

HEALTH SERVICES INTEGRATION FUND (HSIF) ANNUAL PROJECT REPORT

DCI Number/Fiscal Year:

HC-P022 (2023-2024)

Purpose:

This report provides a summary of the outcomes, the work completed to date and the results achieved for contributions funded under the Health Services Integration Fund (HSIF).

Reporting Period:

For the coming fiscal year ending March 31st

Due Date:

July 29, 2024.

Instructions:

The completed template should be sent to your Indigenous Services Canada contact via email. Please keep a copy for your records.

Field Definitions:

Field	Definition
Section 1: Project profile	
Identification	
Recipient name	The name of the organization that has received a transfer payment, or has been authorized to receive a transfer payment under Health Services Integration Fund (HSIF), and can be found in the contribution agreement.
Recipient number	The number assigned by Indigenous Services Canada to the organization that has received a transfer payment, or has been authorized to receive a transfer payment under HSIF, and can be found in the contribution agreement.
Region	From the drop-down list, select the ISC Region to which this report is being submitted.
Contact (person who can be contacted for further information about the report)	
Given Name Family Name Title Telephone Number Extension Email Address	The given name, family name, position title, telephone number and email address (if applicable) of the person who can be contacted for further information about the report. A valid telephone number includes the 3 digit area code in the format ###-###-####. A valid email address may be in upper or lower case in the format a@a.a.
Project Information	
Project name	Enter the title of the project as identified in the approved proposal, work plan, approval letter or funding agreement.
Project start / end date (YYYYMMDD)	Please state the expected duration of the project, including the start date and end date.

Field	Definition
Does this project involve more than one community? If Yes, please specify the names of the communities involved.	If this project will involve more than one community, please specify the names of each community involved. Add a new row (click [+] on the left side) for each additional community.
Have you previously received HSIF funding for this project? If Yes, please specify the funding year(s)	If you have previously received HSIF funding for this project, please indicate which year(s).

Section 2: Progress on project partnerships

Will partners be involved in this project? If Yes, please identify the partners involved in this project and their respective contribution(s) to this project by completing the table below.	If partners will be involved in this project, please identify them and their respective contribution(s) to this project by completing the table below.
Partner name	Please list all partners involved, i.e. the organization name involved in the partnership (e.g. province/territory, regional health authority, health service provider, community-based organization, etc.) Add a new row (click [+] on the left side) for each additional partner.
Partnership status	Please indicate the status of the project's partnerships (New or Existing) as identified in the work plan, including the partnerships that are conceived and developed in the course of undertaking this project. Limit your assessment of the status to the interactions related to this project only and not the general state of your relationship or partnership. Do not report on the status of the partnerships your organization has with organizations not involved in the project.
Partnership progress	What is the progress of this partnership? Please select from the following: Proceeding as planned; Better than expected; Not developed; Completed
Partner contribution	What is the nature of contribution from the partner for this project? Please select all that apply: Contribution funding; Personnel; In-kind support (e.g. office space, equipment); None; Other. If Other, please specify.

Section 3: Project outcomes

Is this project supporting the achievement of closer integration of federally funded and provincial/territorial health services targeting First Nations and Inuit communities?	Is this project supporting the achievement of closer integration of federally funded and provincial/territorial health services targeting First Nations and Inuit communities? Answer Yes or No.
Is this project improving the access to health services?	Is this project improving the access to health services? Answer Yes or No.

Field	Definition
Is this project supporting the incremental progress towards greater First Nations/Inuit management and control over health service design and delivery?	Is this project supporting the incremental progress towards greater First Nations/Inuit management and control over health service design and delivery? Answer Yes or No.
Please identify the specific products that have resulted from this project by inputting them into the table(s) below, as applicable:	
Project outcomes – Knowledge products <ul style="list-style-type: none"> - Type of knowledge product - Number produced - Brief description 	Knowledge products are the results of activities like engagement, research and analysis aimed at identifying needs, engaging stakeholders, creating partnerships, and establishing new governance bodies. Examples of this include environmental scans, needs assessments, joint work plans, integrated service delivery and governance models.
Project outcomes – Partnership documents <ul style="list-style-type: none"> - Type of partnership document - Number of partnership documents - Brief description 	Partnership documents are the products of partnerships, typically in the form of a signed document, where all parties have agreed to a new set of policies, procedures and/or guidelines that work towards achieving the goal(s) of the project. Examples of this include formalized memoranda of understanding, protocols, agreements, frameworks, and other arrangements.
Project outcomes – Integration <ul style="list-style-type: none"> - Type of integration outcome - Number of integration outcomes - Brief description 	Integration outcomes represent newly integrated institutions, programs, activities, standards or practices that result from this project. It can include health institutions integrated to provide services to Indigenous communities, the ownership and control of health programs transferred to Indigenous communities / organizations, multiple service providers integrated into single entity to provide services at the aggregate community level, or integration of culturally appropriate services and traditional healing methods into health care service delivery for Indigenous people.
Project outcomes – Other (if not listed in one of the tables above) <ul style="list-style-type: none"> - Type of outcome - Number - Brief description 	Please identify any other specific outcomes that have resulted from this project which have not already been identified in one of the tables above.
Section 4: Project considerations / Other details	
Project status	What is the status of the project? Please select from the following: On time; Ahead of schedule; Delayed. If Delayed, please identify any concerns with respect to completing the project on time. This can include any obstacles encountered in completing project activities including partnership or financial aspects affecting the project (e.g., timing of annual budget allocations)

Field	Definition
Once complete, will this project continue to sustain its work (i.e. partnerships, integration outcomes and improved health services to the communities) without continued HSIF support?	Once complete, will this project continue to sustain its work (i.e. partnerships, integration outcomes and improved health services to the communities) without continued HSIF support? Answer Yes or No.
Do you anticipate requiring further funding to sustain the initiative? If Yes, please identify potential sources of funding.	Do you anticipate requiring further funding to sustain the initiative? If Yes, please identify potential sources of funding
If applicable, identify the anticipated next steps planned for the upcoming fiscal year for this project:	If applicable, identify the anticipated next steps planned for the upcoming fiscal year for this project.
Do you have any additional comments or other feedback regarding this project?	Do you have any additional comments or other feedback regarding this project?

Supporting Documents (if applicable)

This table allows you to identify the supporting document(s) being submitted and the method of submission.

Title	Enter the name of the supporting document.
Submission Method	<p>From the drop-down list, select the method by which additional documents will be submitted. The options include:</p> <ul style="list-style-type: none"> - Attachment - Email - Facsimile - Mail - By Hand/Courier <p>If you select 'Attachment' as the submission method, an 'Attach File' button will appear. Selecting this button allows you to select a file that will be attached to the form. After attaching the file you can click on the paper clip icon on the left side of the Adobe application to see the attached file. Once the file is attached, the "Attach File" button changes to "Remove File". To remove the file only, select this button. To clear all fields for a single document and remove the associated file, select the [-] button.</p>

Declaration

Given Name Family Name Title Date (YYYYMMDD)	The given name, family name and position title of the person who acknowledged the accuracy of the information, and the date on which it was completed. Dates are in the format of 'Year Month Day'.
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