Organizing Action with Communities for MSF Associations
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“How to”… webcast series
How to...webinar#5; Training of Facilitators of local teams within Urban Spaces to Support our local communities re-opening their activities within the COVID-19 pandemic
Session run by MSF Italy local team of MSF Urban Spaces

Facilitators:
Guido Ortelli, Medical psychiatrist
Sofia Rubis, Graduate in Medicine and Surgery

Aim:
Participants will be introduced on how to develop, in their own context, support to local actors connected to the initiative, to safely resume and/or continue their activities.

Key topics:
• Toolkit preparation
• Training proposal adapted to the needs of the associations
• Analysis of training needs and choice of topics to be covered (HP and CPI)
• Methodology and Didactics
• How to capitalise the experience locally
COVID-19 AND MSF VOLUNTEERS: HOW TO TAKE ACTION

An italian experience: HP training intervention in Bergamo

Wednesday, July 29, 2020
Italian COVID-19 Pandemic Timeline

- On January 31, 2020, two Chinese tourists in Rome tested positive for the virus.
- On February 21, 16 confirmed cases in Lombardy.
- On February 22, Codogno and other 10 nearby municipalities placed under quarantine.
- On March 8, Lombardy and 14 other northern provinces put under quarantine.
- On March 9, Italy in total lockdown. More than 60 million people under quarantine.
- From March 8 onward Bergamo became the province with more active cases over the entire peninsula. In our province the NHS was near collapse.

* Due to the limited number of tests performed, the real number of infected people in Italy, as in other countries, is estimated to be higher than the official count.
MSF COVID-19 RESPONSE

Italy

Opened Projects

Rome: HP and medical care through a clinic at Selam Palace (hosting more than 500 refugees)\(^1\)

Lombardy, Piedmont and Liguria: MSF teams are working in prisons, to protect detainees, prison and police officers.\(^2\)

Catania: supporting the epidemiological surveillance service that is identifying and recording new cases, and tracing people’s contacts.

Closed projects

Lodi: we supported 3 hospitals (IPC) measures, provided care to patients and undertook outreach activities. We also supported a telemedicine programme (medical assistance via video conference), which assisted people under isolation at home.

Marche: we supported 30 nursing homes across several cities to prevent the virus spreading in such vulnerable locations.
MSF Volunteers group in Bergamo

History
The Bergamo Group was founded in 2003 from some local donors and humanitarian workers. From 2018 we have an official headquarters in our city. Over the years, we have consolidated and enriched ourselves with new volunteers and former or active humanitarian operators ready to dedicate part of their free time to MSF.

Our activities
The group operates in the area of the city and the province of Bergamo. It has a link with similar groups in many Italians towns and has a referral in local group department of MSF Italia. Our activities have mainly two aims: awareness raising activities in school institutes and cultural events and fundraising in Bergamo and its province, as:

- book presentations
- film screenings and reportages
- solidarity aperitifs
- participation in local festivals
- testimonies from local expats
- photographic exhibitions.

Expats often participate in initiatives by sharing their stories and valuable experiences with participants.
For some years, we have been committed to networking with local associations, thus consolidating collaboration and synergies in the area on humanitarian issues.

Who we are:
- around 20 people, more or less active
- 70% women
- 40% expats
- 66% have a sanitary profile
As it is known, the Covid 19 pandemic has spread in Bergamo and province with an unusual violence bringing mourning and disease to every nuclear family. 1
From this observation within the group was born the idea to take action.
We wrote an official MSF project proposal to prompt the organization to intervene on our territory.
The initial proposal submitted by the group, due to constrains and lack of resources, has been modified.
The intervention in which the volunteers were involved is a project of HP and remote training for associations and health workers in the territory of Bergamo.

On 19 March, the Army was deployed to the city of Bergamo, the worst hit Italian city by the coronavirus, as the local authorities can no longer process the number of dead residents. The city's mayor Giorgio Gori said the true number of dead could be much higher than reported. Army trucks transported bodies to crematoriums in several other cities, as cemeteries in the city were full.
Why employing volunteers?

- The objectives of the project and the group goals overlapped
- First hand knowledge of the territory and its civil society organization
- Cost-free for the organization
- Enhancing the group’s civil society network
WHICH INTERVENTION TO PROPOSE?
PRINCIPLES TO FOLLOW

- Each community is unique
- Listening to needs & questions
- Building an appropriate risk mitigation strategy
- Acting on feedback
- Involve individuals and communities in the implementation and monitoring of IPC training
- Constant follow up on criticalities and context change
LESSON LEARNED FROM OUR EXPERIENCE

Objective of intervention:

- Strengthen Community Actions and support
- Capacity buildings
- Community surveillance
- Create an approach of proximity
- Look to the near future
The Bergamo project: an idea that can become a model

HP Education and IPC for Home Caregivers

→ Adapt the intervention on the target population
→ Main objectives
→ Methodology
→ Tasks allocation
HOW TO ADAPT THE TRAINING TO THE TARGET POPULATION

➔ MAKE AN ASSESSMENT OF NEEDS
➔ CONSTANT MONITOR OF CONTEXT
➔ MAPPING OF GAPS
➔ CONSIDER PROFILE AND EXPERIENCE OF THE TARGET POPULATION
➔ TAKE THE EMOTIONAL EXPERIENCE INTO ACCOUNT
➔ MAP THE ACTIVITIES OF OTHER ORGANIZATIONS IN THE AREA
➔ DO A SURVEY ON BASIC KNOWLEDGE AND WHAT YOU EXPECT FROM TRAINING
WHAT ARE YOUR GOALS?

➔ **GENERAL OBJECTIVE**

SUPPORT THE VULNERABLE AND STRUGGLING POPULATION AND LIMIT THE SPREAD OF THE EPIDEMIC

➔ **SPECIFIC OBJECTIVES**

- SUPPORT GRASSROOTS ORGANIZATIONS TO CONTINUE THEIR ACTIVITIES OR TO REOPEN AFTER CLOSURE
- CAPACITY BUILDING OF ASSOCIATIONS AND INDIVIDUALS
- EMPOWER VOLUNTEERS AND POPULATION IN PROTECTING THEMSELVES AND THE COMMUNITY FROM THE SPREAD OF THE CONTAGION
- SPREADING A CULTURE OF PREVENTION AND SPREADING HP MESSAGES
- DISSEMINATE SCIENTIFIC INFORMATION AND BUILD TRUST IN INSTITUTIONAL SCIENTIFIC AUTHORITIES AND MSF
- ADDRESS MAIN CONCERNES, DIFFICULTIES AND TRAINING NEEDS OF THE TARGET POPULATION
- LIMIT THE SPREAD OF FALSE NEWS AND MYTHS
HOW TO BUILD OUR METHODOLOGY

Methodology & Activities

- MAPPING CIVIL SOCIETY ORGANIZATION
- WHICH OBJECTIVE AND GOALS WE WANT TO REACH?
- TRAINING MATERIAL PREPARATION
- TOT
- CONTACTING AND SCHEDULING TRAINING
- REMOTE/IN PRESENCE WEBINARS OR FOCUS GROUPS
- CONSTANT UPDATING OF TRAINING MATERIALS
- CONSTANT FOLLOW UP ON CRITICALITIES AND CONTEXT CHANGE
ENHANCING THE SKILLS OF THE GROUP

→ Tasks allocation

Sara Radighieri
Office’s Project Coordinator

Guido Ortelli & Maria Spiezia
Group’s Project Managers
Maria acted as Log and Admin

Sofia Rubis

Mapping Group’s Coordinator

Camilla Manfredini
Fabio Fontana
Dayana Mercedes
Angelo Minali

Mapping Group
(no sanitary profiles)

Sara Giassi
Anna Zanga
Laura Roberta Rota
Maria Gusmaroli
Stefano Faccini (Daniela)
(Marta)

Training Group
Sanitary Profiles

* in brackets people who gave availability but as a matter of fact never took part to any training webinar
MAPPING GROUP

- Map of the different civil society organization
- Screening and selection
- Personal Networking - Training MSF proposal
- In a second moment: word of mouth

Critical issues:
- Ghost Cooperatives
- First Contact
HOW TO BUILD THE TRAINING TOOLKIT?

• IDENTIFY TOPICS OF INTEREST
• ADAPT IT TO THE TARGET POPULATION PROFILE AND THE EVOLVING CONTEXT
• TRAINING MODULES FOR IN-DEPTH KNOWLEDGE OF THE ISSUES IDENTIFIED
• KEY MESSAGES TO BE PRESENTED IN POSTERS OR FLYERS
• AUDIO-VISUAL MATERIALS FOR MASS DISSEMINATION
• USE CHANNELS OF COMMUNICATION FAMILIAR FOR THE TARGET POPULATION
• IDENTIFY PEOPLE OR PLACES THAT CAN HELP DISSEMINATION
• TAKE INTO ACCOUNT CULTURAL AND RELIGIOUS CUSTOMS

Critical issues
(Need to continuously update materials)
-MOH Guidelines
TOPICS OF INTEREST TO FOCUS ON

TOPICS:
- HEALTH PROMOTION
- CONTAGION PREVENTION AND TRANSMISSION
- HOW TO ADAPT THE RULES OF PREVENTION TO EVERYDAY LIFE
- HOW DOES VOLUNTEERING CHANGE
- HOW TO USE PPE PROPERLY
- ETHICS AND AWARENESS AS A NEW WAY OF LIFE
- SHARING PSYCHOLOGICAL EXPERIENCES AND IMPLICATIONS

IPC TRAINING EXAMPLE:
- Simple epidemiological information
- Transmission, contagiousness of Covid-19 virus
- What are the symptoms, how is the diagnosis made
- What to do if I or a family member has symptoms
- Prevention and protection against contagion
- Rules to be adopted during care and volunteering activities
- Assistance for vulnerable and at-risk groups
Training structure

1. Msf brief presentation
2. Short history of our group
3. Basic information about the epidemic, transmission, symptoms and spread of the infection
4. IPC as a routine to be adopted in everyday life
5. Individual and environmental hygiene rules
6. IPC rules to be applied during volunteer activities
7. Relationship with beneficiaries and community surveillance
8. Conscious and correct use of PPE
9. Q&A

Trainers: MSF Volunteers previously trained and supported by medical department
Attendants: MAX 20-30

Critical issues
- Technical connection issues
- Creating empathy with the audience (due to format)
Activities

The initial activity was to map the territory in order to have count of the associations and cooperatives that provide home care services and support to the person in the territory. We start from personal contact to call the different cooperatives and now cooperatives themselves contact each other and they come to us if interested. This means that the operators of the cooperatives that have received our training are disseminating information about our project, aspect that we consider very positive.

So far, 9 associations and homecare providers have contacted us because they are interested in receiving the training. As today we are training eight of them, one is waiting to be scheduled in the next months. There are about 250 home workers, health and non-health workers, who have started training so far.

We structured the meetings/Webinars according the different modules for a total of 3 webinars. Not all the cooperatives need all the modules because they do also other privates and publics webinars on the subject.

Coop. SOS and coop delle valli/ Privata Assistenza: 3 webinar for 14 people.

Coop. Nausicaa: 3 webinar for 12 people.

Coop In Cammino: 2 webinar for 3 people TOT (just areas coordinators).

Coop Lavorare Insieme: they required only the first modules but repeated 5 times (75 five people in total)

Coop ACLI Servizi Bariano: they required only the first and the second modules but repeated 3 times (90 people in total)

Consorzio La Cascina: 2 webinar (first and second module) for 2 groups (30 people)

Coop. Caprino Bergamasco: 15 people in total – waiting
Arisen Needs

- Earlier training intervention
- Tips on how to comply COVID-19 protocols with a limited budget
- Some information on how to cope with COVID-19 psychological impact
- A more direct confrontation with the working reality of the attendance
Our project experience so far

**STRENGTH POINTS**

➔ Confirmation that target population was correct
➔ Advantage of the Webinar format (more people in less time)

**WEAK POINTS**

➔ Webinar format limitations
➔ Sometimes the people trained qualifications required a more specific training
➔ Timing
➔ No basic information on pandemic psychological impact.

**Bergamo Group growth**

★ Civil society group’s network enhancement
★ Increase of activity and participation in the group
Future steps

➔ Follow up? - opened issue
➔ Satisfaction survey
➔ Data collection
➔ Capitalization report
➔ General population as our next target population?

Critical issues

- Follow up possible with volunteers?
- Social and economical context uncertainty
- Difficulties in obtaining feedback
THANK YOU