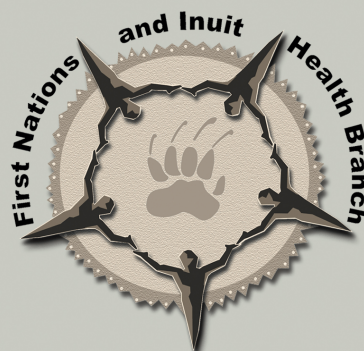


# ANNUAL REPORT



## FIRST NATIONS AND INUIT CONTROL

2001/2002

**ANNUAL REPORT**

**FIRST NATIONS AND INUIT CONTROL**

**2001/2002**

Health Canada  
First Nations and Inuit Health Branch

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## INTRODUCTION

The purpose of the 2001-2002 annual report is to highlight, for our stakeholders, the various activities Health Funding Arrangements (HFA) has undertaken over the last year. HFA's main goal and objective is to provide First Nations and Inuit communities with the tools and expertise to effectively manage and deliver their own health programs.

This year in review, which covers April 1, 2001 to March 31, 2002, highlights those activities which we have accomplished as well as the expected outcomes for the 2002-2003 fiscal year. Also included in this report, are the challenges we face and a report on accountability requirements.

On behalf of the staff of the Health Funding Arrangements Division, I hope that you find this information useful.

Health Canada

First Nations and Inuit Health Branch

Health Funding Arrangements Division

<http://www.hc-sc.gc.ca/fnihb/pptsp/hfa/index.htm>

## ACCOMPLISHMENTS

Throughout 2001/2002 we have been working towards a number of priorities. Some of those priorities included:

- Planning a "Back to the Basics" Transfer Workshop;
- Updating and developing new policies/guidelines and publications;
- Working towards a smooth implementation of the Consolidated Contribution Agreements-Transfer ;
- Health Plan Demonstration Project;
- Implementation of MCCS;
- Evaluation of Transfer.

Some of these priorities were completed in 2001/2002 and are described here in detail.

### Transfer Workshop

HFA held a Transfer Workshop in October 2001 which brought transfer officers from all the regions together. This forum provided regions with the opportunity to discuss the issues that they faced and learn how other regions handled similar experiences. In Fiscal 2002/2003 HFA is planning on holding a more comprehensive type of workshop with a theme entitled "Back to the Basics". HFA has noticed a high staff turn-over across the Branch. This comprehensive

workshop will give new staff members, as well as seasoned staff a chance to review policies and procedures to ensure that transfer is handled consistently across the country.

### Consolidated Contribution Agreements - Transfer (CCA-Transfer)

With the introduction of the new standard agreements April 1, 2001, Regional Transfer Officers and communities were to begin discussing the new CCA-Transfer agreements for implementation October 1, 2001. As the implementation date was fast approaching it became evident that FNIHB and First Nation and Inuit communities had not reached a mutual understanding and/or acceptance of the new CCA agreements. The Minister of Health and the Chief of the Assembly of First Nations announced a six (6) month extension to all existing Agreements to allow for further discussion and review.

Over those next six (6) months, Regional Transfer Officers worked diligently to ensure that communities are in a position to enter into a new CCA by April 2002.

### Management of Contracts and Contribution System (MCCS)

The MCCS database is slated for implementation across Canada in April 2002. When the CCA - Transfers are ready to be implemented the regions will be required to route

their agreements through MCCS for HQ for approval.

HFA provided input on the development of the system's accountability and reporting screen which was tailored to include a complete list of reporting requirements for Transfer Agreements that differed from those in General CCA's.

Information Systems

**Community Planning Management System (CPMS)**

In November of 2001 regional staff came to Ottawa for some preliminary training on CPMS. The training session allowed us to receive some feedback on the system which was still under construction. The training exercises were successful and many comments and suggestions were received from our regional participants.

Community Data is to be gathered and entered into the system and work is still underway for the Finance Component of CPMS. The launch date for the system to be rolled out is tentatively scheduled for early 2003.

FNIHB has maintained the system in order to monitor population growth and resource impacts, provide analysis for core programs, and to track additional resources for core programs if and when resources become available.

**Access Database**

With the focus on Accountability, the division needs ready access to details relating to the Transfer process. A new database is slated to be developed for tracking purposes.

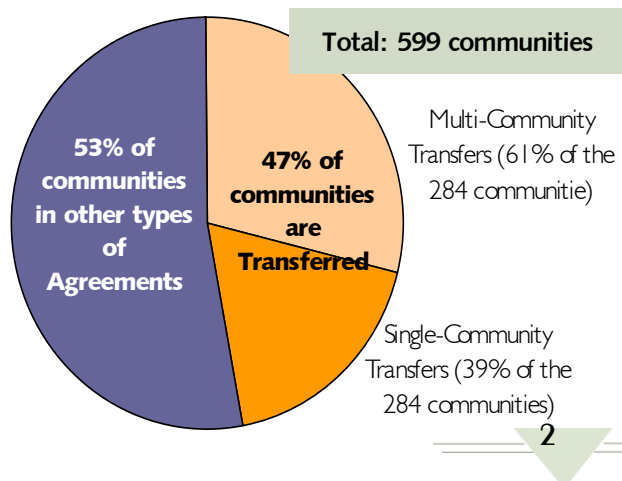
This new database will house all information on every community that has ever been involved in any stage of "First Nation and Inuit Control". As well, it will track and maintain details such as what programs the community has taken as part of their transferred programs and include subsequent amendments information.

The information collected and maintained by HFA is solely for internal use and is not accessible to anyone other than HFA.

The completion date for having all historical information entered into this system is late 2002.

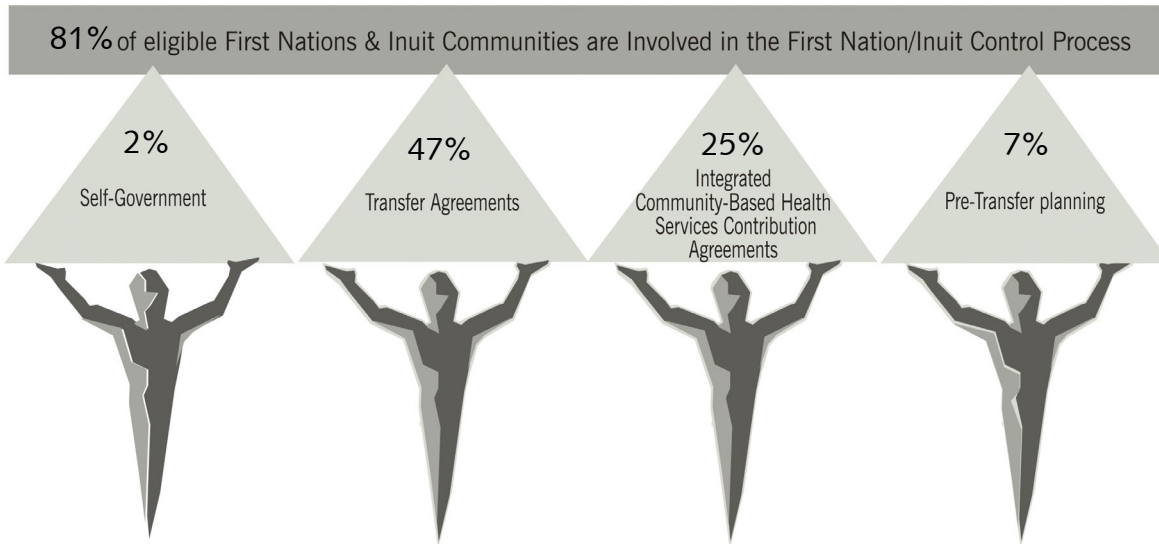
**INTERNATIONAL INTEREST**  
 A group of researchers from New Zealand, Australia and Mexico, came to Canada to discuss how our Transfer Process works. The presentation gave an overview of the planning process through to control of programs and services. The delegates were quite interested in this process as they are going in the same direction in their countries. (Through their questions, we were able to demonstrate that having control over health services and priorities are beneficial to First Nations and Inuit peoples).

FIGURE 1: SINGLE AND MULTI-COMMUNITY TRANSFERS



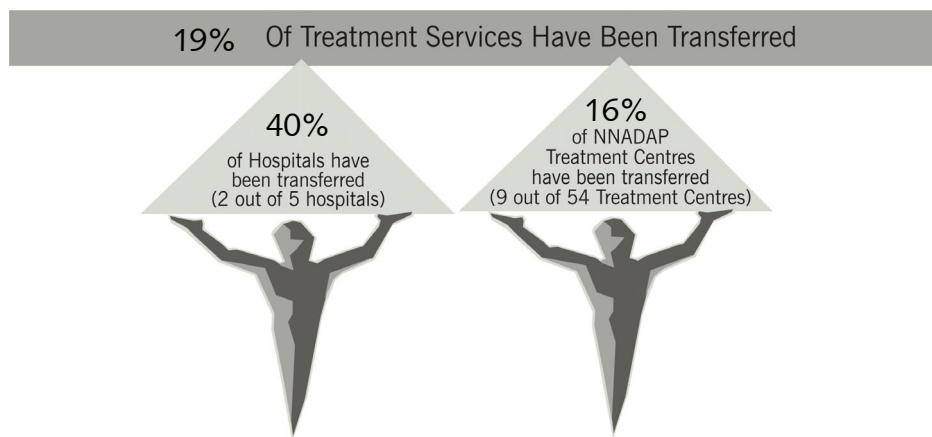
This figure shows that as of March 31, 2002, 284 (47%) out of the 599 communities, across Canada that were eligible for Transfer, signed Health Services Transfer agreements. 173 (61%) were multi-community transfers and 111 (39%) were single-community transfers.

FIGURE 2: STATUS OF FIRST NATIONS AND INUIT CONTROL ACTIVITY



Agreement Type	# of Agreements	# of Communities
Self-Government	9	12
Transfer Agreements	160	284
Integrated Community-Based Health Services Contribution	128	151
Pre-Transfer	37	41

FIGURE 3: TRANSFER OF TREATMENT FACILITIES



Agreement Type	# of Agreements
National Native Alcohol and Drug Abuse Program (NNADAP)	9
FNIHB Hospitals*	2

\*Note: First Nation & Inuit Health Branch continues to operate 3 hospitals: (Sioux Lookout Zone Hospital, Norway House Hospital and Percy E. Moore Hospital).

## GOVERNMENT RESPONSE TO THE STANDING COMMITTEE ON PUBLIC ACCOUNTS TENTH REPORT ON THE OCTOBER 2000 REPORT OF THE AUDITOR GENERAL OF CANADA: FIRST NATIONS HEALTH

Throughout 2001 - 2002 the Department worked towards implementing several new measures as part of its contribution towards responding to the recommendations made in the Tenth Report on the October 2000 Report of the Auditor General of Canada. One of the key measures for the Department was to begin to phase in the new accountability framework which directly impacted the way Health Services Transfer Agreements were monitored.

HFAs role has been to continue monitoring its Transfer agreements for compliance with the new accountability framework as well as ensuring that recipients (communities) have the demonstrated capacity for assuming control of the delivery of health services. All progress will be included in an electronic annex attached to our Departmental Performance Report beginning with the report for 2001/2002.

### HEALTH PLAN DEMONSTRATION PROJECTS

The 1997 report of the Auditor General of Canada questioned the degree of accountability in place for First Nations health funding. The Auditor General noted the need for improvement in the ability to determine what health activities funding was being spent on, and the impact of those expenditures on First Nations health status. The Health Plan Demonstration Project was initiated in response to this development and as another step towards First Nations having a greater role in planning their health programs and services. The Health Plan Demonstration Project is designed to:

- increase community capacity to meet the health needs of members;
- to increase accountability; and
- to achieve integration of planning, services and reporting

In 2001/2002, a number of resources were developed to assist First Nations and Inuit communities in the health planning process. A Health Planning Kit for First Nations and Inuit Communities was developed and included a Guide to Developing a Health Plan, a Health Plan Template, a Sample Health Plan, a Guide to Management Structures, a Health Needs Assessment Guide, the Compendium of Programs, Human Resources Guidelines, a Guide to Evaluating Health Programs and Reporting and Auditing Guidelines. Several other tools were developed to assist Regional offices in working with the communities, such as a Training Workbook, Project Charter, Health Plan Checklist, Funding Guidelines. All documents have been translated and are currently being finalized and distributed to Regional offices and First Nations and

Inuit communities.

In 2001/2002, HQ staff worked with the Regions to identify communities that would be appropriate demonstration sites for the Health Planning process. Training was provided to HQ and Regional staff on the Health Planning process. Meetings with demonstration sites were on-going as the communities were approached and prepared for meeting the requirements of this pilot project.

Monthly progress teleconferences have begun with Headquarters and Regional staff. The purpose of these teleconferences is to allow each Region to give an update on the status of their Demonstration Site and to discuss any problems that may have come up. In addition, each Region has been asked to provide a



written progress report on the status of their Demonstration site.

A planning meeting took place in between HQ and Regional staff. The purpose of the meeting was to begin looking at options for when the demonstration projects are complete. We will also discuss the terms

and conditions for reviewing and implementing the completed Health Plan.

## DEMONSTRATION PROJECTS

In 2001/2002, Phase I of the Demonstration Project was implemented in the following communities:

- Quebec Region: Kipawa First Nation
- Manitoba Region: Little Grand Rapids
- Alberta Region: Bigstone Cree
- Pacific Region: Kitselas Band Council

Phase I of the Health Plan Demonstration Project requires the First Nation to establish a Health Management structure and to provide training to the structure. One of the key activities of this phase is to assess the health needs and resources and to identify

the priority health needs.

It is expected that four First Nations will begin Phase I of the Health Plan Demonstration Project in 2002/2003. They are:

- Saskatchewan Region: Gordon First Nation
- Alberta Region: Blood Tribe
- Pacific Region: Kitsoo (Regional Development project)
- Yukon Region: Liard First Nation

## DOCUMENTS

The following are documents which were distributed this fiscal year to participants of the Health Plan Demo Project;

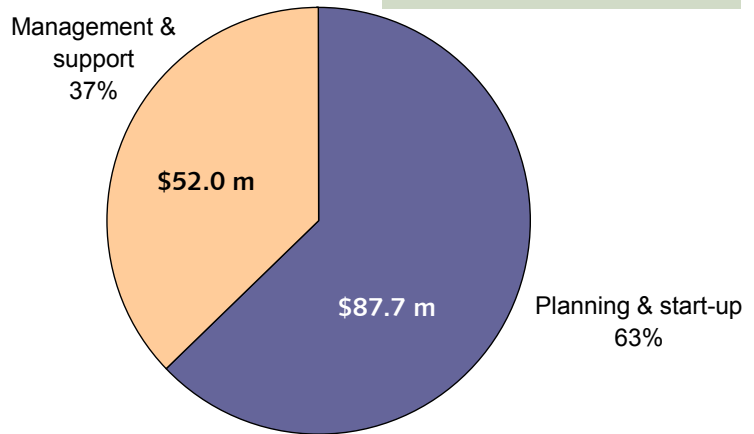
- Health Plan Training Manual for Regional and Headquarters staff, June 2001;
- Health Planning for First Nations and Inuit Communities, Slide Presentation, August 2001;
- Health Planning Kit for First Nations and Inuit Communities, Demonstration Sites (the binder), September 2001;
- Health Plan Demonstration Site, Phase 1, Laying Foundations, Objectives and Activities;
- Guide to Health Management Structures for First Nations Communities, For use in

- Demonstration Projects, October 2001;
- The Health Needs Assessment, A Guide for First Nations and Inuit Health Authorities, October 2001;
- Human Resources Guidelines for the Management of First Nations and Inuit Health Programs, Demonstration Projects, October 2001;
- A Guide for First Nations and Inuit Health Authorities on Evaluating Health Programs, Demonstration Projects, October 2001;
- Project Charter, Terms of Reference for the Demonstration Project, December 2001; and,
- Sample Health Plan Calculation, December 2001.

FIGURE 4: FUNDING TO SUPPORT FIRST NATION AND INUIT CONTROL

Total: \$139.7 million

As of March 31, 2002, FNIHB provided First Nation and Inuit communities/ organizations with \$87.7 million for planning, capacity building and start-up costs involved with the Transfer and Integrated approach. Ongoing funding in the amount of \$52.0 million was spent globally by FNIHB to support Transfer and Integrated Agreements.



## MECHANISMS OF CONTROL

### CANADA FIRST NATIONS FUNDING AGREEMENT

In November 2001, DIAND distributed its latest revisions to the Main Body of the CFNFA. FNIHB was part of the committee that reviewed and commented on the changes that were proposed and approved changes that were warranted. With the roll-out of the revised CFNFA and the new Standard Agreements FNIHB reviewed its existing Health Canada Schedule to ensure that it properly reflected the changes DIAND had made in its main body and the new changes made to our CCAs. This process is still underway.

Wagmatcook signed their first CFNFA including Health Services Transfer in their Health Canada Schedule.

### TRANSITION TO SELF-GOVERNMENT

Self-Government is the highest level of Transfer available to Communities. FNIHB Headquarters and Regional Offices have been actively involved in Self-Government negotiations over the past year.

Some communities that have active Transfer Agreements and are currently in negotiations for a Self-Government Agreement are: Labrador Inuit Association (Labrador); Meadow Lake Tribal Council (Saskatchewan); and, Sioux Valley (Manitoba).

Due to the close ties between HFA and the Self-Government Section many of the policy related initiatives are of great interest to HFA. For example; Historic treaties, Intergovernmental fiscal issues, and institution building.

## SYNTHESIS OF COMMUNITY EVALUATION REPORTS: TRANSFER OF HEALTH SERVICES

A review of the synthesis report completed on the community evaluation reports (conducted on 13 transfer projects) involved in Transfer from 1994 - 1999, raised issues relating to the standardization of data collection and reporting. The majority of community evaluation reports, commented on the effectiveness of transfer and could be construed as positive or highly positive.

From this synthesis it was found that the reports varied markedly in scope, comprehensiveness and scientific rigour, which made it difficult for comparison. The Branch's strategic direction towards improved accountability and standardized reporting, opens the door for a more standardized evaluation reporting model which communities can follow.

An important observation made in the report was that most communities were able to implement their community health activities in accordance to the priorities of their health plan.

A review is underway for reports completed in 2000, which will not only synthesis the evaluation reports but which will identify trends and/or gaps which need to be addressed.

## POLICY/GUIDELINE PAPERS AVAILABLE

The following is a list of papers which are available from Health Funding Arrangements.

### Pension and Benefits for Health Services Agreements

This draft guideline was initiated this year and is still being finalized. Once finalized, this guideline will help Regional Transfer Officers and communities understand the roles and responsibilities of communities in transfer.

### Insurance Guidelines under Transfer Agreements

This document is also a work in progress. The guidelines will act as a guide for communities to better determine what type of coverage they need to obtain when entering into the transfer process.

### The Policy on the Transfer of Non-Medical Treatment Programs

This policy is currently being revised from its November 2000 version.

### Transfer MAR Policy

The purpose of this policy document is to identify the Branch's approach to the provision of moveable assets and resources for their replacement to First Nation communities/organizations under the normal community based Transfer process. Completed February 2002.

### 2<sup>nd</sup> and 3<sup>rd</sup> Level Services MAR Policy

This policy was finalized in December 2001. The purpose of this policy document is to identify the Branch's approach regarding the provision of moveable asset funding to First Nation organizations delivering 2<sup>nd</sup> and 3<sup>rd</sup> level services on behalf of communities through the transfer process.

### Transfer Policy for 2<sup>nd</sup> & 3<sup>rd</sup> Level Services

This policy was updated and completed in November 2001. This policy articulates specific funding issues regarding 2<sup>nd</sup> & 3<sup>rd</sup> level services. This policy is not intended to deal with issues already addressed in the policy and procedures for community based transfer.

### Unionization Policy

This policy was completed in November 2001. The policy deals with the costs incurred by transferred First Nations and Inuit organization that result from unionization of First Nation and/or Inuit employees (Union Certification).

### Transfer Handbook

This document dated 1999 is still available, however, HFA is in the process of updating to reflect recent policy changes etc. Target completion is 2002/2003.

### Roles and Responsibilities for Transfer Accountability Mechanism

A draft roles and responsibilities document was developed for Transfer and was modelled after the health plan document. Target completion summer 2003.

### Upcoming policies/guidelines for 2002/2003

The following policy/issues are planned:

- Disengagement;
- Drug Distribution;
- Insurance Guidelines;
- Non-Medical Residential Treatment Centres; and
- Pensions/Benefits Guidelines.
- Develop Dispute Resolution Guidelines.

## CHALLENGES

There are many challenges that HFA faces and those same challenges are affecting the Branch globally. Two of those challenges are Accountability and Sustainability.

### SUSTAINABILITY

One of the biggest challenges for HFA is sustainability of transfer. There are concerns that transfer funding is not keeping pace with actual increases in the cost of health delivery, including increases in costs associated with staff salaries, recruitment costs, staff training etc. There are certain aspects of the current funding formula that could be strengthened regarding price and volume increase and HFA has been working to ensure that the Transfer funding methodology is considered a pressure that requires attention.

### ACCOUNTABILITY

Accountability within Transfer has been more clearly defined over the past fiscal year. The issue of better accountability practices was raised by the Auditor General. There are two broad types of accountability that are required: accountability for the result/outcomes of programs, and accountability for compliance with the laws, regulations and standard practices that control the use of public funds. There are also accountability relationships that must be respected: FNIHB's accountability to parliament and

First Nations and Inuit and the accountability of First Nations' and Inuit authorities to FNIHB and their members.

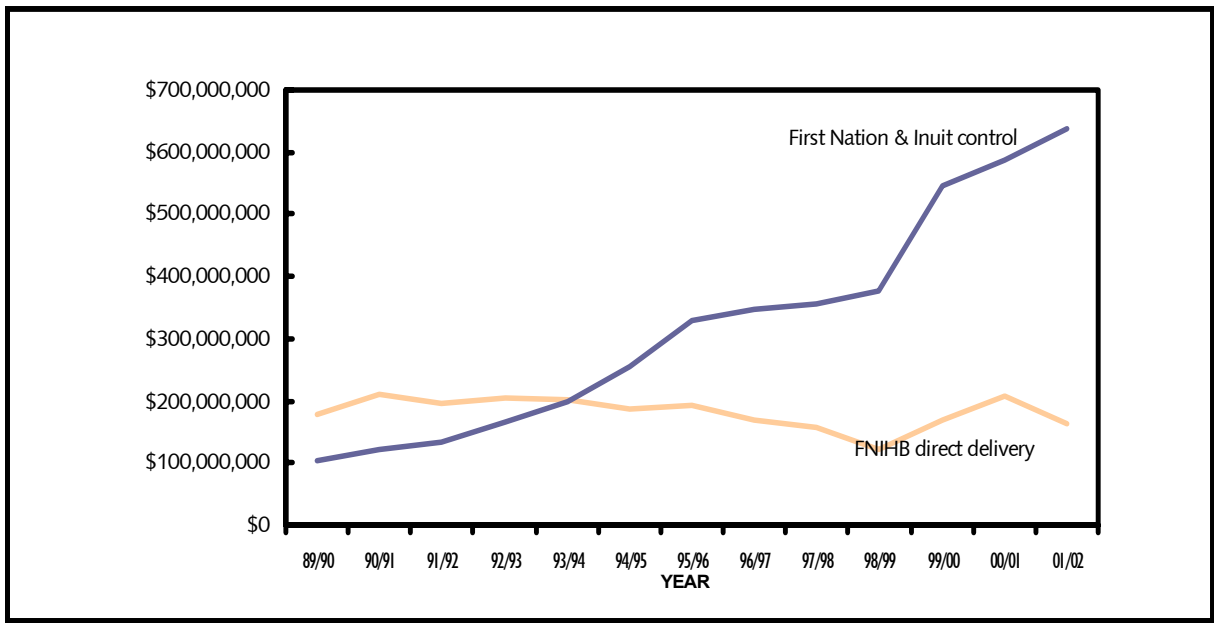
HFA has been working with the regional transfer officers to ensure that the communities that are in transfer are meeting their accountability requirements as outlined in their agreements.

On April 1, 2001, FNIHB introduced new standard funding agreements in order to ensure consistency with Treasury Board policy and the recommendations of the Auditor General. The new standard agreements streamlined the previously existing sixteen (16) agreement templates into seven (7). In addition to more clearly outlined roles and responsibilities of both parties, these agreements represent a strengthened approach to risk management and espouse the principles of modern comptrollership.

Among the modifications are a provision containing a strengthened Ministerial right to audit, an Accountability to Members section and a provision that allows a Minister to intervene if it is believed that the health, safety or welfare of First Nations and Inuit members are being compromised. When required reports provided by First Nations and Inuit organizations are reviewed by Health Canada staff, actions are taken as deemed necessary, utilising these provisions in concert with the FNIHB Intervention Policy.

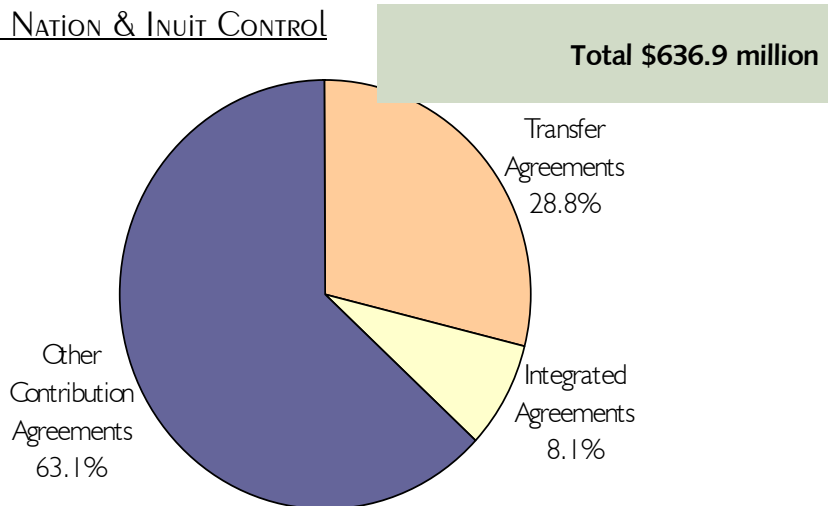
**FIGURE 5: TRENDS IN FIRST NATION AND INUIT CONTROL**

This figure illustrates the trend of the steady decline of direct service delivery by the Branch, over the years First Nations and Inuit have assumed greater control of health services, through self-government, transfer, integrated and other types of contribution agreements. As of March 31, 2002, the total amount of funding under First Nation and Inuit control was \$636.9 million. FNIHB direct delivery costs include: salaries; operating; and, minor capital. (Fiscal Years 1999/2001 and 2001/2002 experienced increases in budgets for direct service delivery due to the infusion of new programs resources announced in the 1999 and 2001 budgets).



**FIGURE 6: RESOURCES UNDER FIRST NATION & INUIT CONTROL**

This figure shows the total amount of funding in First Nations and Inuit control as of March 31, 2002 (\$636.9 million). "Other Contributions" include Non-Insured Health Benefit (NIHB) contributions and NIHB pilots. As more First Nations and Inuit move towards Transfer and Integrated the "Other Contributions" percentage should decrease.



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Some publications / information of interest are:

- Transfer Handbooks;
- A Guide for First Nations on Evaluating Health Programs;
- A Guide to Health Management Structures;
- Transfer Status; and,
- Outside Links page.

## STATISTICAL OVERVIEW - FIRST NATIONS AND INUIT CONTROL

The following tables/charts provide a more detailed summary of the status of First Nations and Inuit control activity.

**Table 1: FIRST NATIONS AND INUIT CONTROL ACTIVITY - FIRST NATIONS/INUIT COMMUNITIES**

(as of March 31, 2002)

Region	Self-Government	Transfer	Integrated	Other*
Atlantic	0	20	11	69
Quebec	0	22	4	2
Ontario	0	38	40	46
Manitoba	0	33	4	25
Saskatchewan	0	61	9	13
Alberta	0	4	42	12
Pacific	5	106	40	53
Yukon	7	0	7	0
<b>Total</b>	<b>12</b>	<b>284</b>	<b>157</b>	<b>160</b>

**Table 2: First Nation and Inuit Population by Community Type**

This table shows the distribution of population by community type who are under transfer. The total population of eligible First Nation and Inuit communities is 397,211, of which 193,687 or 49% are living in transferred communities.

Nationally	Total # of Communities	Population of Communities	Total # of Communities Under Transfer	Population Under Transfer	% of Communities Transferred	% of Total Population Transferred
Non-Isolated	400	263,725	195	139,275	49%	53%
Semi-Isolated	86	42,255	41	20,667	48%	49%
Isolated	93	81,400	38	44,268	41%	54%
Remote-Isolated	20	7,338	10	3,341	50%	46%
<b>Total</b>	<b>599</b>	<b>394,718</b>	<b>284</b>	<b>207,551</b>	<b>47%</b>	<b>53%</b>

**Table 3: Current and Projected Transfers - Communities**

This table shows the status of transferred communities as of March 31, 2002, and the projected uptake to the year 2006. As of fiscal year end 2001/2002, 276 (46%) of these communities have signed a Health Services Transfer Agreement.

Transfers by Region/Communities					
Region	Total Eligible Communities	Transferred as of March 31, 2002		Projected to March 31, 2006	
	Number	Number	% Total	Number	% Total
Atlantic	40	20	50%	15	37%
Quebec	28	22	79%	4	14%
Ontario	124	38	31%	2	2 %
Manitoba	62	33	53%	29	47%
Saskatchewan	83	61	73%	8	9%
Alberta	58	4	7%	3	5%
Pacific	204	106	52%	20	9%
<b>Total</b>	<b>599</b>	<b>284</b>	<b>47%</b>	<b>81</b>	<b>13%</b>



**TABLE 4: TRANSFER AGREEMENTS AS OF MARCH 31, 2002**

Table 4 summarizes the total number of transfer agreements to date and includes the new transfer agreements signed in fiscal year 2001/2002. This includes: 3 single community transfer agreements; 1 multi-community transfer agreement; and 1 treatment centre agreement, for a total of 5 new transfer agreements by the end of the fiscal year 2001/2002.

Region	New Agreements 2001-2002	Total # Transfer Agreements to Date	# of Communities Represented	Total # of First Nations and Inuit Communities Eligible
Atlantic	0	15	20	40
Quebec	0	24	22	28
Ontario	0	24	38	124
Manitoba	2	32	33	62
Saskatchewan	1	23	61	83
Alberta	0	5	4	58
Pacific	5	37	106	204
<b>Total</b>	<b>8</b>	<b>160</b>	<b>284</b>	<b>599</b>



Type of Transfer Agreement	Quantity
AFA/Health Transfer Agreements (DIAND/FNIHB)	1
FTA/Health Transfer Agreements	7
Canada First Nations Funding Agreement (CFNFA)	9
Community-Based 1 <sup>st</sup> Level Transfer Agreements	126
2 <sup>nd</sup> & 3 <sup>rd</sup> Level Transfer Agreements	4
3 <sup>rd</sup> Level Transfer agreement	2
National Native Alcohol and Drug Abuse Program (NNADAP)	9
Hospitals	2
<b>TOTAL</b>	<b>160</b>

TABLE 5: PRE-TRANSFER ACTIVITY AS OF MARCH 31, 2002

Region	Total # of Pre-Transfer Projects to Date	Total # of First Nations & Inuit Communities represented
Atlantic	3	3
Quebec	0	0
Ontario	16	18
Manitoba	4	4
Saskatchewan	3	2
Alberta	7	10
Pacific	4	4
<b>Total</b>	<b>37</b>	<b>41</b>

TABLE 6: INTEGRATED AGREEMENTS AS OF MARCH 31, 2002

Region	Total # Integrated Agreements to Date	Total # of First Nations & Inuit Communities Represented
Atlantic	12	11
Quebec	4	4
Ontario	37	39
Manitoba	3	3
Saskatchewan	9	9
Alberta	25	40
Pacific	31	38
Yukon	7	7
<b>Total</b>	<b>128</b>	<b>151</b>

TABLE 7: NEW TRANSFER AGREEMENTS - FISCAL YEAR 2001 - 2002

Band Name/Authority	Community Name	Community Type	Band #	Transfer Date	# of Communities Represented
<b>Manitoba Region</b>					
Dakota Plains First Nation	Dakota Plains	Non-Isolated	288	October 1, 2001	1
Four Arrows Health Authority Inc.				January 1, 2002	
<b>Pacific Region</b>					
Inter-tribal Health Authority				August 1, 2001	3
Nak'Azdli Indian Band	Necoslie	Non-Isolated	614	November 1, 2001	1
Namgis First Nation	Nimpkish	Semi-Isolated	631	July 1, 2001	1
Qwentsin Health Society	Bonaparte	Non-Isolated	686	April 1, 2001	5
	Kamloops		688		
	Neskonlith		690		
	Skeetchestn		687		
	Clinton		702		
Seabird Island Band	Seabird	Non-Isolated	581	January 1, 2002	1
<b>Saskatchewan Region</b>					
Northern Inter-Tribal Health Authority Inc. - 3 <sup>rd</sup> Level Services (Demonstration Project)				October 1, 2001	

Table 8: New Pre-Transfer Agreements - Fiscal Year 2001-2002

Band Name/Authority	Community Name	Community Type	Band #	# of Communities Represented
<b>Manitoba Region</b>				
Wayaseecappo First Nation	Wayaseecappo	Non-Isolated	285	1
<b>Pacific Region</b>				
Tit'Kit Administration	Lillooet	Non-Isolated	593	1

Table 9: New Integrated Agreements - Fiscal Year 2001-2002

Band Name/Authority	Community Name	Community Type	Band #	# of Communities Represented
<b>Manitoba Region</b>				
Cross Lake First Nation	Cross Lake	Isolated	276	1
<b>Alberta Region</b>				
Beaver First Nation	Boyer River	Semi-Isolated	445	2
	Child Lake	Semi-Isolated	445	
<b>Pacific Region</b>				
Fraser Canyon Tribal Administration	Kanaka Bar	Non-Isolated	704	3
	Nicomen	Non-Isolated	696	
	Skuppah	Non-Isolated	707	
Gitanyow Band Council	Kitwancool	Non-Isolated	537	1
Gitwagak Band	Kitwanga	Non-Isolated	536	1
Kwantlen First Nation	Langley	Non-Isolated	564	1
McLeod Lake Indian Band	McLeod Lake	Non-Isolated	618	1
Prophet River Band	Dene Tssa Tse K'Nai First Nation	Non-Isolated	544	1
Kwadacha Band	Fort Ware	Isolated	610	1

TABLE 10: NATIONAL SUMMARY REPORTING REQUIREMENTS FOR THE PERIOD OF APRIL 1, 2001 - MARCH 31, 2002

Summary of Reports	Atlantic	Quebec	Ontario	Manitoba	Sask.	Alberta	Pacific	National Total
<b>Audit Report</b>								
Total Reports Due	15	24	23	29	22	5	31	149
Reports Received	15	24	23	29	22	5	27	145
Reports Outstanding	0	0	0	0	0	0	4	4
<b>Annual Report</b>								
Total Reports Due	15	24	23	29	22	5	31	149
Reports Received	15	23	23	29	22	5	27	144
Reports Outstanding	0	1	0	0	0	0	4	5
<b>Evaluation Report</b>								
Reports Due	5	1	3	6	2	3	2	22
Reports Received	0	0	1	3	0	3	0	7
Reports Outstanding	5	1	2	3	2	0	2	15
<b>Transfer Agreements/Communities</b>								
Total # of Agreements	15	24	24	32	23	5	37	160
Total # of Communities	20	22	38	33	61	4	106	284

**TABLE II: TRANSFER AGREEMENT RENEWAL SCHEDULE - FISCAL YEAR 2002/2003**

Band Name/Authority	Community	Band #
<b>Atlantic Region</b>		
Eskasoni Indian Band	Eskasoni	23
Oromocto Indian Band	Oromocto	12
Pictou Landing	Pictou Landing	24
Woodstock First Nation	Woodstock	17
<b>Quebec Region</b>		
Kitigan Zibi Anishinabeg	Kitigan Zibi	73
La Bande Des Innus de Ekuanitshit (Minigan)	Minigan	82
<b>Ontario Region</b>		
Algonquins of Pikwakanag	Algonquins of Pikwakanag	163
Big Grassy Ojibwe First Nation	Big Grassy	124
Dilico Ojibway Child and Family Services	Fort William	187
	Long Lake #58	184
	Long Lake #77	185
	Pic Moberg	195
	Rocky Bay	197
	Whitesand	190
	Michipicoten	225
	Lake Helen	193
	Pays Plat First Nation	191
Sagamok Anishnawbek First Nation	Spanish River	179
Mississauga First Nation	Mississauga	200
Mohawks Council of Akwesasne	Akwesasne (St. Regis)	159
M'Chigeeng First Nation (West Bay Band)	West Bay	181
Nipissing First Nation	Nipissing	220
Ojibway of the Pic River First Nation	Heron Bay	192

Band Name/Authority	Community	Band #
United Chiefs and Councils of Manitoulin	Sheguiandah	176
	Sheshegwaning	178
	Sucker Creek	180
	Birch Island	230
	Cockburn Island	173
Wapeka	Angling lake	206
Whitefish Lake First Nation	Naughton	224
Wunnumin Lake	Wunnumin Lake	227
<b>Manitoba Region</b>		
Berens River	Berens River	226
Anishinaabe Mino-Ayaawin Inc. (Interlake Reserves Tribal Council) - 2 <sup>nd</sup> and 3 <sup>rd</sup> Level Services	Dauphin River	316
	Fairford	272
	Jackhead	268
	Lake Manitoba	271
	Little Saskatchewan First Nation	274
	Lake St. Martin	275
Anishinaabe Mino-Ayaawin Inc	Lake Martin	271
Long Plain First Nation	Long Plain	287
Red Sucker Lake	Red Sucker Lake	300
Roseau River Anishinabe First Nation	Roseau River	273
Sapotaweyak Cree	Shoal River	314
Swampy Cree Tribal Council	Easterville	309
	Grand Rapids	310
	Indian Birch	243
	Moose Lake	312
Tootinaowaziibeng First Nation	Valley River	292

Band Name/Authority	Community	Band #
West Region Tribal Council	Ebb & Flow	280
	Gamblers	294
	Keeseekoowenin	286
	Pine Creek	282
	Rolling River	291
	Waterhen	281
<b>Saskatchewan Region</b>		
Beardy's & Okemasis	Beardy's Okemasis	369
Cowessess	Cowessess	361
File Hills Qu'Appelle Tribal Council	Hospital	N/A
Lac La Ronge	Stanley	353
	Grand Bay	
	Kitsaki	
	Hall Lake	
	Brabant Lake	
	Nemeiben	
Little Red		
Kawacatoose	Kawacatoose	393
Keeseekoose Band	Keeseekoose	367
Meadow Lake Tribal Council	Big C	401
	English River	400
	Buffalo River	398
	Canoe Lake	394
	Flying Dust	395
	Makwa Sahgaiehcan	396
	Ministikwan	397a
	Mudie Lake	397a
	Turnor Lake	403



Band Name/Authority	Community	Band #
	Waterhen Lake	402
Montreal Lake	Montreal Lake	354
Onion Lake	Onion Lake	344
Prince Albert Tribal Council	Black Lake	359
	Cumberland House	350
	Fond du Lac	351
	Hatchet Lake	352
	Red Earth	356
	Wahpeton	358
Standing Buffalo	Standing Buffalo	386
Saulteaux Band	Saulteaux	347
Sturgeon Lake First Nation	Sturgeon Lake	360
Shoal Lake of the Cree Nation	Shoal Lake	357
Thunderchild Band	Thunderchild	349
<b>Alberta Region</b>		
Kapown Treatment Centre	Treatment Centre	N/A
St. Paul's Treatment Centre	Treatment Centre	N/A
<b>Pacific Region</b>		
Adams Lake Band	Adams Lake	684
Carrier Sekani Family Services	Takla Landing	608
	Portage	728
	Grassy Plains	620
	Palling	725
	Burns Lake	619
	Fraser lake	612
	Sai Kuz Carrier	615
	Stekkaquo	613
Esketemc First Nation	Alkali Lake	711

ANNUAL REPORT ON FIRST NATIONS & INUIT CONTROL

Band Name/Authority	Community	Band #
Gitxsan Treaty Society	Gitanmaax	531
	Kispiox	532
	Glen Vowell	533
Heiltsuk Tribal Council	Bella Bella	538
Nanaimo First Nation	Nanaimo	648
Skidegate Tribal Council	Skidegate	670
Tl'Amin Band	Sliammon	554
Tsawout First Nation	Tsawout	654