Lands and Economic Development Programs and internal services as per Order in Council P.C. 2019-1109;
- a net increase in funding for the elementary and secondary as well as post-secondary education programs;
- a net increase in funding for Child and Family Services;
- a net increase in funding for health, social and education services and support for First Nations children under Jordan’s Principle and for supporting Inuit children through the Inuit Child First Initiative; and
- a net increase in funding for the non-insured health benefits for First Nations and Inuit.
The 2020-21 actual spending was $16,353.2 million, a net increase of approximately $3,078.7 million over 2019-20. This is primarily due to:

- an increase in funding related to COVID-19 initiatives, such as:
  - Indigenous Community Support Fund;
  - the continuation of public health responses in Indigenous communities;
  - supporting Indigenous businesses;
  - enhancing public health measures to COVID-19 in First Nations and Inuit communities;
  - supporting a safe restart in Indigenous communities;
  - Income Assistance;
  - supporting students and youth impacted by COVID-19; and
  - supporting Indigenous mental wellness.
- a net increase in funding to improve access to safe, clean drinking water in First Nation communities.

Spending is expected to decrease by $2,847.2 million between 2020-21 actual spending and 2021-22 planned spending. This is primarily due to a net decrease in funding and sunset of funding (at the end of 2020-21) related to COVID-19 initiatives.

Spending is expected to decrease by $1,568.7 million between 2021-22 and 2023-24 planned spending. This is primarily due to:

- a net decrease in funding to improve access to safe, clean drinking water in First Nation communities. The program funding for water and wastewater infrastructure and for environmental public health services as well as for the acceleration of measures to lift all long-term drinking water advisories on public systems on reserve sunset at the end of 2021-22;
- a net decrease in funding for health, social and education services and support for First Nations children under Jordan's Principle (sunsetting at the end of 2021-22) and for supporting Inuit children through the Inuit Child First Initiative;
- a sunset (at the end of 2022-23) of funding to support the implementation of the British Columbia Tripartite Framework Agreement on First Nation Health Governance for the transfer to the First Nations Health Authority;
- a sunset (at the end of 2021-22) of funding for supportive care and the continuation of public health responses in Indigenous communities (COVID-19);
- a net decrease in funding for various other programs, such as Urban Programming for Indigenous Peoples, income assistance, infrastructure, and health programming;
- a net increase in funding for the elementary and secondary as well as post-secondary education programs; and
- a net increase in funding for the non-insured health benefits for First Nations and Inuit.

Decisions on the renewal of the sunset initiatives will be taken in future budgets and reflected in future estimates.
## Budgetary performance summary for Core Responsibilities and Internal Services (dollars)

<table>
<thead>
<tr>
<th>Core responsibilities and Internal Services</th>
<th>2020–21 Main Estimates</th>
<th>2020–21 Planned spending</th>
<th>2021–22 Planned spending</th>
<th>2022–23 Planned spending</th>
<th>2020–21 Total authorities available for use</th>
<th>2018–19 Actual spending (authorities used)¹</th>
<th>2019–20 Actual spending (authorities used)</th>
<th>2020–21 Actual spending (authorities used)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services and Benefits to Individuals</td>
<td>1,835,650,316</td>
<td>1,835,650,316</td>
<td>2,006,677,872</td>
<td>1,996,581,074</td>
<td>2,319,079,357</td>
<td>1,678,872,561</td>
<td>1,865,336,041</td>
<td>2,042,963,939</td>
</tr>
<tr>
<td>Health and Social Services</td>
<td>5,426,092,193</td>
<td>5,426,092,193</td>
<td>5,837,808,255</td>
<td>5,397,624,340</td>
<td>8,648,475,398</td>
<td>6,208,068,152</td>
<td>6,562,978,810</td>
<td>7,800,965,092</td>
</tr>
<tr>
<td>Governance and Community Development Services</td>
<td>3,010,800,872</td>
<td>3,010,800,872</td>
<td>3,069,685,325</td>
<td>2,047,057,448</td>
<td>5,073,412,053</td>
<td>3,062,438,396</td>
<td>3,328,800,660</td>
<td>4,637,274,341</td>
</tr>
<tr>
<td>Indigenous Self-Determined Services</td>
<td>2,369,018,506</td>
<td>2,369,018,506</td>
<td>2,422,137,941</td>
<td>2,464,294,624</td>
<td>1,611,584,077</td>
<td>491,076,435</td>
<td>1,297,567,333</td>
<td>1,610,912,324</td>
</tr>
<tr>
<td>Subtotal</td>
<td>12,641,561,887</td>
<td>12,641,561,887</td>
<td>13,336,309,393</td>
<td>11,905,557,486</td>
<td>17,652,550,885</td>
<td>11,440,455,544</td>
<td>13,054,682,844</td>
<td>16,092,115,696</td>
</tr>
<tr>
<td>Internal Services</td>
<td>170,639,148</td>
<td>170,639,148</td>
<td>169,788,003</td>
<td>158,528,769</td>
<td>269,045,596</td>
<td>146,561,915</td>
<td>219,866,093</td>
<td>261,129,820</td>
</tr>
<tr>
<td>Total</td>
<td>12,812,201,035</td>
<td>12,812,201,035</td>
<td>13,506,097,396</td>
<td>12,064,086,255</td>
<td>17,921,596,481</td>
<td>11,587,017,459</td>
<td>13,274,548,937</td>
<td>16,353,245,516</td>
</tr>
</tbody>
</table>

¹ The 2018-19 expenditures have been reinstated to reflect the 2019-20 Departmental Results Framework

The $5,109.4 million difference between Planned Spending ($12,812.2 million) and Total Authorities Available for Use ($17,921.6 million) in 2020-21 primarily reflects:

- Incremental funding provided through Supplementary Estimates for the following items:
  - Child and Family Services;
  - Health, social and education services and support for First Nations children under Jordan’s Principle;
  - Non-Insured Health Benefits for First Nations and Inuit;
  - Improving access to safe, clean drinking water in First Nation communities;
  - Supporting the implementation of the Act respecting First Nations, Inuit and Métis children, youth and families and the ongoing reform of the Indigenous Child and Family Services Program; and
  - Reimbursing First Nations and emergency management service providers for on reserve response and recovery activities.

- An increase in funding related to COVID-19 initiatives, such as:
  - Indigenous Community Support Fund;
- Continuation of public health responses in Indigenous communities;
- Supporting Indigenous businesses;
- Enhancing public health measures to COVID-19 in First Nations and Inuit communities;
- Income Assistance;
- Supporting a safe restart in Indigenous communities;
- Supporting students and youth impacted by COVID-19;
- Supporting Indigenous mental wellness;
- Urban and regional Indigenous organizations; and
- Supportive care in Indigenous communities.

The $1,568.4 million difference between Total Authorities Available for Use ($17,921.6 million) and Actual Spending ($16,353.2 million) in 2020-21 primarily reflects lower than anticipated expenditures for non-insured health benefits for First Nations and Inuit and the deferral of funds to future years, such as:

- Child and Family Services;
- Health, social and education services and support for First Nations children under Jordan’s Principle and for supporting Inuit children through the Inuit Child First Initiative;
- Continuation of public health responses in Indigenous communities (COVID-19);
- First Nations Enhanced Education Infrastructure Fund (Budget 2014 and Budget 2016);
- Supporting Indigenous businesses (COVID-19);
- Supportive care in Indigenous communities (COVID-19);
- Implementation of the Act respecting First Nations, Inuit and Métis children, youth and families and the ongoing reform of the Indigenous Child and Family Services Program; and

Funding for these initiatives were not required in 2020-21 and has been re-profiled to future years when it will be available for the intended purposes.
### 2020–21 Budgetary actual gross spending summary (dollars)

<table>
<thead>
<tr>
<th>Core responsibilities and Internal Services</th>
<th>2020–21 Actual gross spending</th>
<th>2020–21 Actual revenues netted against expenditures</th>
<th>2020–21 Actual net spending (authorities used)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services and Benefits to Individuals</td>
<td>2,046,909,759</td>
<td>3,945,820</td>
<td>2,042,963,939</td>
</tr>
<tr>
<td>Health and Social Services</td>
<td>7,800,965,092</td>
<td>0</td>
<td>7,800,965,092</td>
</tr>
<tr>
<td>Governance and Community Development Services</td>
<td>4,637,274,341</td>
<td>0</td>
<td>4,637,274,341</td>
</tr>
<tr>
<td>Indigenous Self-Determined Services</td>
<td>1,610,912,324</td>
<td>0</td>
<td>1,610,912,324</td>
</tr>
<tr>
<td>Subtotal</td>
<td>16,096,061,516</td>
<td>3,945,820</td>
<td>16,092,115,696</td>
</tr>
<tr>
<td>Internal Services</td>
<td>301,608,324</td>
<td>40,478,504</td>
<td>261,129,820</td>
</tr>
<tr>
<td>Total</td>
<td>16,397,669,840</td>
<td>44,424,324</td>
<td>16,353,245,516</td>
</tr>
</tbody>
</table>

* Revenues mentioned above are for the provision of services or the sale of products related to health protection and medical services; and the provision of internal support services under section 29.2 of the *Financial Administration Act*. 
Actual human resources

Human resources summary for core responsibilities and Internal Services

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Services and Benefits to Individuals</td>
<td>1,142</td>
<td>1,528</td>
<td>1,509</td>
<td>1,741</td>
<td>1,553</td>
<td>1,536</td>
</tr>
<tr>
<td>Health and Social Services</td>
<td>1,391</td>
<td>1,460</td>
<td>1,490</td>
<td>1,576</td>
<td>1,538</td>
<td>1,318</td>
</tr>
<tr>
<td>Governance and Community Development Services</td>
<td>1,024</td>
<td>1,476</td>
<td>1,593</td>
<td>1,609</td>
<td>1,410</td>
<td>1,273</td>
</tr>
<tr>
<td>Indigenous Self-Determined Services</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Subtotal</td>
<td>3,557</td>
<td>4,464</td>
<td>4,592</td>
<td>4,926</td>
<td>4,508</td>
<td>4,127</td>
</tr>
<tr>
<td>Internal Services</td>
<td>653</td>
<td>1,229</td>
<td>1,366</td>
<td>1,445</td>
<td>1,400</td>
<td>1,315</td>
</tr>
<tr>
<td>Total</td>
<td>4,210</td>
<td>5,693</td>
<td>5,958</td>
<td>6,371</td>
<td>5,908</td>
<td>5,442</td>
</tr>
</tbody>
</table>

For 2018-19, the trend shown in the table above reflects the full year of actual FTEs following the establishment of Indigenous Services Canada as per the Orders in Council, November 30, 2017.

There is an increase in FTEs from 2019-20 onwards compare to 2018-19, this is primarily due to:

- Increase in FTEs related to the transfer from CIRNAC primarily for Individuals Affairs, Lands and Economic Development programs and internal services as per Order in Council P.C. 2019-1109;
- Increase in funding for the continued implementation of Jordan's Principle and supporting Inuit children;
- New funding provided through Supplementary Estimates for the removal of the 1951 cut-off which will eliminate sex-based inequities in Indian status registration;
- The variance in FTE utilization is also mainly due to the department receiving additional resources throughout the year to address the Pandemic; and
There is a decrease in FTEs from 2021-22 onwards compared to 2020-21 FTEs, this is primarily due to below initiatives:

- A sunset of funding at the end of 2020-21 provided by Budget 2016 to support the First Nations Enhanced Education Infrastructure Fund;
- A net decrease in funding related to infrastructure projects in indigenous communities (Budget 2016, Budget 2017, Budget 2018);
- A net decrease in funding to improve access to safe, clean drinking water in First Nation communities. The program funding for water and wastewater infrastructure and for environmental public health services as well as for the acceleration of measures to lift all long-term drinking water advisories on public systems on reserve sunset at the end of 2021-22;
- A sunset of funding at the end of 2021-22 for supportive care and the continuation of public health responses in Indigenous communities (COVID-19); and
- A net decrease in funding for the continued implementation of Jordan's Principle and supporting Inuit children.

Decisions on the renewal of the sunset initiatives will be taken in future budgets and reflected in future estimates.

**Expenditures by vote**

For information on Indigenous Services Canada’s organizational voted and statutory expenditures, consult the *Public Accounts of Canada 2020–2021*. xviii

**Government of Canada spending and activities**

Information on the alignment of Indigenous Services Canada’s spending with the Government of Canada’s spending and activities is available in *GC InfoBase*. xix
Financial statements and financial statements highlights

Financial statements

Indigenous Services Canada operates under the legislation set out in the *Department of Indigenous Services Act*, S.C. 2019, c. 29, s. 336. It reports to Parliament through the Minister of Indigenous Services.

Indigenous Services Canada works collaboratively with partners to improve access to high quality services for First Nations, Inuit and Métis. Our vision is to support and empower Indigenous peoples to independently deliver services and address the socio-economic conditions in their communities.

Priorities and reporting are aligned under the following core responsibilities:

a) Health and Social Services – Primarily delivered in partnership with Indigenous communities and organizations, provinces/territories and agencies. Together, they focus on health and wellbeing for Indigenous people.

b) Governance and Community Development Services – Commonly delivered in partnership with Indigenous communities and institutions and are focused on strong community governance and physical foundations.

c) Services and Benefits to Individuals – Mainly delivered directly to Indigenous people. They include, among other services and benefits, individual First Nations and Inuit clinical care and health-related benefits such as pharmacy, dental and vision care.

d) Indigenous Self-Determined Services – Designed and delivered by Indigenous people for Indigenous people. They include services for which the control, authority and/or jurisdiction has been formally transferred to Indigenous communities or organizations.

e) Internal Services – are those groups of related activities and resources that the Federal Government considers to be services in support of programs and/or required to meet the corporate obligations of the department.

The Indigenous Services Canada’s financial statements (unaudited) for the year ended March 31, 2021, are available on ISC’s website.²²
Financial statement highlights

Condensed Statement of Operations (unaudited)
For the year ended March 31, 2021 (dollars)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenses</td>
<td>13,007,831,125</td>
<td>18,425,572,159</td>
<td>13,292,489,781</td>
<td>5,142,740,034</td>
<td>5,133,082,378</td>
</tr>
<tr>
<td>Total revenues</td>
<td>225,369,777</td>
<td>46,032,628</td>
<td>37,611,565</td>
<td>(179,337,149)</td>
<td>8,421,063</td>
</tr>
<tr>
<td>Net cost of operations before government funding and transfers</td>
<td>12,782,462,348</td>
<td>18,379,539,531</td>
<td>13,254,879,216</td>
<td>5,597,077,283</td>
<td>5,124,661,315</td>
</tr>
</tbody>
</table>

*Totals may not match financial statements due to rounding.
**Please refer to the Future-Oriented Statement of Operations on Indigenous Services’ website.

Expenses by Type

Total expenses were $18.4 billion in 2020-21 representing an increase of 39% ($5.1 billion) from the previous year’s expenses mainly due to the increase in transfer payments and contingent liabilities. Transfer payments increased by $3 billion primarily related to payments in support of the COVID-19 pandemic.

Other significant operating expenses included salaries and employee future benefit totaling $784 million (34%), utilities, materials and supplies totaling $541 million (24%) and professional and special services totaling $563 million (25%).

Revenues by Type

The department’s total revenues for 2020–21 amounted to $46 million representing an increase of 22% ($8 million) from previous year’s revenue. The increase is mainly due to increases in Miscellaneous revenue and Finances and Administrative Services revenue. The increase of $12 million in Miscellaneous revenue can be explained by court decisions in favor of the Crown. The increase of $39 million in Finance and Administrative Services revenue is related to a methodology change for internal services provided to CIRNA. In 2020-21, the internal services provided to CIRNA are accounted for as revenue, whereas in 2019-20 they were considered an offset to expenditures. These increases were offset by a decrease of $30 million in the Services of a Non-Regulatory Nature due to the transfer of the medical benefits program to the Pacific Blue Cross in the Pacific region.
Condensed Statement of Financial Position (unaudited) as of March 31, 2021 (dollars)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total net liabilities</td>
<td>5,006,212,835</td>
<td>3,026,958,597</td>
<td>1,979,254,238</td>
</tr>
<tr>
<td>Total net financial assets</td>
<td>2,005,654,162</td>
<td>1,950,793,347</td>
<td>54,860,815</td>
</tr>
<tr>
<td>Departmental net debt</td>
<td>3,000,558,673</td>
<td>1,076,165,250</td>
<td>1,924,393,423</td>
</tr>
<tr>
<td>Total non-financial assets</td>
<td>44,799,910</td>
<td>39,368,788</td>
<td>5,431,122</td>
</tr>
<tr>
<td>Departmental net financial position</td>
<td><strong>(2,955,758,763)</strong></td>
<td><strong>(1,036,796,462)</strong></td>
<td><strong>(1,918,962,301)</strong></td>
</tr>
</tbody>
</table>

*Totals may not match financial statements due to rounding.

Liabilities by Type

Total liabilities were $5.0 billion at the end of 2020-21, representing an increase of 65% over the previous year. The provision for contingent liabilities represents the largest portion of total liabilities at $2.5 billion (50%). Other significant liabilities include trust accounts of $581 million (12%), environmental liabilities of $403 million (8%) and payments payable of $1.4 billion (28%), including $935 million in transfer payments.

Net Financial Assets by Type

Total net financial assets at the end of 2020-2021 were $2.0 billion representing an increase of 3% over the previous year. The increase is mainly due to $95 million increase in Due from the Consolidated Revenue Fund. The net financial assets for 2020-21 are mainly comprised of $2.0 billion related to Due From the Consolidated Revenue fund (98%), and accounts receivable and advances accounted for $124 million (6%). These amounts are offset by the total financial assets held on behalf of Government of $85 million (-4%).

Non-Financial Assets by Type

Non-financial assets are composed of tangible capital assets totaling $45 million representing an increase of $6 million (15%). The increase is mainly due to work-in-progress projects completed and capitalized in 2020-2021, and the acquisition of assets in response to the COVID-19 pandemic.
Corporate Information

Organizational profile

**Appropriate minister:** The Honourable Marc Miller (November 2019 to October 2021); The Honourable Patty Hajdu (effective October 26, 2021)

**Institutional head:** Christiane Fox

**Ministerial portfolio:** Department of Indigenous Services

**Enabling instrument:** *Department of Indigenous Services Act, S.C. 2019, c. 29, s.336* xxvi

**Year of incorporation / commencement:** 2019

**Special operating agency:** Indian Oil and Gas Canada

- **Enabling instrument:** *Indian Oil and Gas Act, S.C., 1985, C.I-7*

**Adjudicative and advisory bodies:** National Indigenous Economic Development Board

**Raison d’être, mandate and role: who we are and what we do**

“Raison d’être, mandate and role: who we are and what we do” is available on Indigenous Services Canada’s website.xxiii

Information on Indigenous Services Canada’s mandate letter commitments is available in the Minister Patty Hajdu’s mandate letterxxiv. You can view the previous mandate letterxxv and supplementary mandate letterxxvi for the Honourable Marc Miller.

**Operating context**

Information on the operating context is available on Indigenous Services Canada’s website.xxiv

**Reporting framework**

Indigenous Services Canada’s Departmental Results Framework and Program Inventory of record for 2020–21 are shown below.

<table>
<thead>
<tr>
<th>Core Responsibility 1: Services and Benefits to Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>These services and benefits are mainly delivered directly to Indigenous Peoples by the department. They include, among other services and benefits, individual First Nations and Inuit clinical care and health-related benefits such as pharmacy, dental and vision care. The department is also responsible for determining individuals’ entitlement to Indian registration and for the issuance of various proofs of registration, including the Secure Certificate of Indian Status (SCIS), which can be used to access various programs and services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Departmental Results</th>
<th>Indicators</th>
<th>Program Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality and timely services are delivered</td>
<td>Percentage of First Nations adults who rate the quality of health care services</td>
<td>Supplementary Health Benefits</td>
</tr>
</tbody>
</table>
|直接向原住民提供|直接向原住民提供在社区内提供良好或优秀的|临床和个案管理|社区口腔健康服务|个人事务
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>百分比的先前批准请求在24小时内完成</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>百分比的合格原住民和因纽特人获得至少一项非保险健康福利在一年内</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>百分比的合格申请人在申请日起16周内获得一个安全的印第安人身份证书</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>健康服务直接向原住民提供有助于改善健康结果</td>
<td>百分比的原住民和因纽特人成年人报告非常良好或优秀的健康</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Core Responsibility 2: Health and Social Services**

这些服务主要在与原住民社区和组织、省/区和机构合作下提供。他们关注原住民人的健康和福祉。他们包括服务来加强原住民社区在健康生活、传染病控制、健康儿童发展和社区护理。他们也包括针对儿童和家庭的强调服务，以及从幼儿园到大学教育服务。

<table>
<thead>
<tr>
<th>部门成果</th>
<th>指标</th>
<th>项目库存</th>
</tr>
</thead>
<tbody>
<tr>
<td>土著人民和社区更健康</td>
<td>活动性肺结核发病率在因纽特人居住在因纽特人区</td>
<td>Jordan’s Principle</td>
</tr>
<tr>
<td></td>
<td>活动性肺结核发病率在原住民保留区</td>
<td>Mental Wellness</td>
</tr>
<tr>
<td></td>
<td>新报告的HIV病例率在原住民</td>
<td>Healthy Living</td>
</tr>
<tr>
<td></td>
<td>原住民糖尿病患者使用新型药物和不使用胰岛素的百分比</td>
<td>Healthy Child Development</td>
</tr>
<tr>
<td></td>
<td>原住民获得社区支持服务以保持家庭团结的百分比</td>
<td>Home and Community Care</td>
</tr>
<tr>
<td></td>
<td>原住民在保留区的儿童在照顾</td>
<td>Health Human Resources</td>
</tr>
<tr>
<td></td>
<td>保留区居住者的百分比通过收入援助得到支持</td>
<td>Environmental Public Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>土著人民获得响应社区需求的社会服务</th>
<th>百分比的原住民和因纽特人社区获得心理福祉团队服务</th>
<th>Communicable Disease Control and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>百分比的原住民社区提供家庭支持服务旨在保持家庭团结</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td>百分比的原住民在保留区的儿童</td>
<td>Income Assistance</td>
</tr>
<tr>
<td></td>
<td>百分比的保留区居民通过收入援助得到支持</td>
<td>Assisted Living</td>
</tr>
<tr>
<td></td>
<td>通过收入援助得到支持的保留区居民的百分比</td>
<td>First Nations Child and Family Services</td>
</tr>
<tr>
<td>Indigenous students receive an inclusive and quality education</td>
<td>Number of individuals who received services under Urban Programming for Indigenous Peoples</td>
<td>Family Violence Prevention Urban Programming for Indigenous Peoples</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>Number of First Nations students who are provided full-day kindergarten services in First Nations administered schools</td>
<td>Percentage of students attending First Nations administered schools who are taught at least one subject in a First Nations language</td>
<td>Percentage of First Nations on reserve students who graduate from secondary school</td>
</tr>
<tr>
<td>Percentage of First Nations on reserve students who graduate from secondary school</td>
<td>Number of funded First Nations, Inuit and Métis Nation students who graduate with a post-secondary degree/diploma/certificate</td>
<td></td>
</tr>
</tbody>
</table>

### Core Responsibility 3: Governance and Community Development Services

These services are commonly delivered in partnership with Indigenous communities and institutions and are focused on strong community governance and physical foundations. They include supports for governance capacity in areas such as community planning and financial management. They also include support for investments in community infrastructure, land and resource management, and economic development.

<table>
<thead>
<tr>
<th>Departmental Results</th>
<th>Indicators</th>
<th>Program Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous communities advance their governance capacity</td>
<td>Percentage of First Nations with a completed community-led plan</td>
<td>Health Facilities e-Health Infrastructure Health Planning, Quality Management and Systems Integration Indigenous Governance and Capacity Water and Wastewater Education Facilities Housing Other Community Infrastructure and Activities Emergency Management Assistance Indigenous Entrepreneurship and Business Development Economic Development Capacity and Readiness Land, Natural Resources and Environmental Management</td>
</tr>
<tr>
<td>Indigenous Peoples have reliable and sustainable infrastructure</td>
<td>Number of long-term drinking water advisories affecting public water systems on reserve</td>
<td>Percentage of First Nations housing that is adequate as assessed and reported by First Nations Percentage of First Nations schools with a condition rating of &quot;good&quot; or &quot;new&quot; Percentage of First Nations health facilities with a condition rating of &quot;good&quot; Number of First Nations communities located on reserves that rely on Indigenous Services Canada funded diesel for electricity generation Percentage of long-term evacuees who have returned home or have a scheduled date within two years after their evacuation</td>
</tr>
<tr>
<td>Land and resources in Indigenous communities are sustainably managed</td>
<td>Percentage of First Nations with community-led Land Use Plans</td>
<td>Statutory, Legislative and Policy Support to First Nations Governance</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Percentage of First Nations communities with adequate solid waste management systems</td>
<td>Percentage high risk contaminated sites on reserve where clean-up or containment is occurring to reduce risk</td>
<td></td>
</tr>
</tbody>
</table>

| Indigenous communities build economic prosperity | Percentage increase of Indigenous businesses created and/or expanded | Percentage of First Nations communities where non-federal government revenues represent 25% or more of total revenues |

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**Core Responsibility 4: Indigenous Self-Determined Services**

These services are designed and delivered by Indigenous people for Indigenous Peoples. They include services for which the control, authority and/or jurisdiction has been formally transferred to Indigenous communities or organizations, as supported through departmental funding.

<table>
<thead>
<tr>
<th>Departmental Results</th>
<th>Indicators</th>
<th>Program Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous Peoples control the design, delivery and management of services</td>
<td>Number of eligible First Nations communities that have opted in to a grant to support the new fiscal relationship</td>
<td>New Fiscal Relationship Self-Determined Services British-Columbia Tripartite Health Governance</td>
</tr>
<tr>
<td>Number of First Nations communities that have opted in to a self-determined service agreement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indigenous self-determined services are improving outcomes for communities</th>
<th>Average Community Well-Being index score for First Nations communities in a New Fiscal Relationship funding agreement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Community Well-Being (education score) for First Nations communities in a self-determined services agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of British Columbia First Nations adults reporting that their health is excellent or very good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of First Nations communities with access to mental wellness team services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of residents living on reserve who are supported through Income Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of First Nations on reserve students who graduate from secondary school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of First Nations housing that is adequate as assessed and reported by First Nations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Supporting information on the program inventory

Financial, human resources and performance information for Indigenous Services Canada’s Program Inventory is available in GC InfoBase.xviii

Supplementary information tables

The following supplementary information tables are available on Indigenous Services Canada’s website:

- Gender-based analysis plus
- Details on transfer payment programs
- Reporting on Green Procurement
- Response to parliamentary committees and external audits

Federal tax expenditures

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures each year in the Report on Federal Tax Expenditures.xxiv This report also provides detailed background information on tax expenditures, including descriptions, objectives, historical information and references to related federal spending programs as well as evaluations and GBA+ of tax expenditures.

Organizational contact information

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K1A 0H4
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Email: aadnc.webmestre-webmaster.aandc@canada.ca

General and statistical inquiries and publication distribution
Telephone (toll-free): 1-800-567-9604
TTY (toll-free): 1-866-553-0554
Email: aadnc.infopubs.aandc@canada.ca

Departmental library
Telephone: 819-997-0811
Email: aadnc.reference.aandc@canada.ca

Media inquiries — Communications
Telephone: 819-953-1160
Email: SAC.media.ISC@canada.ca
Appendix: definitions

appropriation (crédit)
Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures (dépenses budgétaires)
Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

core responsibility (responsabilité essentielle)
An enduring function or role performed by a department. The intentions of the department with respect to a core responsibility are reflected in one or more related departmental results that the department seeks to contribute to or influence.

Departmental Plan (plan ministériel)
A report on the plans and expected performance of an appropriated department over a 3-year period. Departmental Plans are usually tabled in Parliament each spring.

departmental priority (priorité)
A plan or project that a department has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired departmental results.

departmental result (résultat ministériel)
A consequence or outcome that a department seeks to achieve. A departmental result is often outside departments’ immediate control, but it should be influenced by program-level outcomes.

departmental result indicator (indicateur de résultat ministériel)
A quantitative measure of progress on a departmental result.

departmental results framework (cadre ministériel des résultats)
A framework that connects the department’s core responsibilities to its departmental results and departmental result indicators.

Departmental Results Report (rapport sur les résultats ministériels)
A report on a department’s actual accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

experimentation (expérimentation)
The conducting of activities that seek to first explore, then test and compare the effects and impacts of policies and interventions in order to inform evidence-based decision-making, and improve outcomes for Canadians, by learning what works, for whom and in what circumstances.
Experimentation is related to, but distinct from innovation (the trying of new things), because it involves a rigorous comparison of results. For example, using a new website to communicate with Canadians can be an innovation; systematically testing the new website against existing outreach tools or an old website to see which one leads to more engagement, is experimentation.

**full-time equivalent (équivalent temps plein)**

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. For a particular position, the full-time equivalent figure is the ratio of number of hours the person actually works divided by the standard number of hours set out in the person’s collective agreement.

**gender-based analysis plus (GBA+) (analyse comparative entre les sexes plus [ACS+])**

An analytical process used to assess how diverse groups of women, men and gender-diverse people experience policies, programs and services based on multiple factors including race, ethnicity, religion, age, and mental or physical disability.

**government-wide priorities (priorités pangouvernementales)**

For the purpose of the 2020–21 Departmental Results Report, those high-level themes outlining the government’s agenda in the 2019 Speech from the Throne, namely: Fighting climate change; Strengthening the Middle Class; Walking the road of reconciliation; Keeping Canadians safe and healthy; and Positioning Canada for success in an uncertain world.

**horizontal initiative (initiative horizontale)**

An initiative where two or more federal organizations are given funding to pursue a shared outcome, often linked to a government priority.

**non-budgetary expenditures (dépenses non budgétaires)**

Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

**performance (rendement)**

What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve, and how well lessons learned have been identified.

**performance indicator (indicateur de rendement)**

A qualitative or quantitative means of measuring an output or outcome, with the intention of gauging the performance of an organization, program, policy or initiative respecting expected results.

**performance reporting (production de rapports sur le rendement)**

The process of communicating evidence-based performance information. Performance reporting supports decision making, accountability and transparency.
**plan (plan)**

The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally, a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead to the expected result.

**planned spending (dépenses prévues)**

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts presented in Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their Departmental Plans and Departmental Results Reports.

**program (programme)**

Individual or groups of services, activities or combinations thereof that are managed together within the department and focus on a specific set of outputs, outcomes or service levels.

**program inventory (répertoire des programmes)**

Identifies all the department’s programs and describes how resources are organized to contribute to the department’s core responsibilities and results.

**result (résultat)**

A consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead they are within the area of the organization’s influence.

**statutory expenditures (dépenses législatives)**

Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

**target (cible)**

A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

**voted expenditures (dépenses votées)**

Expenditures that Parliament approves annually through an appropriation act. The vote wording becomes the governing conditions under which these expenditures may be made.
Endnotes

7 Inuit First Child Initiative, https://www.sac-isc.gc.ca/eng/1536348095773/1536348148664
8 Hope for Wellness Line, https://www.sac-isc.gc.ca/eng/1576089519527/1576089566478
9 First Peoples Wellness Circle, https://www.fpwc.ca/
11 Wataynikaneyap Power Project, https://www.wataypower.ca/project/background