

PhiLab Québec

Case Study

The Consortium philanthropique COVID Québec

by

Charles Duprez

(Master's student in *Responsabilité sociale et environnementale*, UQAM)

under the direction of

Jean-Marc Fontan
(Sociology, UQAM)

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Introduction

This case study is part of the joint research project “Réponses philanthropiques à la COVID-19” (Philanthropic Responses to COVID-19), conducted by three actors: Philanthropic Foundations Canada (PFC) and two research teams, one of which is led co-jointly by Jean-Marc Fontan of the PhiLab network and Susan Philipps of Carleton University. The objective of the study is to document quantitatively and qualitatively the actions taken by private, public and community foundations since the arrival of the pandemic on Canadian and Quebec soil.

Our *case study* focuses on six initiatives, following an exploratory research methodology. We availed ourselves of the documentation produced by the stakeholders concerned. We also conducted interviews (between 1 and 5 people per case study) with key informants.

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 healthcare 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.

○ *Jarislowsky Foundation*

Chaired by Stephen A. Jarislowsky, the *Jarislowsky Foundation* is managed by a small team of professionals. It supports education, health and the arts. The foundation supports numerous research chairs in universities across the country on themes such as democracy, governance, social issues, the environment and research and prevention of epidemics. The foundation maintains strong ties with the arts community such as theatre and music festivals.

- *Mirella & Lino Saputo Foundation*

The *Mirella & Lino Saputo Foundation* (hereafter Saputo Foundation) intervenes mainly in the Montreal area in the fields of social entrepreneurship and health. Among other things, the foundation finances the *Maison de l'innovation sociale (MIS)*. The very small team that makes up the organization, led by Claude Pinard, is also involved in issues of fighting poverty and supporting vulnerable people. The *Saputo Foundation* is also a member of the group of Montreal foundations that participate in the *Collective Impact Project (CIP)*¹ led by *Centraide of Greater Montreal*.

- *Molson Foundation*²

The *Molson Foundation* was established in 1958 by the Molson family. Businessman Andrew Molson is currently head of the foundation. The foundation has only one employee. Since its inception, the *Molson Foundation* has worked primarily in the areas of health and education. For example, it supports the *Montreal Museum of Fine Arts Education Centre* and hospital foundations through donations. The foundation, likewise a member of the CIP, considers itself a generalist in its interventions and is open to new ideas. Its donations are focused on Quebec, in particular the Montreal region.

- *Trottier Family Foundation*³

The *Trottier Family Foundation* was established in 2000. Lorne, Louise, Howard, Claire and Sylvie, all of the Trottier family, are currently members of the board of directors. Éric St-Pierre is the executive director and runs the foundation along with Claire and Sylvie. Historically, the foundation has worked in the fields of health and education. Donations originally supported mainly universities or hospital centres such as the *Centre hospitalier de l'Université de Montréal (CHUM)*. Since 2016, it has built a small team of professionals to manage its activities in order to support innovation in the fields of health, education, science and the environment. As a result, the areas to

¹ <https://www.centraide-mtl.org/en/agencies/collective-impact-project/>

² <https://fondationmolson.org/en/>

³ <https://www.trottierfoundation.com/>

which donations have been distributed have evolved considerably. The *Trottier Family Foundation* is also a member of the CIP.

○ *Philanthropic Foundations Canada (PFC)*⁴

Philanthropic Foundations Canada (PFC) is a charitable organization established in 1999 to represent the interests of private and public foundations through the adoption of public policies that foster the growth and development of an effective and accountable philanthropic sector. PFC's membership consists of just under 140 organizations. Since 2019, PFC is led by Jean-Marc Mangin.

⁴ <https://pfc.ca>.

1.0 Genesis of the collaboration

In 2017–2018, nine philanthropic foundations and major donors in Quebec,⁵ including the Saputo, Molson and Jarislowsky foundations, initiated meetings to improve their philanthropic actions in the field of public health. Often approached by hospital foundations, these donors felt the need to be better prepared to respond to the financial requests submitted to them. During the meetings of this working group, a second objective was identified, which was to involve the philanthropic sector in the development of a better offer of public health services in Quebec. One of the means that was considered to achieve this objective was to work in concert with the Quebec government to improve the excellence of public health services. This meant working with the government to better coordinate joint investments in this sector without, however, replacing the role of the legislator.⁶

To explore this avenue of collaboration with the public legislator, discussions with representatives of the Quebec Ministry of Health and Social Services of the Liberal government of Philippe Couillard were undertaken in 2018. These discussions led to the identification of a pilot project that would involve members of the informal health foundation group in the government's project to modernize the *Montreal General Hospital*, an institution, founded in 1819, that was in need of a major upgrade.

For this pilot project, the proposal of the members of the informal group of health foundations was to complement the \$300 million public contribution of the Quebec government with a philanthropic contribution of some \$100 million. In this way, this hospital could have become a place of excellence in health care in Quebec and Canada.

⁵ In addition to the Saputo, Molson and Jarislowsky foundations, the other foundations were Hewitt, Howard Webster, Rossy, Sandra et Alain Bouchard. The Trottier Family Foundation joined the meetings of this group later, around March 2020.

⁶ Canada's health care system is decentralized yet regulated and partially funded by the federal government. Since the late 1970s, the federal government's contribution to the funding of provincial and territorial health care systems has gradually declined. At the same time, those systems were hit with increasing demands, resulting in a slowdown of their development. The provinces and territories were thus challenged to compensate, a task they have been unable to accomplish to the extent required. It is in that context that, at least since the 1980s, granting foundations have identified the field of health care as a cause.

The additional financial contribution would, among other things, have equipped the *Montreal General Hospital* with ultra-specialized equipment and allowed the development of innovative projects that were difficult to finance by the legislator. The main challenge was to ensure complementarity between the actions of philanthropic organizations and those of the legislator in order to allow for greater coherence in health care investments. In addition, the project would have made it possible to draw the outlines of a model of collaboration between the Quebec philanthropic granting sector and the public actor.

The arrival in power of the Coalition Avenir Québec (CAQ) resulted in a halt and then a reopening of the dialogue in December 2018 between the informal group of foundations and the Ministry of Health and Social Services. Discussions took place with the Minister of Health and Social Services beginning in May 2019. During the discussions, Danielle McCann, enthusiastic about the potential of this initiative, proposed a first collaboration based on a less ambitious project than that of the Montreal General Hospital.

The new proposal aimed to test the development of support services for people with physical or mental disabilities, and was supported by the group of health foundations. Reflections on this new proposal were just beginning when the COVID-19 pandemic hit Quebec in March 2020.

Let us recall the sequence of events relating to COVID-19.⁷ On March 14, François Legault's Caquist government declared a public health emergency for Quebec. On March 15, physical distancing measures were imposed (1 metre), several public places were closed down and the Quebec population was asked to limit their movements. On March 16, the government imposed the closure of daycare centres and schools. This was followed by a ban on indoor and outdoor gatherings on March 21. On March 27, the City of Montréal declared a state of health emergency at the municipal level. On April 4, Quebec was deemed to be in a situation of community transmission of COVID-19. On April 6, the Canadian Emergency Response Benefit (CERB) measure went into operation. On April 15, notice was given for the reopening of so-called non-essential

⁷ For a more detailed timeline related to COVID-19 in Quebec, see: <https://www.inspq.qc.ca/covid-19/donnees/ligne-du-temps>.

economic activities such as mining, mechanical workshops and landscape maintenance. On May 4, the reopening was extended to stores, and on May 6, security measures were eased in response to the health emergency.

Starting in July, containment measures were eased significantly and a certain respite was observed in terms of a reduction in new cases and a reduction in the number of deaths. However, at the end of August, despite a relatively calm summer, the first symptoms of a second wave of the pandemic appeared, among other things following the resumption of school and academic activities and a certain laxity in the population with regard to preventive measures. The arrival of a second wave was confirmed on September 22 by Horacio Arruda, Quebec's public health director.⁸

1.1 Emergence of the Consortium philanthropique COVID Québec

At the very beginning of the health crisis provoked by COVID-19, Claire Trottier of the *Trottier Family Foundation* initiated steps to explore possible avenues of response by the Quebec philanthropic grantmaking sector to the health emergency caused by the pandemic. It is important to mention that the Trottier Family Foundation was already heavily invested in the response to COVID-19, having released close to \$10 million. The foundation reached out to Jean-Marc Mangin of PFC and to Ève Beauchamp of the *Jarislowsky Foundation*. Both were open. Specifically, Ève Beauchamp invited Claire Trottier to join the meetings of the informal group of health foundations.

On March 24, ten days after the declaration of the state of health emergency,⁹ 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.

⁸ <https://www.ledevoir.com/societe/sante/586361/point-de-presse-guilbault-et-arruda>.

⁹ <https://ici.radio-canada.ca/nouvelle/1666117/covid19-quebec-etat-urgence-sanitaire-pandemie>.

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.¹⁰ These responses consisted mainly in setting up or contributing to emergency funds¹¹ 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 government 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

¹⁰ For an overview of the key guiding principles articulated by the PFC, EFC, CFC and The Circle, see the “5 guiding principles to assist foundations in supporting their grantees” in the document entitled *We’re all in this together*. <https://pfc.ca/wp-content/uploads/2020/03/declaration-text-en.pdf>.

¹¹ For an overview of the actions taken in Montreal by various Quebec foundations, see <https://www.collectifdesfondations.org/covid-19-reponse>.

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,¹² who joined PFC on April 16 as coordinator of the Consortium's work.

1.2 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.

¹² Félix-Antoine is a professional with many years of experience in humanitarian action, particularly in health crisis situations. In particular, he has worked in Haiti on cholera and HIV/AIDS and in West Africa as an Ebola response coordinator. Félix-Antoine has good knowledge of the philanthropic community and the city of Montreal. To assist him, an intern, Katia Boudrahem, was recruited, who quickly became a full-time analyst for the Consortium.

Phase I: Diagnostic analysis

Within the first few weeks of taking office, Félix-Antoine conducted a multisectoral analysis of the public health issues related to the pandemic. In particular, he reviewed the technical guidelines produced by the WHO¹³ in connection with actions to be taken against COVID-19. In addition, he identified different avenues of intervention led by the philanthropic sector in response to the emergency generated by the pandemic. Finally, it consulted more than 30 key players in Quebec and the Montreal region to clearly identify the actions underway.

This reflexive approach allowed him to identify and recommend to the members of the Consortium preventive actions in the fight against the pandemic.

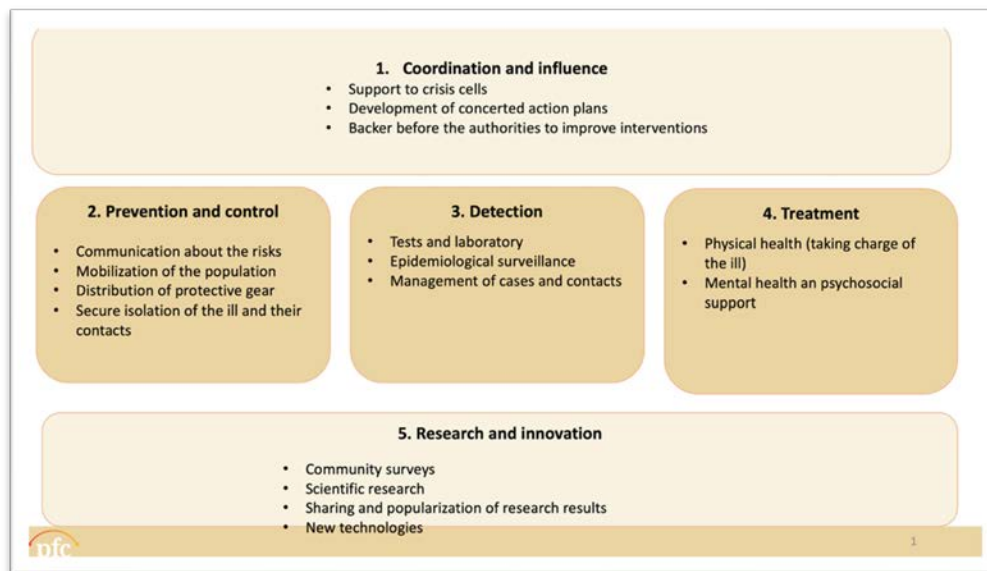
With this initial analysis established, Consortium members invited Quebec philanthropic organizations to attend a virtual working meeting, to take place on May 8. Approximately 70 people, from some 20 foundations, were present at the webinar. The objective of this meeting was also to raise awareness within the Montreal philanthropic sector about the learnings emerging from this first knowledge mobilization work.

Félix-Antoine subsequently presented the first conclusions of his analysis. Initially, his mandate was fairly broad, albeit with a focus on the “post-coronavirus” period. Hence, there was no intention to act with a sense of urgency. The first interviews conducted by Félix-Antoine, notably with Centraide of Greater Montreal, the Foundation of Greater Montreal and the Red Cross, made it clear that there would not be any large funds invested directly in the response to COVID-19 to fight its root cause: the transmission of the disease. This information was essential to provide a framework for the actions to be undertaken (Consortium, May 8, 2020). Five types of intervention were identified and provided a framework for responding to the pandemic.

¹³ See the WHO guidelines for controlling COVID-19, particularly those related to risk communication and community engagement: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/risk-communication-and-community-engagement>.

- (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.

Figure 1: The five types of interventions to guide the response to the pandemic¹⁴



¹⁴ Consortium (May 29, 2020).

The objective of this first meeting was to sensitize the philanthropic community to the different ways of getting involved in order to respond proactively to the pandemic.¹⁵ These types of responses were intended to be complementary to the emergency actions for meeting a variety of social needs, including those related to food security and housing, or organizational needs met by organizations offering community services.

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.

Phase II: Concretization of actions to be taken

Following the identification of the five types of framework interventions to address the pandemic, the Consortium's work has taken two partially overlapping paths.

The first focused on different thematic actions to be carried out. For example, funds were made available to support knowledge mobilization and transfer among Canadian researchers to better fight the pandemic. Or, in response to the lockdown, the *Tous Ensemble* initiative was financially supported to provide tablets to people living in long-term care hospitals (CHSLDs). With the tablets, isolated people could stay in touch with family members at a distance.

The second approach was specifically aimed at the first of the five intervention components, in other words, the work of coordinating actions at the local level and influencing decision-making authorities. This line of work is at the heart of the second phase of the Consortium's work.

Foundations of the territorial approach

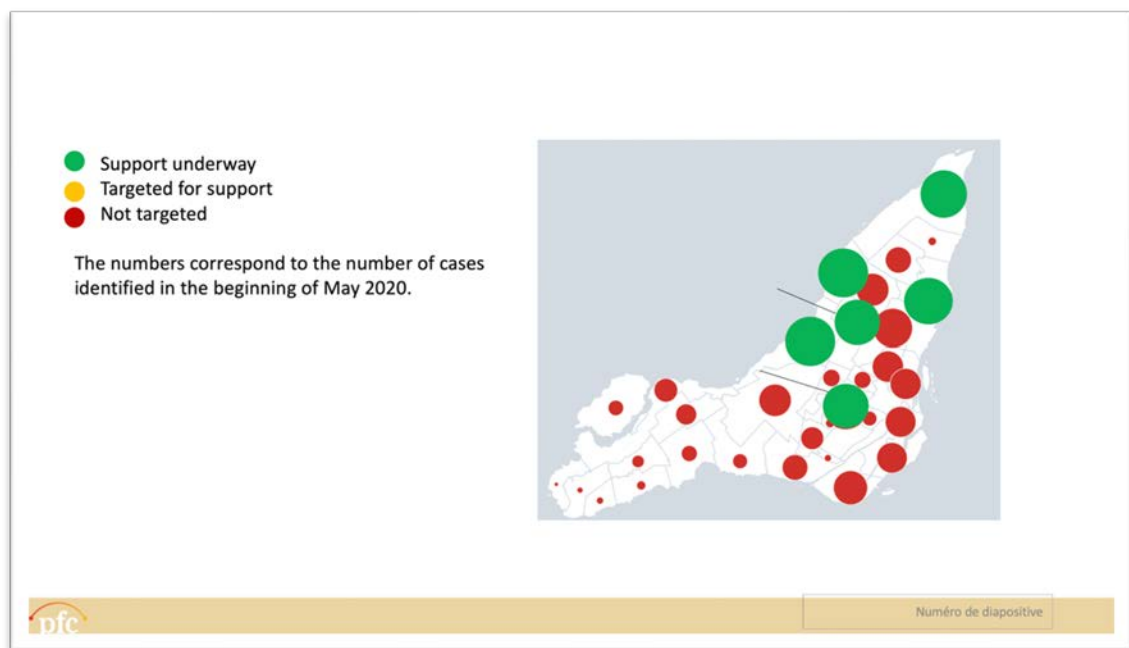
The diagnostic analysis of the pandemic situation in Montreal allowed the Consortium to identify six boroughs for which to develop a territorial approach. These boroughs

¹⁵ A second meeting was held on July 3, as a follow-up to the May 8 meeting, to present the activities that were underway to solicit foundation support for the process.

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.

Figure 2: Map of the propagation of COVID-19 on the island of Montreal¹⁶



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

Following the declaration of a health emergency by the Government of Quebec on March 14, crisis cells¹⁷ appeared in several territories of the Montreal metropolitan area.

¹⁶ Figure constructed starting from a map drawn from the Consortium (May 15, 2020).

¹⁷ Example of the creation of crisis cells in the borough of Ahuntsic-Cartierville: <https://journalmetro.com/local/ahuntsic-cartierville/2432657/coronavirus-cellules-de-crise-urgences-ahuntsic-cartierville/> ; and http://www.clic-bc.ca/clic/non-classe/cellule_covid-19/.

These were set up at the neighbourhood or borough level on the initiative of representatives of institutional or community organizations such as the City of Montréal's Département du développement social et diversité (Department of social development and diversity),¹⁸ the Borough Council,¹⁹ the Direction de la santé publique de Montréal,²⁰ the Centre intégré universitaire de santé et de services sociaux²¹ (CIUSSS), Centraide of Greater Montreal and one or more neighbourhood tables.²²

The processes that led to the creation of the crisis cells are specific to each territory in terms of leading organizations and the themes covered or addressed. One borough may host one or more crisis cells. These cells have generally, but not exclusively, been set up in response to urgent food security needs. Other themes have been addressed by these cells, such as the isolation of the elderly, the mobilization of volunteers, mental health support and emergency housing services.

In general, these cells reflect a shared leadership among the main actors who operate them. It should be noted that the work of the cells decreased during the summer cell. At the time of writing, we are observing a reactivation of the crisis cells.²³

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http://ville.montreal.qc.ca/portal/page?_pageid=8258,90350869&_dad=portal&_schema=PORTAL.

¹⁹ Montreal has 19 borough councils: “The borough council is composed of the mayor of the borough, elected by universal suffrage, any other city councillor and, if applicable, any borough councillor. A borough council is composed of a minimum of 5 elected officials. Boroughs are primarily used to provide local services. They have a certain power of intervention in several areas, but their budgets are limited.” (my translation; <https://www.tgfm.org/files/les-instances-municipales-de-mtl.pdf>, p. 8).

²⁰ <https://santemontreal.qc.ca/professionnels/drsp/>.

²¹ <https://santemontreal.qc.ca/population/ressources/ciuss/>.

²² Neighbourhood tables are local intersectoral and multi-network consultation bodies that have been in existence for more than 30 years. The *Réseau des tables de quartier* was established in 1996. Most of the neighbourhood tables have community action plans based on a bottom-up approach. These plans are not adapted to pandemic crisis situations. There are currently 30 neighbourhood tables across the city of Montreal. Of the 30 existing tables, at least 27 are involved in crisis cells. See <http://www.tablesdequartiermontreal.org/>.

²³ We do not have a summary document on the work of the crisis cells at the time of the first wave of COVID-19. It is clear that informal reviews were carried out in some crisis cells. At

From then on, for the members of the Consortium, it quickly became important to get closer to the crisis cells. To do so, exchanges took place with Centraide of Greater Montreal (hereafter CGM), a key philanthropic player in Montreal. Through these activities, CGM is very well informed of the realities on the ground.

On April 24, Félix-Antoine met with the Director of CGM, Lili-Anna Pereša. This discussion was an opportunity to present the Consortium members' intention to work with actors from the boroughs most affected by the pandemic. Beginning on May 6, discussions with CGM advisor Anne Lapierre greatly facilitated the rapprochement between Consortium members and the *Table de quartier Montréal-Nord*.²⁴

A synergy with the crisis cells and the neighbourhood tables of the six targeted boroughs has led to a better understanding of how the Consortium could deploy an innovative response, taking into account local needs, to the problems generated by the pandemic. To make this collaboration possible, it was essential to develop a bond of trust with the institutional and community sectors, and thereby with the neighbourhood tables.

For the Consortium, working directly at the borough level would allow identifying and possibly supporting spontaneous and inventive initiatives thought out at the local level. Such proximity with actors in the field would also provide access to key information on the evolution of the pandemic in the most affected and poorest boroughs of Montreal.

This proximity with local actors and the discussions that took place confirmed the findings that emerged from the diagnostic analysis conducted by Félix-Antoine. The first observation concerned the importance of properly coordinating action in the field based on emergency action plans. A second observation was the importance of circulating information among the actors involved in the fight. A third observation consisted of adding items for obtaining financial support for COVID-19 projects, approaches or actions that were unlikely to receive public funding. A final observation

the research level, it is clear that it would be important to document the process of the emergence and development of these cells.

²⁴ <https://tqmn.org/>.

established the importance of recognizing community involvement in the fight against COVID-19.

The territorial path of work identified in the diagnostic analysis conducted by Félix-Antoine 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 (Consortium, May 29).

This in line with the WHO intervention models for developing the capacity to respond effectively to pandemic emergencies. According to the WHO, several key factors need to be taken into consideration in order to act in an emergency. On the one hand, it is important to ensure the quality of communication with the general population and between the mobilized actors, especially when several levels of intervention are involved. On the other hand, it is also important to rely on the expertise and commitment of the community network to reach the population.

Phase III: Development of the Consortium’s territorial action model based on concrete work carried out with key players in Montréal-Nord

The Montréal-Nord 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.²⁵ The choice to support this neighbourhood seemed to lend itself to initiating a first territorial intervention. In addition, the Trottier family wanted to provide special assistance to “racialized” communities. Finally, the *Saputo Foundation*

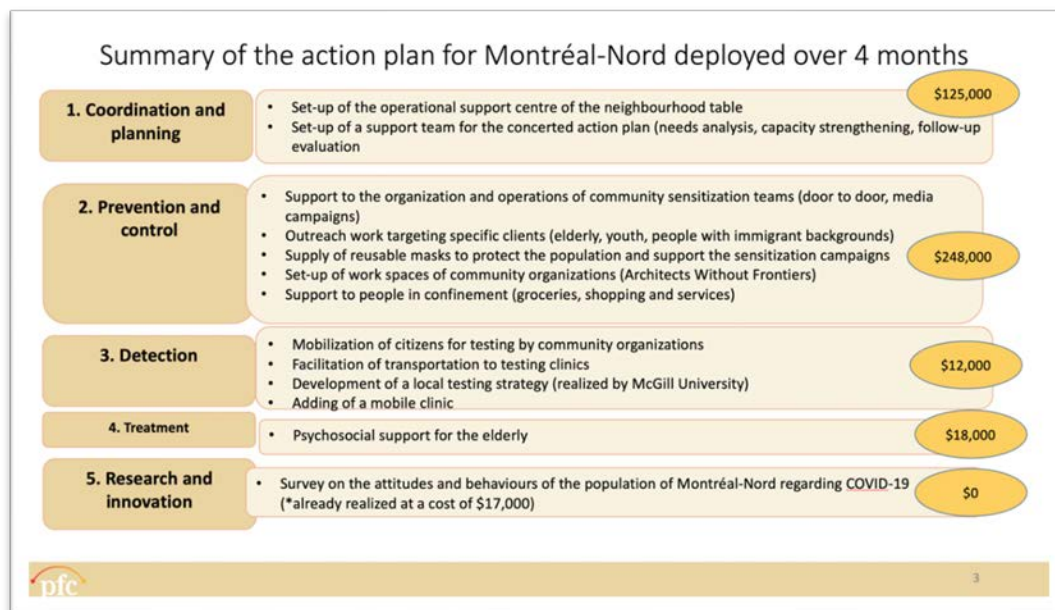
²⁵ On the relationship between social inequalities and COVID-19, see Pierre Tircheret and Nicolas Zorn (2020), “Inégaux face au coronavirus: constats et recommandations,” Montreal, Observatoire québécois des inégalités.

had already made inroads into launching a project with organizations in Montréal-Nord, which facilitated the establishment of contacts.

The catalyst for the collaboration between the Consortium and the *Table de quartier de Montréal-Nord* was the participation of Félix-Antoine on May 13 in a meeting of the Montréal-Nord crisis cell. At that time, this task force had already drafted an initial action plan in response to the health crisis. This plan, although very succinct, also presented examples of concerted actions to be deployed by different actors in the borough.

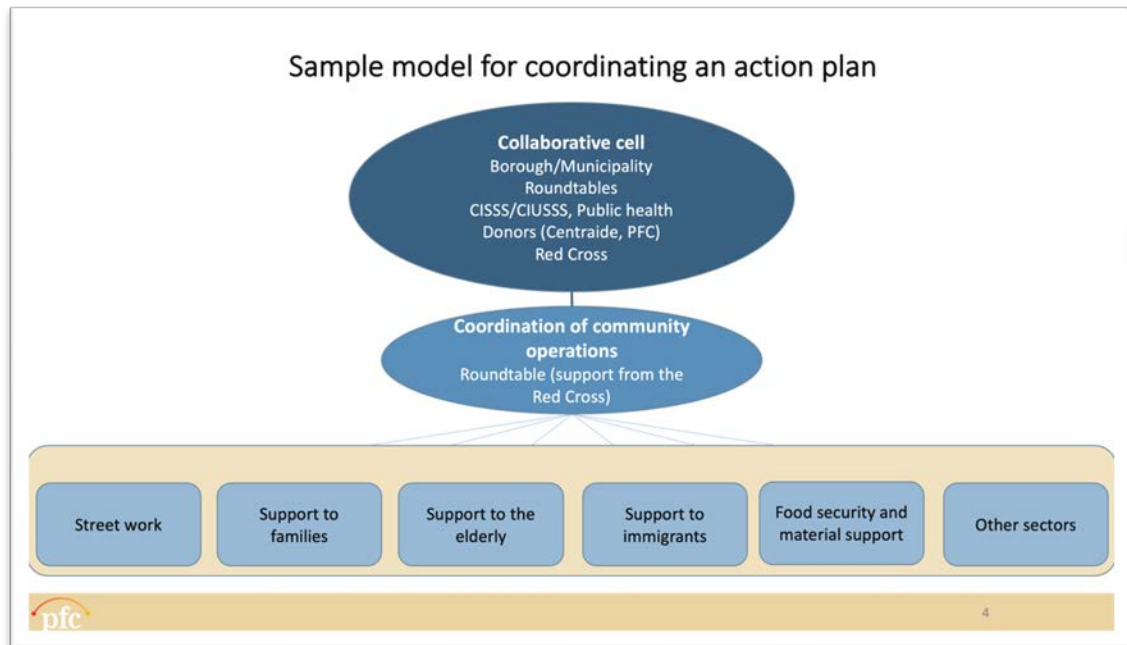
On this point, Montréal-Nord was several weeks ahead of the other areas with crisis cells. The Consortium therefore joined forces with the work of the Montréal-Nord crisis cell to increase its capacity for action through the granting of funding. The Consortium's support facilitated the writing of a new version of the action plan, which took into account the five types of intervention identified and mentioned above. A first model of a local action plan to deal with the health emergency took shape as follows.

Figure 3: Summary of the action plan for Montréal-Nord²⁶



²⁶ Consortium (August 31, 2020).

Figure 4: Preferred intervention model for action plans²⁷



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).²⁸

For this second point, funded to the tune of \$200,000, it was up to each foundation to contribute in its own way. This amount could have been higher. Since the neighbourhood table was unable to integrate all the requests from organizations in its territory into a single action plan, it forwarded the proposals it had received to the

²⁷ Consortium (August 31, 2020).

²⁸ For the other territories subsequently supported, all activities were integrated into a single action plan.

foundations. Of all the proposals submitted, six were selected for an approximate value of \$200,000. Only the Saputo and Trottier foundations showed an interest in analyzing and possibly funding them. They were supported by the Bombardier Foundation, which added a \$25,000 contribution. The Red Cross also provided its own funds to support the borough in the implementation of the action plan, without, however, going through the Consortium's common fund.²⁹

As for ties between the Consortium and the Red Cross, the latter responded favourably to the Consortium's request in June to set up a support team for humanitarian coordination in certain districts. More specifically, the request asked for the deployment of a team of five people and additional funding. To date, this contribution is summarized by a Red Cross envelope of \$400,000, to which was added an amount of \$50,000 committed for four months by the Trottier Family Foundation. The Red Cross closely supports Montréal-Nord and has launched a support operation in the Ahuntsic-Cartierville borough. Since June, the Red Cross has been approached to offer assistance to territories outside those supported by the action plans prioritized by the Consortium, namely Montréal-Est, Pointe-aux-Trembles and Ville de Longueuil.

Phase IV: Generalization of the action model

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

²⁹ It should be noted that the Red Cross has also received \$50,000 from the Trottier Family Foundation (outside the Consortium) to support its work, with an estimated value of \$400,000 for four months.

- Villeray: 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.

In early September 2020, representatives of the Ville de Laval entered into discussions with the Consortium regarding the possibility of applying for financial support and applying their model. Laval has recently submitted a plan, but it has yet to be modified. Pre-approval of the plan will be offered to Consortium members so as not to delay its implementation.

For the time being, only the Trottier Family Foundation has shown itself ready to allocate additional funds outside of Montreal. The budget requested from the Consortium by the Laval emergency and community mobilization plan is \$510,000 for a territory of nearly 450,000 inhabitants. If the proposal is approved, the city of Laval, CIUSSS and Centraide of Greater Montreal would contribute half or two thirds of the proposed amount.

In early September 2020, the Consortium was approached by an informal group of Albertan philanthropic organizations seeking to coordinate their efforts in response to COVID-19. This group was interested in using the model of the developed local health emergency action plans for their own philanthropic actions. At the same time, the model was considered replicable for other provinces and abroad. At the end of September, for example, Félix-Antoine was approached to present the Consortium's intervention strategy and its model territorial emergency plan for the pandemic to representatives of the City of Los Angeles.

1.2 Precisions on the thematic component of the Consortium's intervention

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.³⁰ The latter serves, among other things, to disseminate scientific knowledge about COVID-19 and to facilitate linkages between researchers.

With funding of \$1,410,000, the Trottier Family Foundation supports the development of the CanCOVID pan-Canadian research community, particularly in two areas: 1) a science-based communication campaign aimed at the most affected marginalized communities, and 2) coordination of scientific research and knowledge sharing among researchers.

The Trottier Family Foundation is providing \$140,000 in support of the Journalists for Human Rights initiative to train Canadian media in the proper use of scientific information and to combat disinformation (PFC, August 2020).

Table 1: Examples of thematic initiatives funded by members of the Consortium or foundations drawn to the approach

<p>Hoodstock, “Immeuble en immeuble” project in Montréal-Nord</p> <ul style="list-style-type: none"> • Fondation J. Armand Bombardier: \$25,000 (through Fonds COVID Québec) • Chamandy Foundation: \$50,000 • From the Consortium: Saputo and Trottier foundations: each \$28,000
<p>Tous Ensemble</p> <ul style="list-style-type: none"> • 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
<p>Revivre</p> <ul style="list-style-type: none"> • From the Consortium, Molson Foundation: \$100,000
<p>CUSM</p> <ul style="list-style-type: none"> • Research on COVID-19 in relation to MI4, Trottier Foundation: \$1,000,000 • CanCovid project, Trottier Family Foundation: \$1,410,000

Another example of a specific project is the one related to the detection of persons affected by COVID-19. The *Trottier Family Foundation* has partnered with the *McGill*

³⁰ <https://cancovid.ca>.

*Interdisciplinary Initiative in Infection and Immunity*³¹ (MI4) to develop a testing approach to be deployed locally. In terms of testing, the following actions have been carried out.

- *Since July 1st, the Consortium has been supporting the deployment of a mobile clinic on the territory of ICSU NIM*³², with whom it has signed a collaborative partnership.
- *With the research team of the McGill University Health Centre, the Consortium has developed a project to test essential services workers (outside the health sector). Since the CIUSSS NIM is interested in implementing it, it would first be piloted in Montréal-Nord with 126 businesses (2,589 people tested).*
- *The team of the Santé libre collective from the École Polytechnique is supported by the Trottier Family Foundation to the tune of \$300,000 for the development of a collaborative platform for Quebec industry to design innovative products in response to the pandemic. This includes the creation of swabs that could be produced in Quebec. (PFC, August 2020)*

In addition, a number of foundations affiliated with the Consortium at large intervened to fight against the digital divide in a pandemic situation, a project led by the organization Tous Ensemble.

The Mirella and Lino Saputo Foundation supports the organization Tous Ensemble to implement a videoconferencing system using tablets to reconnect vulnerable populations and their loved ones. To date, the organization has been able to connect 12,000 people in 21 hospitals, 105 CHSLDs, 4 social geriatric projects and 5 residences for the disabled. (PFC, August 2020)

With respect to work in support of “coordination and influence” with government, the Consortium has begun a discussion with representatives of the public health sector for public ownership of the local health emergency action plan model.³³ Thus, advocacy

³¹ <https://www.mcgill.ca/mi4/>.

³² Centre intégré universitaire de santé et de services sociaux du Nord-de-l'Île-de-Montréal (Northern Montréal Integrated University Health and Social Services Centre)

³³ Although in its infancy, the Consortium thus initiated to weave ties with the *Association de santé publique du Québec* (ASPQ).

work has been done with the *Association de santé publique du Québec* (ASPQ) and the *Table de coordination nationale de santé publique* to draw the government's attention to the importance of funding such action plans.

In addition, in conjunction with PFC, the Consortium's foundations sent a letter to Canada's Deputy Prime Minister Chrystia Freeland to draw the federal government's attention to the importance of providing funding to support community organizations and the charitable sector. It also sought to ensure that the role of grantmaking foundations as a whole in the fight against the pandemic is heard and recognized.

1.3 Financial support for the production of territorial emergency plans and follow-up procedures

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 Trottier 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 plans³⁴) 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

³⁴ The ninth plan is that of the Ville de Laval.

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.

2.0 Analysis

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

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.

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.

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.

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.

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.

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.

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.

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.

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