Management Response and Action Plan Audit of the Transfer Payments for First Nations and Inuit Public Health Protection December 2013

Recommendations	Management Response and Planned Management Actions	Deliverables	Expected Completion Date	Responsibility
Recommendation 1 It is recommended that the Assistant Deputy Minister, First Nations and Inuit Health Branch revise the community-based reporting tool to capture information related to program	Management agrees with the recommendation. The community-based reporting tool is being revised so that the final analysis allows for improved reporting on program objectives and outcomes, to better track improvements over time, and to better link outcomes to program activities.	Based Reporting Template and data collection tools.	March 2015	Director General - Strategic Policy, Planning and Information Directorate
performance.	The exercise to revise the reporting tools requires the development of several new performance indicators related to communicable disease control and environmental public health as well as indicators for several other primary care programs (such as mental wellness). Revision of questions for reporting purposes will occur alongside individual program reviews of their performance measurement strategies. The revised reporting tool will be implemented over three phases. Phase I will pilot 20-40 communities, Phase II will pilot a larger sample and Phase III will capture the remaining communities. The first phase is scheduled to be launched March 2015.		March 2015	

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Recommendation 2 It is recommended that the Assistant Deputy Minister, First Nations and Inuit Health Branch develop a risk registry for the Environmental Public Health Program and update the risks for the Communicable Disease Control Program.	Management agrees with the recommendation. Risk management is an important activity for the First Nations Inuit Health Branch. As such, management identifies Branch risks on an annual basis. New in the 2014-15 planning cycle, each cluster (Communicable Disease Control and Environmental Public Health) will identify and align all cluster activities in relationship to the Branch risks. This will better position the Branch to: plan according to risks identified; and to report activities and funds associated with each Branch risk at the Program Alignment Architecture level (or cluster).	Identify all activities undertaken by the Environmental Public Health Program as these relate to each Branch risk.	April 2014	Director General – Inter-Professional Advisory and Program Support Directorate
		Identify all activities undertaken by the Communicable Disease Control Program as these relate to each Branch risk.	April 2014	Director General, Strategic Policy, Planning and Information Directorate
		Report on progress - mid-year - of all activities undertaken by the Environmental Public Health category as these relate to each Branch risk.	November 2014	Director General, Branch Planning and Reporting activities
		Report on progress - mid-year - all activities undertaken by the Communicable Disease Control as these relate to each Branch risk.	November 2014	

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Recommendation 3 It is recommended that the Assistant Deputy Ministers of the First Nations and Inuit Health Branch update the contribution agreements to include all relevant clauses listed in the Directive on Transfer Payments.	Management agrees with the recommendation. The 2008 <i>Directive on Transfer Payments</i> was integrated into the 2010-11 contribution templates in 2009. Recently, the Branch adopted and implemented Aboriginal Affairs and Northern Development Canada's 2012- 2013 Year-End Reporting Handbook and <i>Consolidated Audited Financial Statement</i> templates for its Aboriginal recipients.	Review templates to include all relevant clauses.	December 2014	First Nations and Inuit Health Branch, Regional Operations Support and Coordination, Health Funding Arrangements (in consultation with partners)
	In the next year, these templates will be reviewed to include all relevant clauses, as the Branch moves towards a collaborative contribution agreement template with Aboriginal Affairs and Northern Development Canada (AANDC). The new collaboration with AANDC is a large undertaking resulting in a major transformation in the way the First Nations and Inuit Health Branch will manage and administer its transfer payment programs. The Branch, in partnership with stakeholders, has a two-year implementation strategy.	Collaborative contribution agreement with AANDC	March 2016	