



POLICY: Reconciliation Fund Payment Policy

Date Approved: December 2022
Last Review: May 2023

Preamble

The Midwives Association of British Columbia (MABC) recognizes that Indigenous Midwives play an important role within Indigenous communities and that fulfilling this role requires additional time spent in non-clinical activities which are outside the normal provision of Registered Midwifery care in BC. In the 2021 Arbitration Results, the MABC received retroactive and annual funding to provide a stipend to Indigenous Midwives for their non-clinical work in providing care to Indigenous people.

Purpose

To provide registered Indigenous Midwives with fair and adequate compensation for non-clinical work with/or on behalf of Indigenous people.

Policy Statement

The MABC will provide fair and appropriate remuneration to all registered Indigenous Midwives, registered with the MABC, who have participated in non-clinical activities in response to their unique roles with Indigenous communities and the health care system.

Compensation Rates

Indigenous registered Midwives will be eligible for compensation for non-clinical work benefiting Indigenous people between April 1, 2023 to March 31, 2024.

The hourly rate paid for the provision of these eligible activities is based on the current Midwifery Payment Schedule for Consultative Fees. For the term of this policy, the rate is 124.11 per hour.

Payment to individual applicants will be based on hours documented and submitted up to a maximum of 10 hours per month. The maximum is based on current projections of usage and IMAC may reduce allowable hours as needed to remain within annual funding amount.

If there are any remaining dollars in the fund at fiscal yearend, additional payments to applicants will be distributed as follows:

- Documenting of each midwives' hours reported but not funded (those over max 10 hours / month)
- Unpaid hours will be paid at rate of 124.11 per hour
 - o If there are remaining funds after all unpaid hours are processed, these funds will roll over to the next fiscal year cycle.
 - o If there are not sufficient funds to pay all unpaid hours at the full rate, funding will be prorated based on hours submitted.

Eligibility

- Registered MABC midwife at any point from April 1, 2023 to March 31, 2024
- Citizenship confirmed through the Indigenous Midwives Advisory Council verification process
- Non-clinical work should not already be compensated as part of any salaried or contract position

Application Process

Eligible Indigenous Midwives will be invited to submit invoices for the Reconciliation Fund payment.

Applicants will submit an invoice to bookkeeping@bcmidwives.com, on a quarterly basis for payment. This invoice must detail both the category of activity (Appendix A), the date of the activity and the hour(s) worked (30 min increment minimum).

Link to the Invoice Template can be found here [\[link to be added\]](#).

We ask that you document all hours that meet criteria (regardless of the limits to maximum hours that can be compensated per month), to support the documentation of all work taking place, and to inform possible additional payments at fiscal year end as detailed above.

These are the submission deadlines for each quarter:

Activity Collection Period	Invoice Submission Deadline
April 1, 2023 to June 30, 2023	July 10, 2023
July 1, 2023 to September 30, 2023	October 10, 2023
October 1, 2023 to December 31, 2023	January 9, 2024
January 1, 2024 to March 31, 2024	April 8, 2024

Invoices submitted after the deadline will not be eligible for payments.

Approval Process

After review and payment calculations of all invoices are completed, these documents will be stored in a shared platform accessible to all members of IMAC.

The benefit is taxable and a T4A will be issued to you in February for benefits payments received in the previous calendar year.

Related Documents:

Indigenous Citizenship Verification Process Policy



Reconciliation Stipend Activities (IMAC 2022)

Supporting Cultural Practices or Rites of Passage (including but not limited to):

- Rites of passage (childhood, puberty, choice of life partner, pregnancy, birth, parenting, grandparents, death)
- Adoption practices
- Ceremonies, practices or events to welcome the newborn
- Support or facilitate of cultural practices related to pregnancy, birth and the postpartum
- Respect and support of traditional song, dance and spiritual practices

Protecting the Birth Environment (including but not limited to):

- Communicate with hospital staff around respecting protocol
- Facilitate of changes in hospitals or birthing locations to makes space for cultural ceremonies or rites of passage
- Advocate for the ability to birth on territory
- Address instances of anti-Indigenous racism within the birth space

Honoring the Relationship with the Land (including but not limited to):

- Harvest and prepare medicines
- Participate in land-based activism
- Maintain connection to the territory
- Advocate for access to clean water
- Gather traditional foods

Providing Traditional Counseling (including but not limited to):

- Sexual & reproductive health
- Healthy grieving
- Health promotion across the lifecycle
- Traditional medicines and foods

Strengthening the Community (including but not limited to):

- Support, facilitate, or attend community events
- Educate on Indigenous Midwifery
- Respect the self-determination of the community
- Respond to community needs and resources
- Learn the local protocols
- Participate in the planning or logistical implementation for return of birth and midwifery to community
- Develop or secure resources that contribute to the return of birth to community
- Liaising between stakeholders (between community, hospital for example, etc)



Facilitating Access to Community Resources (including but not limited to):

- Promote community-based food security
- Support access to safe housing
- Liaise with other community service providers
- Provide and/or facilitate transportation to appointments or services
- Work to dismantle barriers created by anti-Indigenous racism and/or historical and current colonial structures

Advocating for Clients outside of the Healthcare System (including but not limited to):

- Support the client through contact with the child protection system (MCFD)
- Facilitate and support contact with mental health services,
- Support client through interactions with the BC legal system
- Work to address anti-Indigenous racism
- Work to dismantle historical and current colonial structures

Growing Indigenous Midwifery (including but not limited to):

- Support, mentor and advise Indigenous Midwifery students
- Provide Indigenous Midwifery peer to peer support and mentorship
- Develop Policy and Protocols related to Indigenous Midwifery
- Represent or speak on behalf of Indigenous Midwifery
- Conduct research related to Indigenous Midwifery or Indigenous reproductive/perinatal health
- Recruit Indigenous midwives,

Contributing to the Growth of Indigenous Knowledge (including but not limited to):

- Spend time with elders or knowledge keepers
- Learn and/or share Indigenous language in the provision of care
- Learn and/or share traditional and creation stories
- Learn and/or share song, dance, dreaming and spiritual practices as they support the provision of care

