



**PhiLab**

RÉSEAU CANADIEN  
DE RECHERCHE PARTENARIALE  
SUR LA PHILANTHROPIE

# Case Study

## The Consortium philanthropique COVID Québec

### September 2020



**Charles Duprez**  
Master's student in Responsabilité  
sociale et environnementale,  
UQAM

In this study, we describe the initiative implemented by a small core group of Quebec philanthropic foundations in response to COVID-19.

## The actors of the “Consortium philanthropique COVID Québec” initiative

Four foundations are at the origin of the Consortium philanthropique COVID Québec (hereafter Consortium). While they all have their own specificities and fields of expertise, they are all concerned with the issue of improving health-care in Quebec. Their endowments have values ranging between 150 and 300 million Canadian dollars, with annual operating budgets varying between 3.5% and 7% of the capital placed on the financial markets. The size of their staff varies but remains limited to a small team of less than five people. Finally, although they may be involved in a number of philanthropic causes, each of the four foundations are involved in the health field, albeit to different degrees.





## Introduction

On March 24, ten days after the declaration of the state of health emergency, a telephone meeting took place between the members of this same group on health. The purpose of this meeting was to take stock of the latest exchanges between members of this group and people from the Ministry of Health and Social Services. Two items were on the agenda. The first was the collaboration proposal suggested by Minister McCann. The second item, given the pandemic situation, was a collaboration to be set up between Quebec foundations to develop a preventive response to the health emergency.

During this meeting, four foundations joined forces to engage in fighting the causes of the pandemic. Montreal was at the time one of the two hotspots in the spread of the virus in Quebec and would become the metropolitan area most affected by the pandemic in Canada.

The four foundations (the Consortium)—the Molson, Jarislowski, Trottier and Saputo foundations—resolved to go beyond the emergency response methods used by a number of Canadian and Quebec foundations. These responses consisted mainly in setting up or contributing to emergency funds while also seeking to loosening the rules surrounding the use of donations already made and to speeding up the process for allocating new donations related to the health emergency. This avenue of work by the foundations encouraged the flow of capital at a time when access to capital was diminishing due to the cessation of economic activities deemed non-essential. This was particularly important because there was a time lag before federal, provincial and territorial govern-

ment support measures became effective. For example, economic activity slowed significantly from the third week of March yet the new personal assistance program, the Canada Emergency Response Benefit (CERB), was not made available until April 6.

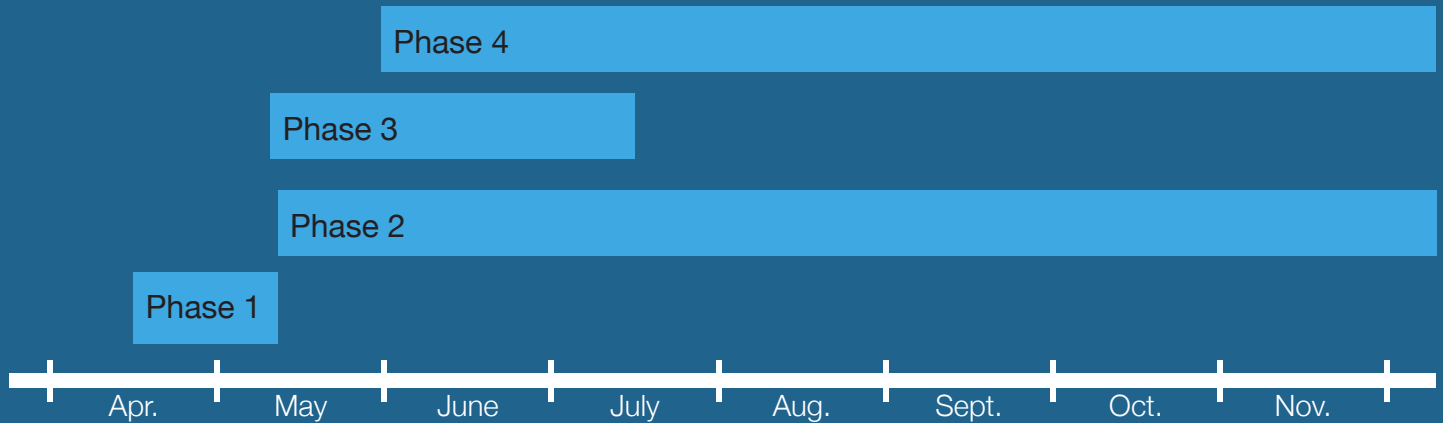
In response, Consortium members decided to develop an innovative working strategy to reduce or halt the spread of the disease.

At the very beginning of this new collaboration, initial discussions among Consortium members concluded that it was important to build capacity for action. Funding was therefore required to facilitate the structuring of an action strategy. These funds were to enable the hiring of a professional staff member and to define a financial envelope to support future interventions. In addition, the Consortium was quickly inspired by the collaborative working model set up by the Collective Impact Project (CIP). The CIP brings together nine Quebec foundations and three partners, namely the Direction de la santé publique de Montréal, the City of Montréal and the Coalition des tables de quartier de Montréal. The CIP is coordinated by Centraide of Greater Montreal. The Consortium members concluded that they would need to entrust a philanthropic organizational resource with the coordination of the project management.

In this vein, on March 31, PFC agreed to take on the role of fiduciary body. A selection process for a professional staff was undertaken by PFC, resulting in the hiring of Félix-Antoine Véronneau, who joined PFC on April 16 as coordinator of the Consortium's work.

# Implementation of the COVID-Québec action strategy

## Implementation of the COVID-Québec action strategy



The analysis of the actions carried out by the Consortium allowed identifying four phases in the emergence and development of an action strategy based on a territorial and thematic approach. The first phase, from April 16 to May 8, 2020, took the form of a **diagnostic analysis of the situation generated by the spread of the pandemic**. The second phase, starting on May 8 and still in progress, resulted in the **concretization of the lessons that emerged from the diagnostic analysis and the realization of the first thematic investments**. The third phase, from May 6 to July 15, involved the **development of concrete territorial action in one of Montreal's boroughs, Montréal-Nord**. An initial payment was made to support the work at the local level. Finally, the fourth phase, starting May 29, is still underway. It is based on the **sharing of knowledge that will eventually enable the deployment of the Consortium's territorial model of action in other areas of the Montreal metropolitan region and the transfer of expertise outside Quebec**.

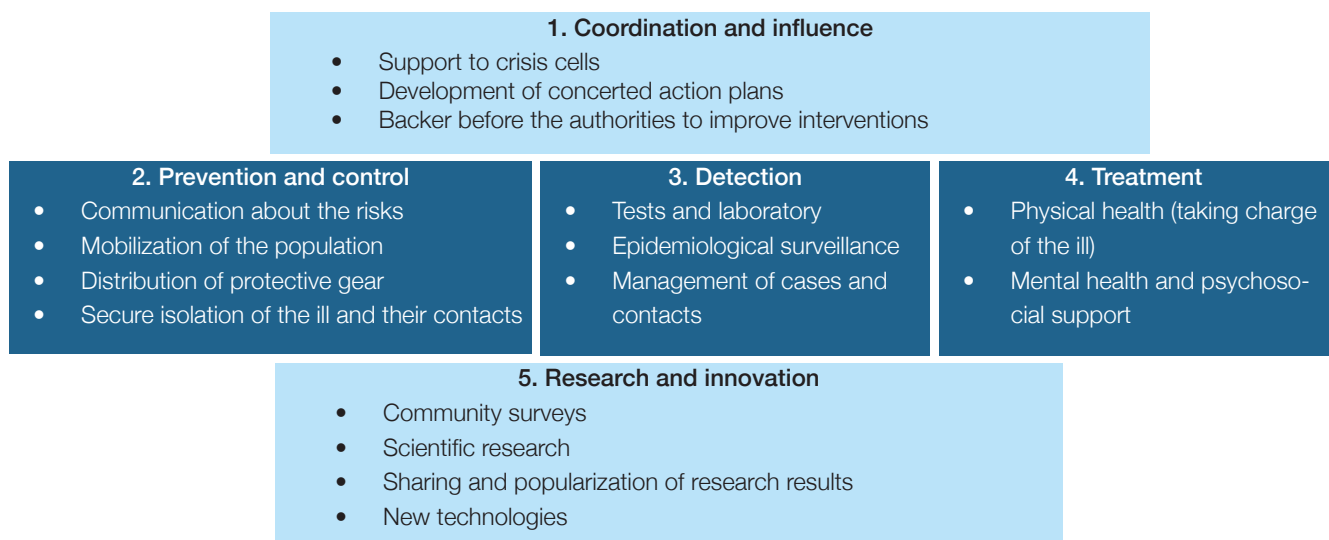
# Implementation of the COVID-Québec action strategy

## 1. Diagnostic analysis

Five types of intervention were identified from the diagnostic analysis and provided a framework for responding to the pandemic.

- 1. Coordination and influence:** the aim was to build on the work carried out by crisis cells at the local level; to propose the production of concerted action plans; to work to influence different levels of authority.
- 2. Prevention and control of infections:** this part of the work involves social and health measures in terms of information on the disease; mobilization of the population on the risks and preventive behaviours to adopt; distribution of protective material or equipment, etc.
- 3. The detection of cases:** this dimension of the work focuses on actions to be taken to improve testing measures for the disease; to monitor the evolution of the pandemic; and to have effective management of affected persons and preventive measures regarding contacts.
- 4. The treatment of cases:** to support the management of patients and to offer mental health and psychological support services.
- 5. Research and innovation:** The latter concerns the development of knowledge about the disease and the technologies to be developed. It also aims at circulating information and possibly supporting research.

### The five types of interventions to guide the response to the pandemic



The five areas of work identified by the Consortium coordinator's diagnostic analysis guided the deployment of a set of actions carried out by the four foundations. These actions were grouped into two components: one territorial and the other thematic.

# Implementation of the COVID-Québec action strategy

## 2. Foundations of the territorial approach

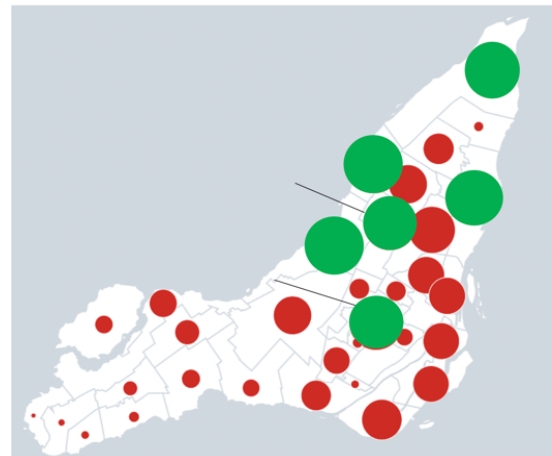
The diagnostic analysis of the pandemic situation in Montreal allowed the Consortium to identify six boroughs for which to develop a territorial approach. These boroughs were considered a priority because of the high number of people affected by the coronavirus and also because of the high rates of poverty. It should be noted that these boroughs also have a high number of people belonging to visible minorities.

The selected boroughs were Montréal-Nord, Ahuntsic-Cartierville, Côte-des-Neiges– Notre-Dame-de-Grâce, Mercier–Hochelaga-Maisonneuve, Rivière-des-Prairies–Pointe-aux-Trembles and Villeray-St-Michel-Parc Extension.

### Map of the propagation of COVID-19 on the island of Montreal

- Support underway
- Targeted for support
- Not targeted

The numbers correspond to the number of cases identified in the beginning of May 2020.



This work spanning across six boroughs was aimed at a preventive action for a population of 700,000 people, representing 38% of the people living in Montreal.

The territorial path of work identified in the diagnostic analysis responded to the fact that in a pandemic situation there is a plethora of actions and a lack of coordination and communication between the actors, particularly when the latter operate at different levels of intervention. The interviews that Félix-Antoine conducted confirmed that the health emergency made it difficult to take a step back and coordinate the overall response. Hence the interest in an approach that would allow for planned and broadened consultation at the borough level and that would bring together all the players to define a shared vision of the work to be done.

# Implementation of the COVID-Québec action strategy

## 3. Pilot Project

The Montreal-North borough was the area most affected by COVID-19. The high urban concentration, the high poverty rate in the northeast and southwest of the borough, the high number of people belonging to visible minorities engaged in health services, the large number of elderly people and single-parent families, and deficits in terms of health infrastructure were all factors calling for a preventive intervention to stop the spread of the virus. The choice to support this neighbourhood seemed to lend itself to initiating a first territorial intervention.

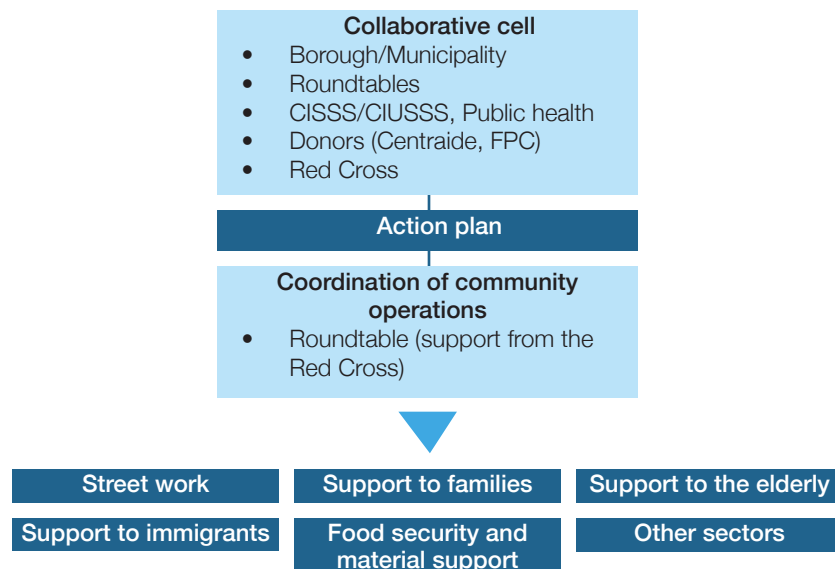
Hand-in-hand with local actors, a first model of a local action plan to deal with the health emergency took shape as follows.

### Summary of the action plan for Montréal-Nord

1. Coordination and planning	<ul style="list-style-type: none"> <li>• Set-up of the operational support centre of the neighbourhood table</li> <li>• Set-up of a support team for the concerted action plan (needs analysis, capacity strengthening, follow-up evaluation)</li> </ul>	\$125,000
2. Prevention and control	<ul style="list-style-type: none"> <li>• Support to the organization and operations or community sensitization teams (door to door, media campaigns)</li> <li>• Outreach work targeting specific clients (elderly, youth, people with immigrant backgrounds)</li> <li>• Supply of reusable masks to protect the population and support the sensitization campaigns</li> <li>• Set-up of work spaces of community organizations (Architects Without Frontiers)</li> <li>• Support to people in confinement (groceries, shopping and services)</li> </ul>	\$248,000
3. Detection	<ul style="list-style-type: none"> <li>• Mobilization of citizens for testing by community organizations</li> <li>• Facilitation of transportation to testing clinics</li> <li>• Development of a local testing strategy (realized by McGill University)</li> <li>• Adding of a mobile clinic</li> </ul>	\$12,000
4. Treatment	<ul style="list-style-type: none"> <li>• Psychosocial support for the elderly</li> </ul>	\$18,000
5. Research and innovation	<ul style="list-style-type: none"> <li>• Survey on the attitudes and behaviours of the population of Montréal-Nord regarding COVID-19 (*already realized at a cost of \$17,000)</li> </ul>	\$0

# Implementation of the COVID-Québec action strategy

## Preferred intervention model for action plans



A \$600,000 envelope was then quickly made available by the Consortium to support:

- The implementation of part of the local emergency action plan developed in response to the health crisis (an amount of \$400,000 shared equally among the four foundations). This included proposals from the Table de quartier de Montréal-Nord, the Centre d’action bénévole and the Hoodstock organization;
- Specific concrete actions (psychosocial support, for example) with some budgetary flexibility (an amount of \$200,000 was granted at the discretion of Consortium members).

The Consortium has benefited from the process related to the production of the local emergency action plan for the pandemic in the borough of Montréal-Nord to systematize its approach. The idea is to generalize the learning from this collaboration to other territories. To date, the dissemination of the approach seems to be bearing fruit.

The action plans in progress are those of:

- Montréal-Nord: in progress since July 15
- Ahuntsic-Cartierville: in progress since August 17
- Côte-des-Neiges: in progress since August 24
- Saint-Michel: in progress since August 24
- Mercier-Hochelaga-Maisonneuve: in progress since August 25
- Villieray: in progress since September 1

The action plans undergoing validation are those of:

- Parc-Extension: final validation expected on September 28
- Rivière-des-Prairies: final validation expected on September 28

To date, investments for Montreal total \$2.4 million for a period of four months.



# Thematic Component

---

In response to COVID-19, the Consortium's thematic intervention component supported strategic local initiatives on specific themes. When deemed relevant, these initiatives were promoted in the targeted territories, but without necessarily going through local emergency action plans.

As an illustration of activities supported by Consortium members, or by other foundations that are aware of the approach, let us mention the financial support granted by the Trottier Family Foundation to the CanCOVID platform. The latter serves, among other things, to disseminate scientific knowledge about COVID-19 and to facilitate linkages between researchers.



## Examples of thematic initiatives funded by members of the Consortium or foundations drawn to the approach

### Hoodstock, “Immeuble en immeuble” project in Montréal-Nord

- Fondation J. Armand Bombardier: \$25,000 (through Fonds COVID Québec)
- Chamandy Foundation: \$50,000
- From the Consortium: Saputo and Trottier foundations: each \$28,000

### Tous Ensemble

- Chamandy Foundation: \$30,000 (purchase of tablets for Hôpital Maisonneuve-Rosemont and the Jewish General Hospital of Montreal)
- From the Consortium, Saputo Foundation: \$62,000

### Revivre

- From the Consortium, Molson Foundation: \$100,000

### CUSM –

- Research on COVID-19 in relation to MI4, Trottier Foundation: \$1,000,000
- CanCovid project, Trottier Family Foundation: \$1,410,000

# Thematic Component

---



Funding for the territorial component is provided by a \$3 million reserve from the Consortium's foundations (\$500,000 from each of the Consortium member organizations and an additional \$1,000,000 from the Trotter Family Foundation). This territorial envelope is aimed at the rapid development of local emergency plans and community mobilization. According to the guidelines, the plans are to be produced and deployed over a four-month period.

Funding for the thematic component is at the discretion of each of the Consortium's foundations, a flexibility that allows other foundations to participate in this process. It is possible to commit specifically to a project for which one or more foundations feel committed to, be it with regard to the cause or the territory served.

The crisis cells can mandate a fiduciary organization to manage the donations provided by the Consortium. PFC manages the envelopes with the delegated organizations. These organizations are often neighbourhood tables (6 out of 9 plans) but also major NPOs in their territory (3 out of 9 plans).

For each project, a steering committee is set up and PFC is responsible for signing the agreements. The agreements must include a detailed action plan, a budget and indicate the reporting arrangements envisaged. Once the agreements are in place, the neighbourhood tables liaise with the organizations involved in the process.

Accountability occurs one month after the end of the project, or five months after the allocated envelope has been disbursed. The report includes a final and complete report on the achievement of objectives, challenges encountered and learnings achieved. It also includes a detailed financial report.

At mid-term, Consortium-funded organizations must submit a progress report on their action plan in relation to the objectives set and the expenses incurred. PFC has been designated as the Consortium representative to sit as an observer at the bi-weekly meetings of the action plan steering committees. PFC reserves the right to make field visits and may carry out financial audits.

The approach initiated by the Consortium has enabled us to make several observations.



## Statement 1

First, even though the four foundations did not have specific experience of collaborating with one another, most had already worked with other foundations. A culture of collaboration was already ingrained in their approach to work. Moreover, they all had a desire to translate this spirit into common projects that would help shape the philanthropy of tomorrow. Indeed, these foundations are showing a great deal of questioning about the place and role that philanthropy should take on in society. All are calling for consolidation to maximize their impact.

## Statement 2

Second, this collaboration is based on a set of key elements:

- the desire to act directly on causes through prevention;
- an allocation of financial resources dedicated to the collaboration that is added to each foundation's commitment of allocations to emergency funds;
- for at least one foundation, the willingness to exceed the 3.5% quota set by the Canada Revenue Agency;
- the development of an agreement with PFC as a fiduciary organization to ensure a quick start to the process;
- close collaboration with Centraide of Greater Montreal;
- the position of being attentive to proposals from the community;
- a two-pronged intervention strategy, both territorial and thematic.



## Statement 3

Thirdly, the decision to adopt a reflective stance before taking action, with the aim of mobilizing knowledge to support an eventual model of action, was beneficial to the Consortium's work. The diagnostic analysis validated the initial intuition to focus foundation action on the causes of the pandemic rather than its consequences. It also made it possible to identify key partners to work with (crisis cells, neighbourhood tables). It should be noted that few philanthropic organizations have decided to directly address the factors related to the spread of the coronavirus. In this respect, the Consortium's action is innovative.

## Statement 4

Fourthly, the experience and skills of the coordinator recruited by the Consortium were decisive in designing a territorial emergency plan that follows the approach of actions in humanitarian emergencies. It should be remembered that prior to Félix-Antoine's first analysis, there was no intention to invest in emergencies. This new prioritization was very quickly understood and followed by the Consortium's foundations.

Similarly, the fact that Claire and Sylvie Trottier are researchers and that Claire is specialized in microbiology played a role in understanding the urgency of the situation and the importance of addressing the causes of the pandemic. The two sisters brought valuable insights into the crisis to the entire group and also facilitated contact with the health science community and government science advisors.



## Statement 5

Fifth, the fact that the Consortium empowered itself to engage alone or with others on funding(s) generated a flexible, agile and responsive approach to work. This has led to the emergence of a common core of intervention, via the territorial approach in Montreal, and a continuum of actions that can be developed alone, in tandem or with other Montreal foundations that are not members of the Consortium (the thematic approach). It should be noted that the continuum of specific actions is defined according to the profiles of the foundations that have committed to it. This continuum of actions may or may not be linked to the territorial approach.

The division between a budget for the territorial component (2 million dollars) and a budget for the thematic component (1 million dollars) gave the consortium good room for manoeuvre. This ensures that the action remains agile, allowing it, for example, to enter into discussions with actors who have new proposals.

However, the transfer of funds to local community organizations was not always easy because some organizations were “unqualified donors,” in other words, not recognized by the Canada Revenue Agency.



## Statement 6

Sixth, the aim was to work:

- in complementarity with the actions of public legislators rather than as a replacement for their incapacity to act. In the case developments that would warrant the state to take over, representations have been made to this effect (particularly for local emergency plans and community mobilization);
- by listening to and supporting local initiatives (crisis cells, neighbourhood tables), which were already mobilizing expertise and foreseeing or publicizing appropriate responses proposed by local organizations or institutions.



## Statement 7

Seventh, this approach, which relies on community involvement based on a territorial approach (the boroughs, in the case of Montreal, or a city, in the case of Laval), is greatly facilitated when local communities rely on practices and a history of cooperation. This is particularly the case for the City of Montréal, where the crisis cells and the neighbourhood tables reflect an important tradition of consultation.

## Statement 8

Eighth, for PFC, this experience made it possible to explore a new role by taking on the function of managing a collaborative approach between foundations. This involvement was set for a fixed period of time (around six months) in order to ensure rapid financial and operational management of the Consortium's collaborative approach. PFC thus participated in the implementation of a flexible and malleable organizational environment that was added peripherally to the classic field of its action program.

On certain files or philanthropic actions to be prioritized, such as the response to the climate crisis or mental health, this experience around a concerted and localized response to COVID-19 is a source of learning that merits being systematized, both for PFC and for the Consortium.

To replace PFC as trustee, the Foundation of Greater Montréal was approached and agreed to take over. PFC wanted to support the emergence process; however, with limited capacity, the organization felt it would be more appropriate to act to facilitate the initiation of collaboration and to withdraw once the collaboration was well underway. In this way, PFC can reinvest its energy to build similar platforms for other social issues. Moreover, if PFC were to remain very involved in such projects over the long term, it would risk becoming operationally oriented as an organization, which would compromise its strategic and political role.

Another collaborative platform, based on the same principle, has recently emerged. It deals with the climate issue in Montreal. It brings together five foundations, all of which contributed \$10,000 to initiate the work. Another collaborative working group is currently being formed on the theme of mental health.