
ABORIGINAL CAPACITY-BUILDING PROGRAM FOR ABORIGINAL COMMUNITY-BASED RESEARCH

REPORT OF THE WORKING GROUP ON CAPACITY-BUILDING FOR CBR A Partnership Initiative between the Canadian Aboriginal AIDS Network Inc. and Health Canada

May 2001

- I. BACKGROUND**
- II. PURPOSE**
- III. ABORIGINAL CAPACITY-BUILDING PROGRAM:**
 - A. ABORIGINAL COMMUNITY-BASED RESEARCH - DEFINITION**
 - B. GUIDING PRINCIPLES**
 - C. OBJECTIVES**
- IV. COMPONENT ONE : ABORIGINAL CBR SCHOLARSHIPS**
- V. COMPONENT TWO: ACBPCBR SUMMER TRAINING AWARDS**
- VI. COMPONENT THREE: NATIONAL ABORIGINAL HIV/AIDS CBR CAPACITY-BUILDING INITIATIVE**
- VII. COMPONENT FOUR: RESOURCE DEVELOPMENT**
- VIII. COMPONENT FIVE: COMMUNICATIONS**
- IX. COMPONENT SIX: PROGRAM EVALUATION**
- X. RECOMMENDATIONS**
- XI. ACBPCBR BUDGET 2001-2005**

APPENDIX A - WORKING GROUP ON ACBPCBR - MEMBERS

APPENDIX B - WORKING GROUP - TERMS OF REFERENCE

APPENDIX C - CANADIAN STRATEGY ON HIV/AIDS - GOALS

APPENDIX D - CONFLICT OF INTEREST GUIDELINES

APPENDIX E - SCHOLARSHIP INFORMATION

APPENDIX F - NATIONAL INITIATIVE PROPOSAL GUIDE

I. BACKGROUND:

In response to recommendations from consultations with key Aboriginal research and community stakeholders, Health Canada's HIV/AIDS Policy, Coordination and Programs Division has allocated \$300,000 annually toward a four-year Aboriginal Capacity-Building Program for Community-Based Research (ACBPCBR). The program will be designed to develop and enhance the capacity of Aboriginal community organizations and professional researchers to undertake Aboriginal community-based HIV/AIDS research.

The Aboriginal Capacity-Building Program for Community-Based Research will replace the Aboriginal component of the Community-Based Research (CBR) Capacity-Building Program launched in March 2000. Although eligible, Aboriginal community organizations and regional coalitions chose not to apply, expressing the need for a more culturally-relevant program. Health Canada, in response, acknowledged that full participation of Aboriginal communities was essential to ensure an effective response to the HIV/AIDS epidemic and, in partnership with the Canadian Aboriginal AIDS Network (CAAN), went on to initiate the development of a capacity-building program which would respond to the needs and concerns of Aboriginal peoples.

As partners under the Canadian Strategy on HIV/AIDS, the CAAN and Health Canada have strived to ensure a high standard of excellence in community-based research. In November 2000, a formal working group was convened to design the Aboriginal Capacity-Building Program. Appointed by Health Canada and CAAN, the working group included professional researchers, Aboriginal community members, and CAAN and Health Canada program consultants. Selection was based on applicants' knowledge and experience with HIV/AIDS and community-based research, with CAAN coordinating the activities of the Working Group.

A series of four face-to-face meetings were held between November 2000 and March 2001. In addition to designing specific program components, the working group was also responsible for the development of the program's objectives, application processes, implementation plan, evaluation criteria and communications materials.

II. PURPOSE:

The purpose of the Aboriginal Capacity-Building Program for Aboriginal Community-Based Research is to develop community-based research capacity among Aboriginal communities and researchers from academic and non-academic settings to help prepare an effective response to the HIV/AIDS epidemic among Aboriginal peoples . The program will provide support to develop the understanding and skills of Aboriginal communities and professional researchers working in Aboriginal communities to undertake and produce HIV/AIDS community-based research that is methodologically-sound, culturally-appropriate, respectful, and relevant.

III. ABORIGINAL CAPACITY-BUILDING PROGRAM FOR COMMUNITY-BASED RESEARCH

A. Definition of Aboriginal Community-Based Research

The following definition will be applied to all aspects of the Aboriginal Capacity-Building Program for Community-Based Research:

Aboriginal Community-Based Research is a form of research whereby Aboriginal community collaboration, direction, participation and commitment are essential. The goal is to develop culturally-appropriate and methodologically-sound research, analysis, and dissemination strategies that are beneficial and empowering for the participating communities and other stakeholders in their preparation and implementation of an effective response to HIV/AIDS.

B. Guiding Principles

The following principles will guide the activities and outcomes of the ACBPCBR:

- Aboriginal people living with, affected by and at risk for HIV/AIDS will be actively included in all aspects of this program.
- Aboriginal participation will be demonstrated in all stages of the research process, including but not limited to, needs assessments, identifying research questions, collecting and analyzing data, and reporting and applying the results.
- The diversity of all Aboriginal “communities” throughout Canada, when addressing HIV/AIDS, is recognized and honored. This would include communities defined by constitutional status, geographic region, residency, economic status, gender, sexuality, or cultural/spiritual beliefs, values and practices.
- All initiatives will reflect and promote a balance between culturally-respectful, traditional ways of gathering information and sound, ethical research methodology. Initiatives will also emphasize partnership, collaboration, and flexibility.
- The Capacity-Building Program will serve to develop community capacity to conduct relevant community-based research, provide guidance to the academic community regarding Aboriginal people/s and their research needs. Moreover, the program will strive to include the principles of Aboriginal community ownership, control, and access within a community development framework while promoting an environment of mutual trust and benefit for all partners.

C. Objectives

1. To increase the number of Aboriginal people undertaking community-based research.

2. To develop and enhance the skills of Aboriginal people/s and organizations to understand and conduct community-based research.
3. To create partnerships, strengthen vulnerable populations, and establish linkages between research communities (academic and non-academic), Aboriginal communities, and Aboriginal people living with, affected by, and at risk for, HIV/AIDS.
4. To develop a dissemination and communication strategy to promote Aboriginal capacity-building in community-based research.
5. To evaluate the outcomes of the program.

IV. COMPONENT ONE - ABORIGINAL COMMUNITY-BASED RESEARCH SCHOLARSHIPS

As part of the Community-Based Research Program initiated by Health Canada's HIV/AIDS Policy, Coordination and Programs Division, Community-Based Research Master's and Doctoral Degree Scholarships were offered in June 2000. The CBR Scholarships were designed to help develop and enhance individuals research skills in HIV/AIDS community-based research and to increase the number of Canadian researchers in this area. Applications are solicited from candidates whose research and career interests are directly related to health and health outcomes, with emphasis on community-based research approaches as it relates to HIV/AIDS. Aboriginal Master' and doctoral candidates did not utilize these awards in the initial scholarship process.

Due to the transition time required to redesign the Aboriginal Capacity-Building Program and limitations posed by the academic school-year cycle, the Health Canada/CAAN Working Group decided it would adapt the existing Health Canada CBR Scholarship component launched in June 2000. This would ensure successful Aboriginal applicants would be entitled to receive their scholarships in fall 2001 along with their non-Aboriginal colleagues. It was further decided appropriate dissemination and communication efforts would be required to recruit eligible Aboriginal Master and doctoral-level candidates.

The Working Group agreed to support one peer-review committee as the existing structure has close to 50% Aboriginal members and, given the need to develop capacity at a community level, preferred not to devote resources to a parallel process. It was decided Aboriginal applicants would be reviewed separately and that the peer-review committee members would be briefed on Aboriginal community-based research principles. Peer-review members are currently selected by Health Canada in consultation with Aboriginal partners.

The Community-Based Research Scholarships - Guide for Applicants can be obtained from the address listed in Appendix E.

V. COMPONENT 2 - ACBPCBR SUMMER TRAINING AWARDS

Background:

It was decided early in the Aboriginal Capacity-Building CBR discussions that an intermediary phase of the scholarship component was required to ensure qualified Aboriginal HIV/AIDS community-based researchers would be available for future Aboriginal community-based research initiatives. Although Canada has a fair number of Aboriginal Masters' and PhD students, Aboriginal participation in the 2000 scholarship process was less than anticipated. The Working Group recommended undergraduate students be recruited to prevent future shortages.

The Summer Training Award component of the Aboriginal Capacity Program was designed to address the need for pro-active strategies to recruit, mentor and retain qualified individuals devoted to HIV/AIDS community-based research. Local and regional Aboriginal HIV/AIDS organizations are expected to benefit as well from short-term research activities designed to increase their capacity to participate in community-based research. The first intake will serve as a pilot to determine outcomes and feasibility.

Administration:

The Canadian Aboriginal AIDS Network will oversee the initial Summer Training Awards and provide services related to the award selection, disbursement and reporting.

Eligibility:

Aboriginal community-based HIV/AIDS organizations in Canada will be solicited to submit a brief proposal identifying one or more Undergraduate students who will conduct capacity-building community-based research activities for their organization.

Aboriginal undergraduate students in Arts or Sciences, interested in increasing their capacity to conduct HIV/AIDS community-based research, are eligible. Students are directed to approach a local or regional community-based Aboriginal HIV/AIDS organization to secure sponsorship.

Training Award Amount:

\$4,000 per Student

\$400 per host organization for administration costs

Project Term:

Project activities must take place between May and September 2001.

Application Process:

Organizations will be asked to submit the following:

1. Name(s) of students considered for Training Award. A resume, reference letter, and documentation outlining their suitability for this award is to be included with submission. Student Criteria is listed at the end of this section.

2. Capacity-Building Community-Based Research Summer Project Proposal. Proposals should be brief and designed to increase the capacity of undergraduate students interested in research to undertake community-based research activities and be of value to the host agency.

Organizations can apply for more than one award. Proposals should include the following:

- Organization Background
 - mandate, date of incorporation, Board Chair, Project Contact Person, geographical region served.
- Organizational suitability:
 - previous experience with community-based research and/or capacity-building in community-based research.
 - Aboriginal community-based research philosophy.
- Proposed activities in Community-based research for Summer Training Award student(s).
- Expected outcomes (benefits, skills acquired, linkages established, etc.).
- Evaluation plan.

Selection Process:

Applications will be reviewed and awarded by the CAAN Community-Based Research Committee.

Student Criteria:

- Minimum 2nd year student enrolled in University or College, in Arts or Sciences.
- Grade point average of 75% or equivalent (copy of transcripts requested).
- Successful completion of a research methodology course.
- Knowledge/skills in quantitative/qualitative analysis.
- Experience in HIV/AIDS and/or community-based HIV/AIDS organization (preferred).
- Identification of an academic advisor for the project.
- Written recommendation from an Aboriginal organization (i.e. Band, care facility, Metis local etc.).
- Written statement of long-term career goals in community-based research and HIV/AIDS.

VI. COMPONENT THREE:

NATIONAL ABORIGINAL HIV/AIDS CBR CAPACITY-BUILDING INITIATIVE

Request for Proposal Guidelines and Process

Background:

In June 2000, the HIV/AIDS Policy, Coordination and Programs Division of Health Canada announced its' CBR Capacity-Building Program comprised of several components based on four key concepts: skills development, mentorship, networking and partnership-building. Under the Skills-Building Initiative component, community HIV/AIDS organizations would be able to enhance their research skills through a Research Technical Assistant (RTA) or by attending workshops and other initiatives facilitated by experienced community-based researchers. The role of the RTA is to work collaboratively with organizations in their geographical area to identify, plan and deliver a wide-range of community-based research capacity-building initiatives. Two RTA's were selected for the regions of Quebec and Alberta.

However, the Working Group for Aboriginal Capacity-Building for Aboriginal Community-Based Research have opted instead to create a different component entitled **The National Aboriginal HIV/AIDS CBR Capacity-Building Initiative.**

The Initiative will combine the Research Technical Assistant duties and capacity-building workshops into a central coordinated approach to providing equitable access to and utilization of Aboriginal community-based research services and resources by all Aboriginal HIV/AIDS organizations and coalitions.

Purpose:

The Request for Proposals (RFP) is for funding available to regional or national Aboriginal organizations to host a National Coordinator and technical team to develop and implement a three-year plan to provide capacity-building services for HIV/AIDS community-based research.

Administration:

Health Canada will oversee the RFP process.

Who is eligible to apply?

Aboriginal organizations with regional and/or national representation. Successful applicants will demonstrate:

- Established experience or mandate in HIV/AIDS or related health issues.
- Commitment to and involvement of Aboriginal people living with, affected by, and/or at risk for HIV/AIDS.

- Capacity to work with diverse cultures, regions and jurisdictions.
- Experience in community-based research and capacity-building.
- Effective partnerships with member and non-member groups.
- Linkages with academic and non-academic health researchers.
- Commitment to principles of Aboriginal community development, direction, control and ownership.

What kinds of activities will the Initiative undertake?

The activities and optimum outcomes of the project will:

- Establish a national steering committee/advisory body reflective of the diverse cultural and geographical stakeholders to oversee all aspects of this initiative.
- Conduct an environmental scan to determine the community-based research capacity-building needs of Aboriginal HIV/AIDS organizations in Canada and to develop a work-plan based on the findings.
- Develop an Aboriginal community-based research resource “clearing house.”
- Provide research related training and assistance to organizations in all areas of community-based research including research proposal development, implementation and dissemination.
- Develop linkages between community-based organizations and academic/non-academic researchers.
- Create awareness of Aboriginal community-based research needs in academic research institutions.
- Develop partnerships with HIV/AIDS-related stakeholders.
- Ensure Aboriginal participation in regional, national and international community-based research forums.
- Provide leadership and guidance to Aboriginal capacity-building/community-based research initiatives.

Suggested National Coordinator/Technical Team Profile:

Successful proposals will include commitment to recruit and secure a coordinator possessing the following:

- Post-secondary ability at a Master’ or higher level with community-based research experience.
- Ability to effectively work with all Canadian Aboriginal populations, address their unique needs, including but not limited to, vulnerable communities such as Aboriginal people living with/affected by HIV/AIDS, prisoners, injection drug-users, sex-trade workers, isolated residents and the mentally/physically challenged. Specific knowledge of the various cultural protocols throughout Canada would be an asset.
- Commitment to the principles of Aboriginal community development, control and ownership.
- Ability to form effective partnerships with stakeholders, academic institutions and professional researchers.

Technical Team Support:

- Technical support may include assistant coordinators, regional assistants, clerical workers, community educators, researchers etc.

How much funding is available?

A maximum of \$120,000 per year for three years has been allocated. This is to support personnel costs as well as administrative and administrative costs directly related to the project delivery.

What is the deadline for applications?

Applications for this initiative must be submitted to Health Canada by September 1, 2001 with projects to start in November 2001.

What are the criteria for reviewing proposals?

Elements of the project proposals will be reviewed based on the following criteria:

Background

- Applicant demonstrates eligibility requirements.
- Applicant demonstrates sound financial and personnel management.

Rationale

- Provides clear, well-defined reasons as to their suitability.
- Is based on documented evidence and information.

Project Description

- Demonstrates a clear understanding of the Aboriginal Capacity-Building for Aboriginal Community-Based Research Program.
- Demonstrates a clear understanding of the national coordinator/technical team roles and requirements.

Project Objectives

- Are time-limited, concrete, realistic and measurable.
- Respond to the objectives of the Aboriginal Capacity-Building for Aboriginal Community-Based Research.

Project Activities

- As outlined in RFP requirements.

Project Workplan

- Can be accomplished within proposed time frame.
- Clearly demonstrate linkages between objectives, activities, time lines and expected outcomes.

Collaboration Plan

- Demonstrates how the applicant will provide services to member and non-member groups.
- Demonstrates how applicant will develop linkages with researchers in academic and non-academic settings.

National Coordinator and Technical Team Positions

- Applicant demonstrates a clear understanding of the skills, qualifications and experience needed for the positions as outlined in requirements.

Evaluation

- Proposed evaluation activities and methods are effective.
- Applicant provides evidence that evaluation supports continuous learning.

Budget

- Is feasible to support the proposed activities.

Review Process:

Health Canada will conduct an internal review to determine eligible candidates.

A peer-review committee will be convened by Health Canada to further review regional/national applicants.

Aboriginal Peer-Review Committee Members will be selected based upon the following Working Group recommendations:

- The committee should reflect a balance between expertise in Aboriginal HIV/AIDS issues and experience in community-based research. External CBR experts are permitted.
- Members should demonstrate a commitment to the principles of Aboriginal Capacity-Building for Aboriginal Community-Based Research.
- Members should be representative of the diverse Aboriginal populations and geographical

regions in Canada.

- Aboriginal people living with HIV/AIDS are to be included in the peer review process.
- Members must adhere to Health Canada Conflict of Interest Guidelines.

A complete proposal outline is provided in Appendix F to guide applicants in their proposal development.

VII. COMPONENT 4: RESOURCE DEVELOPMENT

Aboriginal community-based research is a relatively new development in the spectrum of HIV/AIDS programs and services. Tools and resources to assist Aboriginal communities to design research that is relevant, culturally-specific and respectful of the communities' needs and status of development are not readily available. Health promotion initiatives have been shifting to include community-development models, access to and utilization of Aboriginal community-based research resources becomes even more vital when striving for increased capacity for Aboriginal communities to respond to HIV/AIDS.

As a result of the need to facilitate community control, participation, ownership and benefit of HIV/AIDS community-based research in Aboriginal communities, the Working Group has dedicated one component of the Capacity-Building Program to ensure funds are committed for resource development. **Resource Development Grants** will ensure the availability of Aboriginal community-based research information, tools, and activities suitable for adaptation by diverse Aboriginal consumers.

As well, a portion of this component will be committed in 2002-2003 toward Aboriginal participation in the **Community Academic Forum**. The Forum, scheduled for July 2002, will assemble community members/representatives, community-based researchers and academic researchers to share findings and recommendations in community-based research. Recipients of the Aboriginal Capacity-Building CBR Scholarships and Summer Training Awards will be invited to attend and share outcomes of their community-based research findings.

Resource Development Grant Information:

Administration:

Health Canada will administer the grants based on needs assessments and guidance provided by the National CBR Initiative and related needs-assessments.

What is the amount of the grants?

A total of \$31.5K for the first fiscal year has been recommended by the Working Group. One or more grants may be awarded in directed grants and contributions dependant on the product developed. This amount may change if other priority component resources allocations are amended.

What kinds of Aboriginal community-based research products?

The Working Group recommended a series of core modules which would increase or enhance Aboriginal communities' capacity to design, participate in, and benefit from community-based research in HIV/AIDS and demonstrate measurable community development and capacity-building outcomes. It was further recommended resource development be based on community

needs as determined by the National CBR Initiative and Aboriginal CBR needs assessments and workshops.

Suggested CBR Research Modules:

- Research Basics (i.e. defining a research question etc.).
- Cultural Protocols.
- Aboriginal Community-Based Research.
- CBR Ethics.
- CBR “Primary.”
- Developing Linkages/Partnerships with Academic Communities.
- Developing Academic Capacity to work with HIV/AIDS & Aboriginal Communities.
- Integrating APHA Partnership in CBR.
- Interpreting, Analyzing, and Disseminating Aboriginal CBR.
- Action Research: Using CBR to Develop an Effective Community Response to HIV/AIDS.

Modules should reflect creative, effective and culturally-respectful training methodologies and be easily adaptable for use by a wide variety of Aboriginal communities.

Modules will be available for distribution through the National Aboriginal CBR Initiative and Canadian HIV/AIDS Clearing House.

VIII. COMPONENT 5: COMMUNICATIONS

The Aboriginal Capacity-Building Program will participate in and contribute resources to the development of a shared web site devoted to capacity-building and community-based research. CAAN will provide basic information and a link to the new web site. Information and communiques of all ACBPACBR activities will be directed to:

- Academic institutions with post-secondary Aboriginal students.
- Community-based Aboriginal HIV/AIDS organizations.
- National and regional Aboriginal organizations and authorities.
- Aboriginal and non-Aboriginal stakeholders within the CSHA and related initiatives.
- Health-related research institutions.
- International community-based research affiliates and partners.

A database consisting of the above has been created by Health Canada and CAAN and will be amended as required.

IX. PROGRAM EVALUATION

A two part evaluation process has been recommended:

- 1) An evaluation of the process and proceedings of the Working Group for ACBPACBR will be conducted by an external evaluator with opportunity for the Working Group to preview the findings prior to publication.
- 2) A three-year evaluation of the Aboriginal Capacity-Building Program for Community-Based Research will be conducted with Aboriginal participation in evaluation design, process, and approval.

Guidelines for Evaluation:

- To be participatory and flexible.
- To engage Aboriginal People living with, affected by and at risk for HIV/AIDS.
- To report strengths, challenges and lessons learned.
- To provide commentary to develop model(s) for future capacity-building.
- To engage current and future Aboriginal CBR committees in design and participation.
- To ensure Aboriginal Evaluator(s) if possible.

Administrative Responsibility: Health Canada

X. WORKING GROUP RECOMMENDATIONS:

The Aboriginal Capacity-Building Program for Community-Based Research Working Group convened four meetings between November 2000 to March 2001. Under the leadership of co-chairs representing CAAN and Health Canada, the commitment of Aboriginal community members, academic and community-based researchers, Elder and government officials, the Working Group members have developed guidelines toward capacity-building in HIV/AIDS community-based research. Within this framework, the Working Group maintained consistent recommendations for future capacity-building initiatives. These recommendations include:

1. All participants in Aboriginal capacity-building for community-based research should adhere to principles of Aboriginal community-development, participation, direction, control, and ownership.
2. Capacity-building in community-based research must include active participation of Aboriginal people living with, affected by and at risk for HIV/AIDS.
3. The optimum outcome of the ACBPCBR will provide strong and seamless continuum for capacity-building, community-based research and institutional research.
4. CAAN and Health Canada will oversee the formation an Ad-Hoc capacity-building/ community-based research committee to ensure implementation and continuity of ACBPCBR. The committee could consist of existing Working Group members and/or appropriate individuals as required.
5. If component allocations are underutilized and/or evaluation results recommend substantive shifts, allocations will be moved to the next priority component.
6. Current Working Group members should be included in all future evaluations.
7. Members of the Working Group will “sign-off” the final guidelines and recommendations of ACBPCBR

XI. ACBPCBR 2001-2005 BUDGET

**Aboriginal Capacity Building Program for CBR
2001/2002**

Aboriginal Capacity Building Program for CBR	Activity	Committed		Planned	
		O&M	G&C	O&M	G&C
CBR Scholarships	Masters Scholarships (18K/yr -2yr) x 2				\$10.5K (1) \$10.5K (2)
	PhD Scholarships (\$18K/yr - 2 yr) x 1				\$10.5K (3)
	Review Committee Meeting			\$10K	
Summer CBR Training Awards Contribution agreement to CAAN for: \$4K admin, \$2K eval'n, \$5K for peer review, \$4400K @10 awards (\$4000 to student and \$400 to CBO))					\$55K
Website Contribution					\$10K
National Aboriginal HIV/AIDS CBR Capacity Building Initiative					\$120K
	Review Committee			\$5K	
Resource Development					\$38.5
Program Evaluation				\$15K	
Miscellaneous Travel Communications Translation				\$15K	
Estimated Sub-Total				\$45K	\$255K
TOTAL		\$300K			

Aboriginal Capacity Building Program for CBR 2002-2003

Aboriginal Capacity Building Program for CBR	Activity	Committed		Planned	
		O&M	G&C	O&M	G&C
CBR Scholarships	Masters Scholarships (\$18K/yr - 2 yrs) x 1		18K (1) 18K (2)		\$10.5K (4)
	PhD Scholarships (\$18K/yr - 2 yrs) x 1		18K (3)		\$10.5K (5)
	Review Committee Meeting			\$7K	
Summer CBR Training Awards Contribution agreement to CAAN for: \$3.8K admin, \$5K peer review, \$4400K @ 8 awards (\$4000 to student and \$400 to CBO))					\$44K
Website Contribution					\$10K
National Aboriginal HIV/AIDS CBR Capacity Building Initiative			\$120K		
Community Academic Forum - Contribution					\$24K
Program Evaluation				\$10K	
Miscellaneous Travel Communications Translation				\$10K	
Estimated Sub-Total			\$174K	\$27K	\$99K
TOTAL		\$300K			

Aboriginal Capacity Building Program for CBR 2003-2004

Aboriginal Capacity Building Program for CBR	Activity	Committed		Planned	
		O&M	G&C	O&M	G&C
CBR Scholarships	Masters Scholarships (Cont'd)		7.5K (1) 7.5K (2) 18K (4)		
	PhD Scholarships (Cont'd)		7.5K (3) 18K (5)		
Summer CBR Training Awards Contribution agreement to CAAN					\$53K
Website Contribution					\$10K
National Aboriginal HIV/AIDS CBR Capacity Building Initiative			\$120K		
Resource Development					\$23.5K
Program Evaluation				\$15K	
Miscellaneous Travel Communications Translation				\$20K	
Estimated Sub Total			\$178.5K	\$35K	\$86.5K
TOTAL		\$300K			

**Aboriginal Capacity Building Program for CBR
Proposed Budget
2004-2005**

Aboriginal Capacity Building Program for CBR	Activity	Committed	
		O&M	G&C
CBR Scholarships	Masters Scholarships		7.5K (4)
	PhD Scholarships		7.5K (5)
Estimated Total			\$15K

APPENDIX A - ACBPCBR WORKING GROUP MEMBERS

Co-Chair: Art Zoccole , CAAN

Co-Chair: Amrita Paul, Health Canada

Naz Therriault, Elder

Alex Archie, Health Canada

Gregory Brass, Researcher

Ken Clement, CAAN

Brenda Elias, Researcher

Randy Jackson, Community Representative

Namaste Marsden, Community Representative

Duane Shuttleworth, CAAN

Arlo Yuzicapi Fayant- Project Coordinator

Kevin Barlow - Project Evaluator

APPENDIX B - WORKING GROUP - TERMS OF REFERENCE

Working Group on Aboriginal Capacity-Building Program for Community-Based Research

Terms Of Reference

Background:

In response to recommendations emerging from consultations with key Aboriginal and non-Aboriginal stakeholders, the HIV/AIDS Policy, Coordination and Programs Division allocated up to \$300,000 annually towards a four-year Aboriginal community-based HIV/AIDS research capacity building program. Capacity-building for community based research (CBR) includes activities related to skills development, mentorship, networking, and partnership development.

The purpose of the program is to develop community-based research capacity among Aboriginal community representatives and researchers from both academic and non-academic settings. The program is based on the following definition: community-based research is a form of research in which principles of community involvement and collaboration are applied using scientifically accepted research methods.

As partners under the Canadian Strategy on HIV/AIDS, Health Canada and the Canadian Aboriginal AIDS Network Inc.(CAAN) are committed to ensuring the highest standard of excellence in community-based research. This program will develop the skills of Aboriginal community representatives and professional researchers in the Aboriginal community to undertake HIV/AIDS community-based research. Producing research that is methodologically sound and relevant to communities will help enable people to meet the challenges the HIV epidemic presents.

In order to meet the identified research needs of the Aboriginal community, Health Canada and CAAN determined that a formal working group be convened to design a capacity-building program for community-based research that is relevant to the Aboriginal community. Members of the working group will be appointed by Health Canada and CAAN. CAAN will coordinate the activities of the working group.

Mandate:

To design an Aboriginal capacity-building program for community-based research under the Canadian Strategy on HIV/AIDS.

Roles and Responsibilities:

1. To review documentation on the identified needs of Aboriginal HIV/AIDS community stakeholders in relation to their participation in community-based research (CBR). Examples of documentation included the NHRDP Aboriginal CBR consultation, the Prevention and Community Action Programs HIV prevention research consultation, the

NHRDP CBR consultation in Victoria, and the results of initiatives funded through the 1999/00 Aboriginal research roll-over funds.

2. To draft objectives for the overall program within the parameters of CBR.
3. To design components of the program which address the identified community needs in relation to CBR.
4. To develop the application process for a capacity-building program for CBR. This would include the request for proposals and appropriate timelines, the application form, criteria for eligibility, and the review process.
5. To recommend to the HIV/AIDS Policy, Coordination and Programs Division a structure to implement the Aboriginal capacity-building program for CBR which would entail the coordination and financial administration of the program. This would include the development of criteria for administration of the program, and submission of recommendations for the administration of the program (See attachment A for Health Canada criteria to be incorporated into the criteria developed by the working group).
6. To determine a timeline for the implementation of the capacity-building program for CBR and to identify the portion of funding allocated for fiscal year 2000/01 which could be used by March 31, 2001.
7. To develop a program evaluation plan to determine the success of the capacity-building program for CBR.
8. To develop and issue communiques on the development of the program design and the announcement of the completed program.

Outcomes:

1. An Aboriginal capacity-building program for CBR with specific objectives and an evaluation plan to determine the success of the program.
2. Finalized application process including the components listed under #4 in the roles and responsibilities.
3. Formal recommendations for the implementation of the capacity-building program for CBR.
4. Communiques on the development and design of the capacity-building program for CBR in French and English.

Membership:

1. The Working Group will be comprised of a total of nine individuals. All members will have full voting rights, including the co-chairs. The membership of the working group will be representative of the following sectors: federal government; national Aboriginal non-government HIV/AIDS organization; the HIV/AIDS community; and professional research community. All members will be appointed based on individual knowledge and experience and not on political, population-based or community-based organization affiliation. The membership will include the following:
 - 1 Elder
 - 2 individuals appointed by CAAN;
 - 2 individuals appointed by Health Canada;
 - 2 individuals from the Aboriginal HIV/AIDS community; and
 - 2 individuals from the Aboriginal professional research community.

Note: Preference will be given to Aboriginal researchers and community members.

2. Members will be appointed commencing in October 2000 for a period of time it takes to complete the design of the Aboriginal Capacity-Building Program for CBR.
3. All members will be appointed based on their knowledge and experience within the context of the Aboriginal community. The criteria are as follows:
 - knowledge of HIV/AIDS and related issues;
 - knowledge of CBR principles and practices;
 - experience with research in academic or non-academic settings;
 - demonstrated linkages with the HIV/AIDS community;
 - demonstrated experience in program development and evaluation;
 - knowledge of community development strategies; and
 - knowledge of the government funding programs.
 - knowledge of Aboriginal cultures and traditions.
4. The working group will co-chaired by one representative of the Canadian Aboriginal AIDS Network and one representative of Health Canada.

November 06, 2000

APPENDIX C - CANADIAN STRATEGY ON HIV/AIDS - GOALS

The CSHA is based on the following six national goals:

1. To prevent the spread of HIV infection in Canada;
2. To find a cure;
3. To find and provide effective vaccines, drugs and therapies;
4. To ensure care, treatment and support for Canadians living with HIV/AIDS, their families, friends and caregivers;
5. To minimize the adverse impact of HIV/AIDS on individuals and communities; and
6. To minimize the impact of social and economic factors that increase individual and collective risk for HIV.

APPENDIX D - CONFLICT OF INTEREST GUIDELINES

Based on Health Canada Conflict of Interest clause for CBR Scholarship Review.

It is the responsibility of individual reviewers to declare the existence of any conflict of interest and it is the review committee's duty to decide whether the individual may participate in the discussion. The committee chairperson should rule in ambiguous cases and resolve areas of uncertainty, in consultation with HIV/AIDS Division staff as necessary. If the reviewer feels a conflict exists, the reviewer must declare the conflict to the HIV/AIDS Division as soon as possible after it has been realized.

APPENDIX E - CBR SCHOLARSHIP APPLICATIONS CONTACT INFORMATION

Requests for information, application instructions and inquiries for the CBR Scholarships should be directed to:

**Program Consultant, CBR Scholarships
HIV/AIDS Division
Health Promotion and Programs Branch
Health Canada
Rm. B1823, Jeanne Mance Building
Tunney's Pasture
AL 1918B1
Ottawa, Ontario
K1A 1B4**

Telephone: (613) 941-2149

Fax: (613) 941-2399

E-mail: <scholarships@hc-sc.gc.ca>

<http://www.aidsida.com>

**APPENDIX F - NATIONAL ABORIGINAL HIV/AIDS CBR CAPACITY-BUILDING
INITIATIVE
Proposal Outline**

Please provide information according to the following categories:

Proposal Summary and Organizational Information

- Sponsoring organization name and address
- Name and contact information of person responsible for project within organization
- Total amount of funding requested
- Mandate of sponsoring organization
- Date of incorporation
- Name and contact details of Board Chair
- Provide evidence of your agency/organization's commitment to the Canadian Human Rights Act and non-discriminatory practices. Evidence includes documentation such as relevant agency/organization policies or by-laws, or a statement of commitment signed by the Chair of the Board of Directors or approved organizational representative.

Background

- Summarize the suitability of your organization to undertake this project. Include your organization's previous experience with community-based research and/or community-based research capacity-building, as well as information regarding your organization's ability to ensure sound to ensure sound financial and personnel management.

Rationale

- Explain the reason(s) for your project proposal.

Project Description

- Provide an overall description of your proposed project.

- Describe the geographical area your organization serves.
- Attach a list of your member organizations as well as non-member organizations in your geographical area whose principal mission is HIV/AIDS.

Project Objectives

- State the specific objectives of your projects. Objectives are time-limited, concrete, realistic and measurable. Objectives are not a list of activities, but rather a summary of the changes you hope will occur due to the project.

Project Activities

- As outlined in the RFP requirements.

Project Workplan

- Outline the proposed workplan for the initiative. In addition to listing the project objectives and activities as stated above, the workplan should include tentative time lines for the activities as well as the expected outcomes.
- Provide a detailed workplan and budget for the period November 1, 2001 to March 31, 2004. Please divide this workplan and budget according to fiscal year.
- Funding approval will be on a year to year basis contingent upon successful outcomes of the first year and upon submission of detailed workplans and budgets for subsequent fiscal years.

National Coordinator and Technical Team Profiles

- Provide detailed job description(s) for the Coordinator and support staff as recommended by criteria guidelines. Include skills, qualifications and experience needed for the position(s).

Collaboration Plan

- Outline how your project will involve both member and non-member organizations and stakeholders in a national context.
- Describe how you plan to work with and include academic researchers.

Evaluation

- Outline your evaluation plan. Your plan should answer the following:
 1. Did we do what we said we would do?
 2. What did we learn from what worked and what didn't work?
 3. What impact did our work achieve?
 4. What could we change?
 5. How do we plan to use the evaluation findings for continuous learning?
 6. How are we ensuring active Aboriginal community/APHA participation?

Project Budget

Please submit a project budget which will include the following:

- Personnel (Salary, Benefits)
Regular: Include only staff time spent directly on the project.
Benefits: Include only the employer's share of payroll deductions. This usually amounts to between 9-12% of gross salaries, depending on vacation pay rates for your province, and whether you are subject to a payroll tax. Check with your local authorities for specific rates.
Contract and Honoraria: As required
- Travel (Transportation, Accommodation, Meals & Incidentals)
Transportation includes private vehicle mileage (indicate rates per kilometer/mile) and commercial transportation costs.
- Materials (Office Supplies, Project Materials, Printing/Photocopying, Postage, Other)
Project materials include items such as videotapes, brochures, reference materials etc.
- Equipment Rental (Office Equipment, Furniture, Special Equipment)
Capital expenditures are not allowed; therefore, include costs of renting equipment that cannot be provided by your organization.
- Rent/Utilities (Rent, Utilities - phone, heat, etc)
If the project is using space provided by the applicant, only telephone costs can apply in this category.

Other - Specify

Be sure to clearly identify items in this category. This section might include such things as production and promotion costs, etc.

Funding from Other Sources for this Initiative

Total income from other sources for the periods in question.

Total Amount Requested from Health Canada

Budget needs to be in fiscal, not academic years.