

NATIONAL INDIGENOUS DIABETES ASSOCIATION INC. REQUEST FOR PROPOSAL (RFP)

PHASE 2

National Indigenous Engagement on a National Framework for Diabetes: Establishing Distinctions-based Pathways

INTRODUCTION

The National Indigenous Diabetes Association Inc. (NIDA) is a charitable members-led organization dedicated to diabetes prevention and management for First Nations, Métis, and Inuit Peoples in Canada.

NIDA is seeking proposals to engage Indigenous People on a national and distinction-based level (First Nations, Métis, Inuit) to inform an Indigenous National Framework for Diabetes. Contractors are expected to develop an action-oriented pathway for each distinction, outlining a tailored approach to address the unique needs of First Nations, Métis, and Inuit Peoples/Nations in Canada. Contractors must submit plans for engaging all three distinctions and are encouraged to incorporate collaborations and partnerships for project execution. Collaboration among contractors to increase capacity is essential and recommended.

This marks the second phase of our National Indigenous Engagement on a National Framework for Diabetes. Contractors must build upon the information gathered in the first phase of the project, as documented in our [Diabetes Kinship Circle Report](#).

BACKGROUND

Building upon the insights gained from the first phase of our project, through the [Diabetes Kinship Circle Report](#), this second phase will strengthen the perspectives and specific needs of Indigenous Peoples in Canada regarding diabetes prevention and care, using a distinctions-based approach. This involves an extensive targeted engagement process to collaboratively craft distinctions-based pathways for diabetes, tailored to First Nations, Métis, and Inuit Peoples' respectively. Documented perspectives will be used to inform the Public Health Agency of Canada under the authority of Bill C-237, *an Act to establish a national framework for diabetes*.

ABOUT BILL C-237 AND THE NATIONAL FRAMEWORK FOR DIABETES

The Public Health Agency of Canada (PHAC) led the development of a national framework for diabetes in response to Bill C-237, *an Act to establish a national framework for diabetes*, which received Royal Assent on June 29, 2021. The Act calls on the Minister of Health, “in consultation with the representatives of the provincial governments responsible for health, Indigenous groups and other relevant stakeholders, to develop a national framework designed to support improved access to diabetes prevention and treatment to better ensure health outcomes for Canadians.” The National Diabetes Framework, officially unveiled on October 5th, 2022, seeks to establish a cohesive policy direction for addressing Diabetes in Canada. Separate engagements were conducted by and for Indigenous People in Canada regarding a National Framework for Diabetes which was led by NIDA.

For more information regarding the national engagement process and the framework, please see the links below:

- [Bill C-237](#)
- [Framework for diabetes in Canada](#)
- [Informing a Framework for Diabetes in Canada: Stakeholder Engagement Summary](#)
- [National Indigenous Engagement Phase 1: Diabetes Kinship Circle](#)

SCOPE OF WORK

Phase 2 of the project will be executed in three distinct parts, each contributing to the overall development of distinction-based pathways:

Part 1: Creation of advisory circles and distinction-based strategy development

- Establish three distinction-based Indigenous Advisory Circles consisting of, but not limited to, youth, Elders, lived-experience community representatives, partner organizations, health directors, 2SLGBTQAI+ members, urban and off-reserve individuals.
- Develop comprehensive Terms of Reference for the Advisory Circles outlining the engagement strategies and the group's strategy to foster collaboration amongst the other contractors (if any), Indigenous Advisory Circles, and reporting information to the NIDA Board of Directors and staff.
- Development of an Indigenous distinction-based strategy. Craft separate yet interconnect strategies to address the specific vision of First Nations, Métis, and Inuit respectively.

Part 2: Distinction-based Engagement Activities

- Development and distribution of distinction-based engagement materials.
- Development and implementation of engagement tools and advertising materials relevant to each distinction, such as, but not limited to key informant interviews and surveys with Indigenous community members and stakeholders.
- Ensure to engage individuals from various settings from different regions, ages, gender-identity, and lived experience relative to each distinction.
- Alignment of data and information collection, analysis, and reporting with Bill C-237.

Part 3: Action-Oriented Pathway and Reporting

- Compile an inclusive report capturing the actionable insights, perspectives, and recommendations from the engagement process.
- Develop a pathway for each distinction serving as a roadmap for implementation rooted in evidence-based actions with key budget requirements.

Key Considerations

- A comprehensive report must be provided at the end of each part of phase two and as requested by NIDA.
- All public reports must be available in both official languages, French and English.

Key Outcomes

The anticipated results of the engagement process include the development of a comprehensive Indigenous Distinctions-based Diabetes Framework as outlined as follows:

- First Nations specific pathway for Diabetes in Canada
- Métis-specific pathway for Diabetes in Canada
- Inuit-specific pathway for Diabetes in Canada

PROPOSAL SUBMISSION REQUIREMENTS

All proposals shall include the following information:

1. Name
2. Address
3. A summary outlining the background of the proponent's company, the proposal contents, and any specific exceptions to the stated requirements.
4. A description of the proponent's qualifications, capabilities, relevant projects, and experience specifically related to the RFP.
5. Proposal must demonstrate the capacity and competence to encompass all three distinctions. Contractors may consider collaborative approaches to strengthen capacity. Collaboration is strongly encouraged.
6. A description of the physical and human resources required to complete the activities outlined in the RFP, including identification of team members, if any, and their roles and experience.
7. A proposed timeline and methodology that identifies the time and resources required to complete the proposed work.
8. A cost breakdown for the proposed services.
9. The name, title, and contact information for three (3) references that have used the services of the proponent.

PROPOSAL SUBMISSION INSTRUCTIONS

All proposals shall be received by NIDA no later than February 28th, 2024, at 4:30pm CST. Proposals must be submitted in PDF format by email to nationalengagement@nada.ca. All proposals will clearly identify the name of the proponent and the note “RFP for Phase 2 – National Indigenous Engagement on a National Framework for Diabetes: Establishing Distinctions-based Pathways” in the subject line. Late submissions will not be accepted.

EVALUATION CRITERIA

NIDA will select the proponent which, in NIDA’s sole discretion, best serves NIDA’s needs. The following is a summary of general consideration that will be used to determine the proponent that will be selected:

- Expertise of the individual/entity submitting the proposal, with a focus on collaborations within specific distinctions to enhance the relevance of the proponent’s experience with the project content – 40%
- Experience of working with Indigenous communities, and organizations – 30%
- Proposed Work Plan and Approach, including allocation of time to tasks and activities identified in the proposal – 10%
- Total price associated with proposed tasks and activities – 10%
- Overall impressions of the proposal – 10%

TIMETABLE

The following dates are set forth for informational and planning purposes and may be changed at NIDA’s sole discretion.

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| • RFP released/posted | January 31 st , 2024 |
| • Deadline for questions | February 16 th , 2024 |
| • Deadline for proposal submission | February 28 th , 2024 |
| • Completion of proposal evaluations | March 6 th , 2024 |
| • Final selection | March 8 th , 2024 |
| • Expected contract start date | March 13 th , 2024 |

The timetable is tentative only and may be changed by NIDA, in its sole discretion, at any time prior to the Proposal Submission Deadline.

ADDITIONAL PROVISIONS

Price

Contractors must provide a firm fixed price.

Confidentiality

Responses to this RFP will be considered as confidential information by NIDA and will be used solely for the purposes of selecting the successful bidder.

Clarification/Questions

Requests for clarification and/or questions for this RFP will be responded to within 2 business days of receipt and must be received by 4:30pm CST on February 16th, 2024. Requests for clarification and/or questions should be directed to:

Celeste Theriault, Executive Director and Sylvia Sentner, Administrative Coordinator

National Indigenous Diabetes Association Inc.

202-160 Provencher Blvd, Winnipeg, MB, R2H 0G3

Email: nationalengagement@nada.ca

Responses/Submission

Only those submissions that meet the deadline will be considered. All on-time proposals will be acknowledged. Responses to this RFP must be received by 4:30pm on February 28, 2024. Responses must be sent by email to:

Celeste Theriault, Executive Director and Sylvia Sentner, Administrative Coordinator

National Indigenous Diabetes Association Inc.

202-160 Provencher Blvd, Winnipeg, MB, R2H 0G3

Email: nationalengagement@nada.ca

ADDENDUM #1

The National Indigenous Diabetes Association Inc. amends, in accordance with this Addendum to the Request for Proposal titled Phase 2 – National Indigenous Engagement on a National Framework for Diabetes: Establishing Distinctions-based Pathways (the RFP), issued January 31st, 2024. The original RFP Documents remain in full force and effect, except as modified by this Addendum, which is hereby made part of the RFP. Respondent shall take this Addendum into consideration when preparing and submitting its Proposal.

The purpose of this Addendum is to provide responses to questions received. The proposal submittal deadline remains the same and is not changed by this addendum.

The following questions and answers are provided as a matter of information to clarify issues raised about the RFP.

1. We were only recently made aware of this proposal and are wondering if there is the possibility of extending the due date past February 28th, 2024?

While we understand the challenges of tight deadlines, at this time, we are unable to extend the deadline past February 28th, 2024.

2. Can you provide us with a PDF of the RFP?

Please email nationalengagement@nada.ca for a PDF of the RFP.

3. Is a PDF version of the Phase 1 report available?

No.

4. Would we have access to the raw data from Phase 1/what information will be available to us?

Yes, awarded contractors will have access to the raw data from Phase 1. Any information required from Phase 1 will be available as requested by the awarded contractor.

5. Can you provide us with a copy of questions and answers sent to other proponents?

As the question period closes Friday, February 16th, 2024 at 4:30PM CST, we will compile and provide the questions and answers from other proponents through an addendum Tuesday, February 20th, 2024. The addendum will be distributed to all inquiring bidders and posted on all platforms where the RFP was initially announced, ensuring that everyone has access to the same information.

6. Are you considering out-of-province agencies for this project?

NIDA is considering submissions from out-of-province agencies for this project.

7. Is the RFP currently posted online at other bids and tender sites (we came across the proposal on Charity Village)?

The RFP was only posted to Charity Village and the cross-posting sites that are free to Charity Village. Other than that, NIDA does not have the RFP on any other bid and tender sites.

8. What is the expected number of bids you are anticipating for this Request for Proposal (RFP)?

While we are unable to predict the exact number of proposals we will receive, we have experienced a highly active question period, indicating strong interest from potential bidders. We encourage all interested parties to submit their proposals, as we are committed to a fair and thorough evaluation of all submissions to select the best fit for our project needs based on the criteria posted in the RFP. We look forward to reviewing comprehensive proposals that meet the objectives outlined in the RFP.

9. Are you able to disclose whether the consultants that completed Phase 1 will be bidding on this phase 2 work? Is NIDA thinking of hiring the incumbent team who completed the engagement for the *Informing a Framework for Diabetes in Canada: Stakeholder Engagement Summary*?

We are unable to disclose specific details about bidding contractors. However, NIDA is committed to a transparent and fair selection process for all bidding contractors for Phase 2 of our project. The selection of the contractor for Phase 2 will be based strictly on the criteria outlined in our Request for Proposal (RFP). We encourage all interested parties to review the evaluation criteria to understand how proposals will be assessed. Our priority is to ensure that the selected contractor is best suited to meet the project's objectives in a fair and comprehensive manner.

10. Did you work with a consultant for Phase 1 of this project and can you share the name of the company? Is that company eligible to submit a proposal for Phase 2?

The consultant that NIDA worked with for Phase 1 of the Project was IDEA Diabetes. That company is eligible to submit a proposal for Phase 2, should they decide to do so.

11. Will Indigenous-led or -owned entities be given preference in the award process?

Indigenous owned entities will be given preference in the award process based off NIDA policies for procurement as stated below:

- 16.1 : NIDA supports Indigenous vendors and as such will endeavour to enter into contractual agreements with Indigenous vendors whenever possible.

12. Is there a timeline for completing Phase 2?

The deadline for project completion of phase 2 is March 31st, 2026.

13. Do you anticipate this Phase 2 work will be through to 2025-2026? Or is this phase for 2024-2025 and an additional phase will come after?

Regarding the timeline for Phase 2, we expect the work to extend through to March 31st, 2026 which marks the absolute final deadline for completion. There is currently no phase 3, although we believe there will be opportunity to create a phase 3 of implementation after phase 2, this is still to be negotiated though as the project unfolds.

14. Are there plans for follow-up Phases to include implementation of pathway recommendations? What opportunities are there for pathway outcomes to be realized?

There is currently no phase 3, although we believe there will be opportunity to create a phase 3 of implementation after phase 2. This is still to be negotiated though as the project unfolds and cannot be promised. NIDA believes it is very important for the implementation of the pathway recommendations to be realized and will be responsible for ensuring that accountability to all stakeholders and Indigenous People living with diabetes in Canada.

15. Any key milestones that should be considered?

- April/May 2024: Distinctions-based Advisory Circles formed, literature review and strategy is developed
- May 2024: Report published about Distinction-based strategy
- June 2024 to March 2025: Distinctions-based engagements (hybrid option with a focus on in-person)
- March 2025: Report about project progress and key insights
- April 2025 to September 2026: Data and engagement analysis
- May 2025: Presentation of the work at National Indigenous Diabetes Conference in Winnipeg
- September 2026 to March 2026: Distinctions-based frameworks unfolding/developed
- March 31st, 2026: Final report with distinctions-based frameworks
- Ongoing and Past March 31st, 2026: Advocate for implementation and funding of pathways for a Phase 3

16. Regarding the Indigenous Advisory Circle, what is the rationale behind having 3 distinct Advisory Groups? Is this how the first phase of the project structured the advisory groups?

The first phase of the project structured the advisory group as one space for dialogue and discovery between First Nations, Métis, and Inuit altogether. The rationale behind having three distinct advisory groups in this second phase is to ensure that the unique perspectives, priorities and needs of each distinction – First Nations, Métis, and Inuit – are fully represented and addressed. By creating separate spaces for dialogue, we can facilitate more tailored conversations regarding specific policies that affect each distinction.

17. Will there be cross over between the past Indigenous Advisory Group for Phase 1 and this Phase 2?

We are open to having cross over between the past Indigenous Advisory Group for Phase 1 into Phase 2. However, we see a unique opportunity to engage other Indigenous individuals that may bring different perspectives and a deep understanding of the fine details that affect each distinction. Phase 1 provided a broad overview, and for Phase 2, we aim to bring in individuals who can offer specific insights to First Nations, Métis, and Inuit Nations. We envision a second phase with new voices contributing to the dialogue and discovery process, while also building upon and valuing the insights and continuity of the original Advisory Group in Phase 1.

18. Is the Indigenous Advisors Circle created for the Diabetes Kinship Circle still active, and do you expect it to play a role in Phase 2? If so, how do you envision that role?

The Indigenous Advisors Circle created for the Diabetes Kinship Circle is currently not active. We are open to having cross over between the past Indigenous Advisors Circle for Phase 1 into Phase 2. The Indigenous Advisors Circle, established for the Diabetes Kinship Circle during Phase 1, played a crucial role in laying the groundwork for our project. As we transition into Phase 2, we see a unique opportunity to engage other Indigenous individuals that may bring different perspectives and a deep understanding of the fine details that affect each distinction. We envision a second phase with new voices contributing to the dialogue and discovery process, while also building upon and valuing the insights and continuity of the original Advisory Group in Phase 1.

19. How does the National Indigenous Diabetes Association Inc. see the management and administration of the Advisory Groups take place. Would this be a priority of the consultant or of the NIDA?

The administration and management of the Advisory Groups would primarily be the responsibility of the consultant. NIDA will actively participate in overseeing the process, contributing to member selection, and offering support as needed. While collaboration between NIDA and the Consultant will be essential to ensure the effective functioning of the advisory group, the consultant bears the responsibility for their management. At a kick-off meeting, all individuals will be welcomed by NIDA. Throughout subsequent meetings, NIDA will not participate to allow the group to led discussions independently, promoting open and unbiased dialogue.

20. Does NIDA have a database of individuals or a list of entities/orgs that they'd like to concentrate on engaging in Phase 2?

NIDA does have a database of individuals and a list of entities that they would like to concentrate on in Phase 2. NIDA is open to the spirit of collaboration and to other suggestions of entities based off the awarded contractors perspective.

21. Is there a preference to host advisory circle/focus interviews in person, hybrid, or virtual?

The advisory circle will be hybrid with the potential opportunity to meet in-person if budget allows. The engagements/focus interviews must give have an in-person priority with a hybrid option.

22. What are the desired key outcomes of engagements?

Building upon the key insights from phase 1, the desired outcomes of Phase 2 engagements focus on creating distinct pathways for diabetes management and prevention tailored to First Nations, Métis, and Inuit communities. These pathways will be developed based on thorough engagement findings, emphasizing the unique needs, barriers, and experiences of each group. The goal is to provide policy direction, informing policy makers and practitioners with clear, actionable recommendations to enhance diabetes care and prevention effectively for each Indigenous distinction.

23. Does the pathway development acknowledge and focus on the differing types of diabetes and how those influence experiences?

The Pathway development must acknowledge and focus on differing types of diabetes and how they influence experiences, noting that a major focus will be on Type 2 Diabetes (T2D) as it disproportionately affects Indigenous People in Canada.

24. Key outcomes - “distinctions-based pathways” — is this intended to be: recommendations to develop a pathway; development/design of each framework or pathway; or delivery of a defined framework and associated comprehensive multi-year plans with future activities to implement for each specific population?

Development and design of each pathway with the delivery of a defined framework and associated comprehensive multi-year plans with future activities to implement for each specific population.

25. Costing – is the intention to support further framework development and funding processes? Or is it about how to achieve a health goal identified by the advisory circles/focus interviews?

The costing outlined in the RFP primarily supports further framework development and the associated processes necessary for successful implementation, which ideally would happen in a third phase. It is designed to encompass the comprehensive needs of the project, including but not limited to, research, consultations, and the development of actionable pathways to meet health goals identified by the advisory circles and insights

gathered from focus interviews. The intention is to ensure that all aspects of the project, from conceptualization through to actionable outcomes, are then adequately funded and supported to achieve a holistic and impactful resolution to the health challenges identified by Indigenous Nations in the near future. This approach allows for a flexible yet structured distinction-based framework that can adapt to the evolving needs of the project while maintaining a clear focus on achieving significant health advancements.

26. Is the payment schedule milestone billing or a fixed fee to be billed each month or twice a month?

Payment schedule can be determined by NIDA and the awarded contractor. Milestone billing would be appropriate, although NIDA recognizes that it will most likely work out to be a hybrid option for flexibility.

27. For Phase 2's budget, should we consider only FY 2024-2025 (\$497,610 + honoraria + travel), or does it extend into FY 2025-2026?

The full budget outlined in Question 28 should be considered for the entirety of Phase 2 until March 31st, 2026.

28. What is the budget for this project?

The budget for this project as it currently stands is as follows:

FY 2023-2024	FY 2024-2025	FY 2025-2026	Total
\$ 150,000.00	\$ 497,610.00	\$ 285,000.00	\$ 932,610.00

Additionally, there is a separate allocation for honoraria and expenses related to transportation, accommodation, meals, and incidentals. They are as follows:

Honoraria			
FY 2023-2024	FY 2024-2025	FY 2025-2026	Total
\$ 27,000.00	\$ 94,125.00	\$ 40,500.00	\$ 161,625.00

Travel				
	FY 2023-2024	FY 2024-2025	FY 2025-2026	Total
Transportation	\$ -	\$ 43,200.00	\$ 7,200.00	\$ 50,400.00
Accommodation	\$ -	\$ 14,400.00	\$ 4,800.00	\$ 19,200.00
Meals and Incidentals	\$ -	\$ 11,459.00	\$ 352.00	\$ 11,811.00

Please note that depending on the specific criteria and activities required for the project, there may be some room for adjustments or additional budget allocations, although they should not be expected beyond the initial allocated budget.