



Indigenous Birth Helpers Request for Proposal

1. Timeline

RFP Issue Date – September 12th, 2022

RFP Due Date – October 3rd, 2022

2. Background/Introduction

Who are we?

Keewatinohk Inniniw Minoayawin, Inc. (KIM) is a northern First Nations led health transformation entity established in January 2020 by the Manitoba Keewatinowi Okimakanak Chiefs Task Force on Health. The establishment of this entity was made possible by Health Transformation funding from the Government of Canada via Indigenous Services Canada, First Nations and Inuit Health Branch to Manitoba Keewatinowi Okimakanak Inc.

KIM's **mission statement** is to create and operate a self-governing First Nations health organization which will achieve health related services that are reflective of the needs and priorities of the First Nations people of Northern Manitoba.

Keewatinohk Inniniw Minoayawin is led by Dr. Barry Lavallee, physician, education, researcher, author, administrator, advocate and mentor, whose work centres around the self determination of Indigenous communities. His work on the FNARR initiative is to transform health and wellness services so that they are racism free, and reflective of the needs and priorities of First Nations people in Manitoba's north.

KIM serves the citizens of 23 First Nations situated in the northern part of Manitoba, with a combined population of 64,013.

KIM is creating a novel **First Nations Anti-Racism Response (FNARR) System** to close gaps and advance the health and wellbeing of First Nations people when accessing health care and treatment in Northern Manitoba. The impetus for the FNARR System is an increasing concern for potential loss of life due to insufficient access to treatment, lack of treatment, and avoidance of care by those who justifiably mistrust the medical system. In Manitoba, the statistics regarding health disparities are damning with gaps between First Nations and other Manitobans wide and widening (Southern Chiefs Organization, 2019).

Our vision for the FNARR System is to ensure that health services accessed by First Nations communities in Northern Manitoba are trauma informed, racism free and accountable.

To do this, we are creating a unique and comprehensive system that has not been done before. The creation of four mutually reinforcing interventions within an interconnected response system is intended to address unacceptable health equity gaps by creating safer access to services and ensuring accountability across the health care system. The four interventions include:

1. *Pursuant to this RFP: Indigenous Birth Helper (Doula) program* to provide support for expectant Indigenous mothers and their families before, during and after birth.

Other related FNARR Interventions that will be managed by KIM:

2. *Patient Navigators and Advocate* providing support to Indigenous patients and regular feedback to service providers to assist in intervening in racism and closing health gaps by assessing the safety of care (also a support to the IBH in managing complaints)

3. *Race Based Demographic Data Collection* to improve understanding, accuracy in research, and partner communication in supporting Indigenous patients' experiences and addressing needs in real time.

4. *Indigenous Anti-Racism Response training* to increase health care staff competency and capacity to intervene in racism

Elders and knowledge keepers will be an essential part of the team guiding the work and as support to all staff of the KIM FNARR system team to manage stress, to support retention and to prevent burnout.

Background for the Indigenous Birth Helpers RFP

Maternal services are well known hot spots for Indigenous specific racism and places where health care relationships are made or broken. Obstetric services are therefore important sites for anti-racism intervention to ensure pregnant individuals are not afraid to seek care, and receive high-quality, judgement-free care when they do. To this end, KIM proposes to hire three Indigenous Birth Helpers (IBHs) to support Indigenous individuals before, during and after birth out of the Thompson General Hospital where most patients are from communities that KIM serves. IBHs must provide trauma and Indigenous informed support for women during the pregnancy, labour, and postpartum period, including continuous support during labour and delivery. The FNARR Patient Navigators will also support the IBHs, in managing complaints and navigating the Thompson General Hospital if / when needed.

3. Project Goal, Roles, and Scope of Work

3.0 Goal: The Goal for the IBH's is to help facilitate wholistic prenatal, birthing and post partum care that is trauma informed, free of racism and disrupts the colonisation of childbirth, especially for Indigenous people giving birth far from home.

A.) Role of the Organization: The organization that is awarded this proposal will provide HR oversight including; the hiring, supervision, time management and payment to the 3 Indigenous Birth Helpers. Provide ongoing professional development and education in the area of trauma and Indigenous anti-racism informed and Cultural Safety education (for the IBH's).

- B.) Role of the Indigenous Birth Helpers:** The IBH's will be based out of the Thompson General Hospital and support indigenous people from outlying communities awaiting delivery in Thompson. The IBH's will serve in the usual role of an Indigenous Doula. Their unique role in this project is being part of an anti-racism team.

3.1 Objectives

The objectives to accomplish this goal include, and are not limited to the following:

- Create a Job description, recruit, interview and hire 3 Indigenous Birth Helpers based on the role as outlined above.
- Implement and monitor IBH clinical needs and progress.
- develop a comprehensive communications strategy which ensures unity of the team is maintained.
- establish a foundation of education and build capacity for ongoing Indigenous anti-racism and cultural competency.

3.2 Scope of Work

Please note that limited / occasional travel to northern Manitoba to meet with First Nations community may be required for the IBH's over the course of the development of this role in the first year, Phase 1 Development of the FNARR project (estimate 3 to 4 trips).

The selected organization will also be called on to attend meetings to support the creation of a service agreement (virtual) as well as internal discovery / debrief / planning meetings with KIM FNARR leadership (virtual or in person in Winnipeg). Overall, the firm will be called on to work closely with KIM over to support the creation of a service agreement as the role is defined and rolled out in the Thompson General Hospital.

The selected organization will aid KIM FNARR senior leadership in identifying risks to progress and related strategies to mitigate those risks over the course of Phase 1 Development (consider decisions around next steps, pivot points as well as possible 'no-go' points). Along with quarterly reporting on the progress of the work and a detailed evaluation at the end of the contract showing the effectiveness and efficiency of the service provided including client satisfaction.

4. Proposal Submittal and Closing Date

Via email to yvette.emerson@kiminoaywin.com

Clearly marked as **FNARR Indigenous Birth Helper Proposal**

Must be received no later than **5:00PM on Monday October 3rd, 2022**

5. Inquiries and Addenda

Questions that arise prior to the RFP deadline shall be addressed via email to yvette.emerson@kiminoaywin.com

KIM may require any additional information it needs to understand the proposer's proposal and may contact your firm accordingly.

6. **Proposal Contents:** The following directions apply to the Indigenous Birth Helpers RFP.

Please provide:

- a) Name and address, including corporate name, street address, mailing address, phone number, fax number and email address.
- b) Overview of the organization; including size, years of operation and outline of the organizations experience as related to the roles in this RFP
- c) Name of administrator; the name of an individual responsible for assigning and supervising services provided pursuant to any agreements entered into that follow this RFP process.
- d) References and experience; a list of 3 current or past organizations/clients (i.e., that your organization has worked with). Please provide contact information of references.
- e) Previous experience/ past performance history and samples from previous projects should be included. Annual reports or program evaluations should also be included
- f) Detailed description of proposed services; a detailed description of services to be performed in developing and implementing the scope of work, goals and objectives as outlined in this RFP.
- g) The description should also state any assumptions, including communication and what KIM is expected to undertake to support the creation of the IBH's role.
- h) It is desired that work to create these positions be completed by Jan 2023?
- i) Must include a technical proposal that provides an overview of the proposed approach, as well as a listing of key personnel performing the work, a schedule, and milestones, including the hours estimated for each part of this project.
- j) Your proposal must include an outline of your organizations commitment to addressing Indigenous specific racism and the violence that Indigenous women can face; including education and support for ongoing anti-racism professional development and competencies
- k) Declaration of sub-contracting: If a vendor anticipates sub-contracting to support the delivery of the scope of work outlined in its proposal, this should be declared. Where possible, include the name of any firms/individuals that will be sub-contracted. All sub-contracted firms or individuals must also be reviewed for potential conflicts of interest.
- l) Detailed budget outlining all the areas noted above
- m) Any additional information that the organization wishes KIM to consider in the evaluation of your proposal.
- n) If you have a standard set of terms and conditions, please submit them with your proposal.
- o) Terms and conditions will be subject to negotiation.

KIM may require any additional information it needs to understand the proposer's proposal and may contact your firm accordingly.

7. Evaluation of the RFP

Preference will be given to Organizations with:

- Indigenous leadership and staff
- Providing care in northern Manitoba
- Cree or Dene speakers.
- KIM reserves the right, in its sole discretion to clarify any response without becoming obligated to offer the same opportunity to any other applicant.
- KIM, as a result of this RFP process, has no obligation to establish a shortlist of proponents and reserves the right to reject any and all submissions.

8. Conflict of interest

Conflicts of interest; State any potential conflicts of interest. If so, please include the way conflicts of interest would be addressed by your firm. If there are no potential conflicts to state, please note that as well.

9. Supporting Resources

To better understand the context and requisite for Indigenous Birth Helpers for First Nations people when accessing health care in Manitoba's north, you are encouraged to review:

Fidan Tyler Doenmez, C., Sinclair, S., Hayward, A., Wodtke, L., Nychuk, A., *Heart Work: Indigenous doulas responding to the challenges of western systems and revitalizing Indigenous birthing care in Canada*. BMC Pregnancy and Childbirth 22, 41 (2022). Retrieved from: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-021-04333-z#citeas>

Harding, L. (2018) *What's the Harm? Examining the Stereotyping of Indigenous Peoples in Health Systems*. Doctoral thesis, Simon Fraser University. <https://theses.lib.sfu.ca/file/thesis/4994>

Hassen, N., Lofters, A., Michael, S., Mall, A., Pinto, A. D., & Rackal, J. (2021). *Implementing Anti-Racism Interventions in Healthcare Settings: A Scoping Review*. International journal of environmental research and public health, 18(6), 2993. <https://doi.org/10.3390/ijerph18062993>

Ireland, S., Montgomery-Anderson, R., Geraghty, S. (2019). *Indigenous Doulas: A literature review exploring their role and practice in western maternity care*. Midwifery. 2019 Aug; 75:52-58.

Kornelsen J, Stoll K, Grzybowski S. *Stress and anxiety associated with lack of access to maternity services for rural parturient women*. Aust J Rural Health. 2011 Feb;19(1):9-14. doi: 10.1111/j.1440-1584.2010.01170.x. PMID: 21265919.

National Inquiry into Missing and Murdered Indigenous Women and Girls, *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* (Winnipeg, MB, 2019), 364, <https://www.mmiwg-ffada.ca/final-report>

Southern Chiefs' Organization (2021), *Survey on Experiences of Racism in the Manitoba Health Care System*. retrieved from: <https://scoinc.mb.ca/wp-content/uploads/2021/03/SCO-Racism-Report-final-WEB.pdf>

Thackrah, Wood, J., & Thompson, S. C. (2021). *Longitudinal Follow Up of Early Career Midwives: Insights Related to Racism Show the Need for Increased Commitment to Cultural Safety in Aboriginal Maternity Care*. International Journal of Environmental Research and Public Health, 18(3), 1276–. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7908636/>

Truth and Reconciliation Commission of Canada, (2012). Truth and Reconciliation Commission of Canada: Calls to Action. Retrieved from: <https://crc-canada.org/en/ressources/calls-to-action-truth-reconciliation-commission-canada/>