

*“ We cannot go on
thinking of ourselves,
but only together ”
(Pope Francis)*

**The Italian Episcopal Conference
for Covid-19 prevention in
Africa and in the poorest countries**

Call for Expression of Interest – Healthcare Sector



ITALIAN EPISCOPAL CONFERENCE

Committee and Service for Charitable Action in Third World Countries

Via Aurelia, 468 - 00165 Roma - ITALIA Tel. 0039-06-663981 - Fax. 0039-06-66398408

1 - General Introduction

“For weeks now it has been evening. Thick darkness has gathered over our squares, our streets and our cities; it has taken over our lives, filling everything with a deafening silence and a distressing void... we too have realized that we cannot go on thinking of ourselves, but only together can we do this... In the face of so much suffering, where the authentic development of our peoples is assessed, we experience the priestly prayer of Jesus: 'That they may all be one' ”

(Pope Francis, Urbi et Orbi Blessing, 27 March 2020)

The Italian Episcopal Conference (CEI), in this so tragic moment for our Country, wants to respond to the Pope's appeal by trying to be "one thing" with our brothers and sisters living in the countries less fortunate than ours, where the pandemic begins to hit and where the weaknesses of health services could increase mortality. The risk that can increase if the population cannot access to proper information and prevention.

The World Health Organisation (WHO) underlines the necessary and the urgency for a Covid-19 emergency response. Its Regional Office for Africa stated that the rapid evolution of Covid-19 in Africa is "*deeply worrisome and a clear signal for action*"¹.

The CEI has therefore encouraged its pastoral bodies, the Service for Charitable Action in the Third World (SICTM) and Caritas Italiana, to develop an urgent action strategy that takes action on health and training areas of intervention, urging the participation from local Churches and Faith-Based Organisations in developing Countries.

The aim is to equip the health facilities that are present in these countries - especially those closest to the population, more peripheral, and that are already part of the network of organizations previously known and supported in the past, proved to be effective and efficient - with protective equipment for health workers, key for emergency management, and other essential medical supplies, needed to address the threat of the pandemic.

Furthermore, from a prevention perspective, CEI intends to support awareness activities on the spread of the pandemic and its effects and correct behaviours to stop the contagion. Priority will be given to initiatives planned on a national scale in different countries, with an impact on the whole population, facilitating its comprehension as much as possible (with a focus on overcoming language and cultural barriers, for example), as well as initiative focused on the training and technical preparation of health workers in order to consciously face the problem.

In both cases, the initiatives will have to be coordinated with the local, national, regional and international public institutions, with the relevant authorities, with other organizations active at the grassroot level in the same areas of action. The general aim is to promote all synergies, at ordinary and extraordinary level due to the emergency situation.

This document details the intervention for a **healthcare response plan**.

2 - Details of intervention

2.1 - Goals and beneficiaries

The aim is:

¹ <https://www.afro.who.int/news/more-600-confirmed-cases-covid-19-africa>

- To equip health workers employed on COVID-19 emergency response with personal protective equipment. According to the Italian experience on the same emergency response, health workers face higher risk of potential COVID-19 infection and mortality. This choice respond to the need to prevent staff abandoning health facilities that are not able to provide them with adequate protection, in order to assure continuously the healthcare assistance, especially where the system is weak and personnel is insufficient.
- To equip hospitals where patients with COVID-19 are hospitalised with basic diagnostic tools and respiratory treatment, since the treatment for COVID-19 is still at the experimental stage and not all over the world.
- The focus will be hospitals (or healthcare facilities of a size and level of service comparable to that of a hospital) located in remote and rural areas, or hospitals in urban areas but serving the most vulnerable people. For this reason, the creation of new Intensive Care Units (ICU) is not expected since it requires huge financial investments and specialised staff not yet available in the hospitals addressed by this call. Both in the case of hospitals and other healthcare facilities, we refer to realities connected to the Catholic Church.
- Only hospitals and related organizations that supported them which have been supported by SICTM or Caritas Italiana in the **past 3 years**, therefore already known by them, can apply, since they already obtained letter of approval from relevant local Bishops. An additional formal statement of approval by the local Ordinary is then not requested. Hospitals and related organizations that have obtained funding prior to three years will also be admitted, subject to the approval of the diocesan Ordinary.
- The beneficiaries are the single hospitals (exemption for 2.3), not Congregations or Civil Society Organisations (CSO) as a whole. Organisations working with several previously funded hospitals, operating in one or more Countries, can submit different proposals applying for each single health structure.

2.2 - Eligible expenses and budget

- As detailed before, the eligible expenses are only those related with COVID-19 emergency response, in compliance with the SICTM's "Regulation on project financing" the only exception to the latter being the possibility of financing consumable goods. Therefore, expenses for running-cost, food assistance, wages or similar are not eligible.
- A detailed list for eligible and suggested items is attached (Annex A), classified by individual protection equipment, diagnostic equipment (infrared thermometer and pulse oximeter²), therapeutic equipment (oxygen concentrator³). Since at the experimental stage the

² Finger pulse oximeter. Instrument that allows the early diagnosis of a drop in blood saturation in oxygen before the onset of an evident clinical dyspnoea, thus signalling the need for the administration of oxygen, in turn necessary to try to prevent a rapid decay of respiratory functions, almost always fatal in the absence of intensive care. The instrument would then remain in the hospital as a useful diagnostic complement.

³ Oxygen concentrator - as already said, oxygen therapy is the only possible therapy in a rural environment in the presence of severe respiratory dyspnoea. Where oxygen in cylinders is not available or too expensive, the use of an oxygen concentrator can be very useful, to be used in turn by several patients. The instrument would then remain in the hospital as a useful therapeutic complement.

hydroxychloroquine seems to be useful in the treatment of COVID-19 and in some areas oxygen in cylinders is available, it is envisaged their purchasing.

Applicants can request all the materials recommended or only a part of it based on the local context (however a special attention is recommended over the actual convenience to exclude one or more items). In case of the request is only for items already in the list (fully or partially), any other project justification is not required. Also, it is possible to request other items not listed, in compliance with the general purpose of this intervention. In that case a proper justification is required (Annex C).

- In order to be able to respond to as many requests as possible and to focus the attention only on the general aim of this intervention, each project can be funded with a maximum amount of: **15,000 €** for hospitals with up to 100 beds; **30,000 €** for hospitals with over 100 beds (anyhow proportional to services provided).
- All items listed in Annex A are aimed at the COVID-19 emergency response, but they can be used even after (for example for the treatment of acute respiratory infections).

2.3 - Procurement

- Considering the prohibition for European country to export goods or equipment related to COVID-19 emergency, the limitations on transport and customs difficulties for the goods imported from abroad, it is highly recommended to search what requested in the local markets. The import from abroad is allowed only if the requested goods are not available locally or their quality is very poor or cost are higher. In case of import, costs of transport and custom clearance as well as logistic timing must be taken into account.
- Considering possible further limitations on the import from abroad and the opportunity to strengthen the numerous services put in place by the Catholic Institutions, it is highly recommended the procurement of goods homemade. In particular, the on-site production of protective masks (tailoring) and sanitizers (laboratories, technical schools). Obviously, all the materials procured must be effective and in line with specific technical requirements (see Annex B). Otherwise, they could be seriously harmful, inducing a dangerous feeling of security.
- It is emphasized that the initiative to undertake on-site production of goods is justified only if reasonable economic competitiveness can be guaranteed, with the same services offered. At the same time, the experience gained by local supplier involved (tailors, workshops, ...) might open new commercial perspectives and strengthen their sustainability.
- National Caritas and / or National Medical Boards and / or CSOs operating in the area are entrusted to evaluate "homemade" production opportunities as mentioned before, coordinating the beneficiary hospitals in order to choose this solution, if cheaper. If this coordination is feasible, an *ad hoc* project might be taken into consideration for a direct financial support within the limits referred previously and upon detailed request.
- The same principle can be applied to the centralized production of cylinders oxygen, if there are equipped laboratories within the network of Catholic hospitals. A financial support to increase this production could be envisaged.

3 - Expression of interest

- The interest for accessing the funding must be submitted exclusively through the appropriate IT form, to be downloaded from the SICTM websites and completed in all its parts following the instructions inserted in the same file, and to be sent by **April 30, 2020** to the address: covid.sanitario@caritas.it
- The last page of the form must be printed, signed, stamped, scanned and sent by e-mail together with the IT form.
- The original hard copy of the last page of the form must be sent together with the documents for the financial report documents.
- Given the urgency of this intervention, the provision to provide quotes for the requested items is waived.

4 - Selection of beneficiaries criteria

- The selection of applicants will be based on the characteristics of the hospital, the number of most vulnerable people served, the incidence of Coronavirus infection in the Country as documented by the WHO website, the demonstrated technical and administrative capacity of the applicant in achieving the objectives of previously funded projects, the reliability shown in reporting them. Special attention will be paid to hospitals in remote areas or those serving the most vulnerable.
- As detailed in par. 2.2. the maximum amount that can be funded is € 15,000 for hospitals with no more than 100 beds and € 30,000 for those over 100 beds. The budget must be submitted in local currency and in Euros. The exchange rate must be calculated on the day of the application's submission and must be taken from the website <https://www.oanda.com/lang/it/currency/converter>
- A tolerance of +/- 5% is allowed, based on variations in the exchange rate.
- Since the intervention is aimed at dealing with an emergency, it is expected that the entire budget must be spent within three months from disbursement, and reported within the following three months. The reports will summarize the activities implemented, attaching photographic documentation and a copy of the supporting documents for all the expenses incurred (according to the SICTM's Reporting guidelines).
- Any guilty irregularity or false declaration in the presentation of the application or in the financial reporting entails the suspension of the applicant from any further CEI funding.

Attached A - LIST OF RECOMMENDED ITEMS

personal protective equipment and sanitizers

- surgical masks or its components for on-site production
- special protective masks FFP3 or similar
- gloves , various sizes
- goggles or facial &/or eye protective shields
- boots
- heavy gloves for cleaners
- apron for cleaner and staff
- body bags &/or plastic bags for infectious waste
- idroalchoolic gel ready or its components for on-site production
- liquid soap
- sodium hypochlorite solution or equivalent

equipment

- Pulseoximeter
- Oxygen concentrator
- Infrared thermometer
- oxygenotherapy equipments

therapy

- hydroxychloroquine
- oxygen cylinders

ANNEX B – PRODUCTS THAT CAN BE MADE ON-SITE

- ***Sanitizing gel for hands***

STANDARD WHO prescription

- 833 ml di Ethanol 96%
- 42 ml di oxygenated water 3%
- 15 ml di glycerin (glycerol) 98%
- Water distilled or boiled and cooled just enough to get to 1 litre

Mix everything, leave at rest for at least 72 hours before using it after splitting it into several bottles.

- ***Individual protection masks***

To be realized by tailors chosen by the local Caritas according to precise technical provisions that will be provided.

To be proscribed the production of simple canvas masks without any filtering capacity.

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**The Italian Episcopal Conference
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Call for Expression of Interest - Training interventions



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Committee and Service for Charitable Action in the Third World

Via Aurelia, 468 - 00165 Roma - ITALIA Tel. 0039-06-663981 - Fax. 0039-06-66398408

1 - General Introduction

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The aim is to equip the health facilities that are present in these countries - especially those closest to the population, more peripheral, and that are already part of the network of organizations previously known and supported in the past, proved to be effective and efficient - with protective equipment for health workers, key for emergency management, and other essential medical supplies, needed to address the threat of the pandemic.

Furthermore, from a prevention perspective, CEI intends to support awareness activities on the spread of the pandemic and its effects and correct behaviours to stop the contagion. Priority will be given to initiatives planned on a national scale in different countries, with an impact on the whole population, facilitating its comprehension as much as possible (with a focus on overcoming language and cultural barriers, for example), as well as initiative focused on the training and technical preparation of health workers in order to consciously face the problem.

In both cases, the initiatives will have to be coordinated with the local, national, regional and international public institutions, with the relevant authorities, with other organizations active at the grassroot level in the same areas of action. The general aim is to promote all synergies, at ordinary and extraordinary level due to the emergency situation.

This document details the intervention for a **training response plan**.

⁴ <https://www.afro.who.int/news/more-600-confirmed-cases-covid-19-africa>

2 - Details of intervention

2.1 - Goals and beneficiaries

The aim is:

At a general level, the intervention aims at supporting specific projects in the framework of the prevention of pandemic, focused on awareness raising on disease spreading and its effect, on proper behaviors to reduce contagion, with priority on those led at national level that may have a wider impact on the whole population.

Such initiatives need to be characterised and implemented through very simple and fast operational procedures and well-focused actions. Activities must target mainly on disease prevention through information and awareness raising actions for the whole population in order to reduce the spreading of the disease. High attention has to be assured to the linguistic dimension and on overcoming cultural and religious barriers. Equally, the WHO's warning about the heightened discomfort that people with disabilities could suffer in the current health emergency caused by COVID19 must be maintained.

Awareness raising messages and communications must be accurately planned, based on scientific data, avoiding alarmist or inconsistent information, keeping always in mind Pope's suggestions given during the 23rd march meditation: "How many are the people who exercise daily patience and instills hope, making sure not to spread panic, but instead co-responsibility".

- Some factors such as urgency, need for rapid intervention and necessary level of high reliability and belonging to the local Church reality, put CEI in the condition of limiting the access to this call to Dioceses, CSOs and other local entities with legal status recognized by Social Service Authorities (priority among them will be given to the ones closer to the population and working in peripheral locations) who already benefitted in the past three years of financial support by SICTM or Caritas Italiana.
- Among possible initiatives, some suggestions are:
 - Radio broadcasts that create awareness among population about the correct behaviors to keep to avoid contagion. Funds can be requested to enhance or maintain already existing radio stations, to pay qualified ad hoc speakers or to pay salary allowances to the staff involved in specific roles related solely to Covid-19, etc. etc.
 - Initiatives specifically designed for a creative use of social media and mobile phones, aiming at spreading educational messages (SMS, video, virtual groups, awareness campaigns, etc.)
 - Printing of materials (posters, handouts, banners....) to be displayed in public places, hospital, health centers etc. The same must be in local language/s and convey to the public the needed information to prevent contagion and/or to behave properly once the disease has spread. All the information on the above must derive by WHO or by National Health Ministry official sources.

- Specific technical trainings for health workers/personnel aiming at enhancing their awareness and competency about Covid-19 pandemic. Events entailing physical presence are possible only keeping high attention on the social distancing security norms; it is highly preferable to make recourse to online courses: many online resources have already been made available by WHO or other relevant locally or internationally recognized institutions with proven scientific reliable background. To this end funds can be requested to enhance hardware capacities of hospitals and health centers.
 - Awareness raising or training activities for the population entailing physical presence (street theatre, village level meetings etc) can be planned only if they can be implemented while keeping all the due safety procedures
 - Translations from the official language (or from any other language in which scientific publications are prepared) can be funded in order to translate information to the public.
- Depending on financial availability two or more among the above proposed activities can be implemented. Other different educational projects can be presented as long as they can be realized with a limited amount of funds and within three months from the project approval.
 - All the initiatives must be coordinated with public authorities at local, national, regional or international level and with all the local institutions or other actors/agencies who implement similar action within the framework of Covid-19 pandemic prevention. It is advisable to create synergies with the above mentioned stakeholders according to ordinary mechanisms or specific ones in place for this emergency.

2.2 - Eligible expenses and expected funding

- As detailed in the previous point, the eligible expenses by this expression of interest must be aimed at information and training activities strictly focused on the emergency COVID-19, in compliance with the SICTM's "Regulation on project financing", the only exception to the latter being the possibility of financing consumable goods.
- In order to respond to as many requests as possible and to induce to focus attention only on the stated purposes, a **maximum** ceiling has been established for each eligible project, to as much as **€ 10.000**. This is intended to promote a large-scale impact, which is widespread and reaches the peripheries of the various countries (starting with the African ones).
- The projects which imply purchases should specify the suppliers, to be preferably identified locally.

3 - The expression of interest

- The interest for accessing the funding must be submitted exclusively through the appropriate IT form, to be downloaded from the SICTM websites and completed in all its parts following the instructions inserted in the same file.
- The form must be titled "NAME OF THE COUNTRY - Project title" (eg: "KENYA-A radio for COVID") and sent by **April 30, 2020** to the address: covid.formativo@caritas.it
- The last page of the form must be printed, signed, stamped, scanned and sent by e-mail together with the IT form; the original hard copy of the last page of the form must be sent together with the financial report documents.
- Given the social visibility of the intervention, which involves the responsibility of the entire local Church, the approval of the President of the Episcopal Conference or of the President of the Episcopal Health Commission or of the President of the national Caritas is necessary for initiatives that envisage actions at national level; if the initiative includes actions at a local level, the approval of the local Bishop, or of the local health pastoral office, or of the diocesan Caritas will be sufficient.
- Given the urgency of this intervention, the provision to provide quotes for the requested items is waived.

4 - Selection of beneficiaries criteria

- The selection of applicants will be carried out on the basis of the characteristics of the proposed intervention, to the number of the population that is expected to reach with the educational message, the incidence of coronavirus infection in the country as documented by the WHO website, the demonstrated technical and administrative capacity of the applicant in achieving the objectives of previously funded projects, the reliability shown in reporting them. Special attention will be paid to the proposals coming from the peripheries, and those more capable of reaching the poorest.
- As detailed above, the maximum amount that can be funded is € 10,000; a budget has to be formulated in local currency, with the Euro value calculated on the day of the application's submission and must be taken from the following website:
<https://www.oanda.com/lang/it/currency/converter>
- A tolerance of +/- 5% is allowed, based on variations in the exchange rate.
- Given that the available funding is aimed at dealing with an emergency situation, it is expected that the entire sum must be spent within **three months** from disbursement, and reported within the following three months. The reports will summarize the activities implemented, attaching photographic documentation and a copy of the supporting documents for all the expenses incurred (according to the SICTM's Reporting guidelines).
- Any guilty irregularity or false declaration in the presentation of the application or in the financial reporting entails the suspension of the applicant from any further CEI funding.