



RESULTS, LESSONS LEARNED, AND RECOMMENDATIONS FROM ORGANIZATIONAL CAPACITY STRENGTHENING SUPPORT IN COLOMBIA- YEAR 3

Local Health System Sustainability Project

Task Order I, USAID Integrated Health Systems IDIQ

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Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, \$209 million project will strengthen local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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ACRONYMS

ASIS	<i>Análisis de Situación de Salud</i> ; Analysis of the Health Situation
CLA	Collaborating, Learning, and Adapting
CBO	Community-Based Organization
TE	Territorial Entity
ETPV	<i>Estatuto Temporal de Protección para Venezolanos</i> ; Temporary Protection Statute for the Venezuelan Migrant Population
GESI	Gender Equality and Social Inclusion
LHSS	Local Health System Sustainability Project
SGSSS	<i>Sistema General de Seguridad Social en Salud</i> ; General Health and Social Security System

I. INTRODUCTION

The Local Health System Sustainability Project (LHSS) in Colombia has the objective of strengthening the governance and implementation capacity of the Colombian Government at the central and territorial levels to respond to the health needs of migrants and host communities. LHSS and stakeholders in Colombia agreed that this can be achieved through strategies that include the sustainable strengthening and transition of local capacity to local actors to fully execute their health system functions related to increasing access to care for migrant and receptor communities.

In 2021, LHSS initiated a process to strengthen the organizational capacities of eleven Territorial Entities (TE) and five community-based organizations (CBOs) in areas where there are large migrant populations, applying the LHSS organizational capacity strengthening (OCS) framework. The OCS framework includes eleven dimensions to assess and strengthen organizational capacity. Six priority dimensions¹ were identified during a co-assessment process. Working across these dimensions, LHSS aims to support further progress towards sustained organizational capacity.

The purpose of this report is to document the capacity strengthening process to promote the inclusion of the migrant population into the health system after almost one year of implementation. This process has already produced several products and results that can be replicated in other organizations and entities. The products and learnings here can be applied both for the inclusion of the migrant population into the health system and to strengthen the health system for the general population.

This document is divided into four sections. The first section features a brief introduction. The second describes the results and compares them to the established baseline capacity levels; describes the theory of change of the organizational capacity strengthening strategy; and describes the sustainability of the intervention's capacity strengthening efforts. The third section describes the lessons learned, which will serve as an input for future exchanges of best practices. The fourth section includes the recommendations.

The inputs used to prepare this document were taken from the regular LHSS performance monitoring activities established in the capacity strengthening plans and from a series of pause and reflection sessions, which allowed the LHSS and TE representatives to:

- Modify the process for supporting TEs and CBOs based on the evidence.
- Identify early accomplishments and results achieved.
- Document best practices.
- Record the sustainability of the intervention.

The LHSS organizational capacity strengthening process is implemented in line with USAID's Collaboration Learning and Adaptation² (CLA) management approach. This document describes the LHSS process and will serve as a reference for future organizational development efforts with TEs and CBOs.

¹ Strategy and planning, coordination, and articulation capacity of the stakeholders, organizational governance, enforcement of rules, resources, leadership, and management.

² USAID defines its Collaboration, Learning, and Adaptation (CLA) framework as "a set of practices helping us to improve our effectiveness on development." The proposed methodology integrates collaboration, learning, and adaptation activities throughout the Program Cycle, and allows the analysis and promotion of an appropriate environment for its implementation.

2. BACKGROUND

Since 2015, Colombia has been facing the challenge of responding to the migratory flow from Venezuela and systematically integrating the migrant population that intends to stay in the country. This implies significant challenges for the health system, as it must comprehensively respond to meet the demands of people with differentiated needs, a process that needs to go beyond a humanitarian response focused on covering basic needs and move towards achieving effective social inclusion. Colombia's health system must adapt to these new conditions and be adequately flexible to provide a sustainable response (within the legal framework of the health sector) and coordinate actions among the different health system stakeholders.

2.1 OBJECTIVES OF CAPACITY STRENGTHENING EFFORTS

LHSS Colombia and the Ministry of Health (MSPS) identified the need to strengthen local stakeholders' organizational capacity, prioritizing the TEs for their mandate to respond to this inclusion challenge. LHSS and the Colombian Government later identified CBOs as key actors requiring capacity strengthening support in the territories due to their close relationship with the migrant population in need of health services.

In project Year 3 (October 2021-September 2022), LHSS Colombia worked with the following critical health system stakeholders, following a system-based approach:

- (i) Departments, whose role is to direct and coordinate the health sector and the General Health and Social Security System within their jurisdiction, and specifically, integrate the migrant population into the health system.
- (ii) The municipalities, which know first-hand the needs of the population, are responsible for formulating and implementing public policies and oversee the sites where the migrant population and host communities are integrated into the health system.
- (iii) CBOs, as co-responsible agents, and partners for promoting the inclusion of migrants in the health system.

2.2 CAPACITY STRENGTHENING SUPPORT IMPLEMENTATION

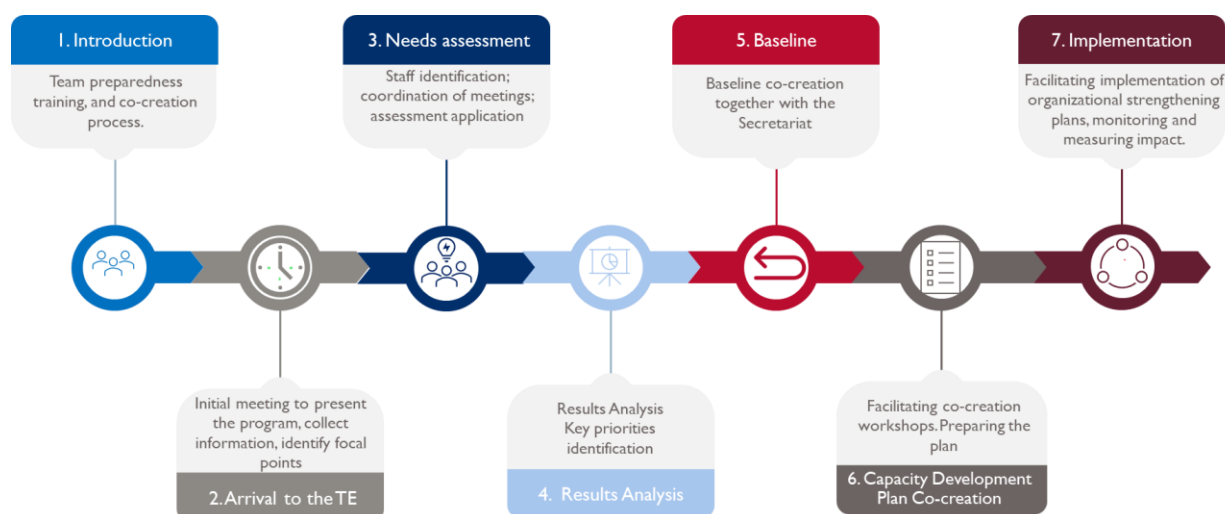
Working collaboratively with local stakeholders enables LHSS Colombia to implement a bottom-up approach to promote and support sustainability during the organizational capacity strengthening processes. Moreover, this approach considers the local contexts within each territory and the differential approaches required by the migrant population and supports an adaptable strategy that considers diversity among the territories and target populations (See Annex IV).

Likewise, providing direct support to the prioritized municipalities and CBOs has allowed LHSS Colombia to scale up its capacity strengthening strategy, empower territories, and promote improved dialogue with the migrant population to improve their participation in the formulation of public policies, and therefore, build their governance capacity.

The support delivered to the CBOs has been more limited as compared to the support provided to government entities. This is due to the CBOs’ relatively small size and composition. Given the CBOs’ few staff and resources to devote to capacity strengthening efforts, LHSS agreed to support strengthening of the five most crucial dimensions for these organizations: coordination and participation of stakeholders, organizational governance, financial management, gender equality and social inclusion, and personnel structure.

From a methodological standpoint, focusing on specific organizational capacity dimensions and intentionally engaging in a co-creation process for the design and implementation of the capacity strengthening strategy with the officials and members of the different departmental, territorial, and CBOs have been key factors for success of the intervention. Figure 1 documents a process that can be adapted and replicated.

Figure 1. Organizational Capacity Strengthening Process



3. PRELIMINARY RESULTS – Year 3

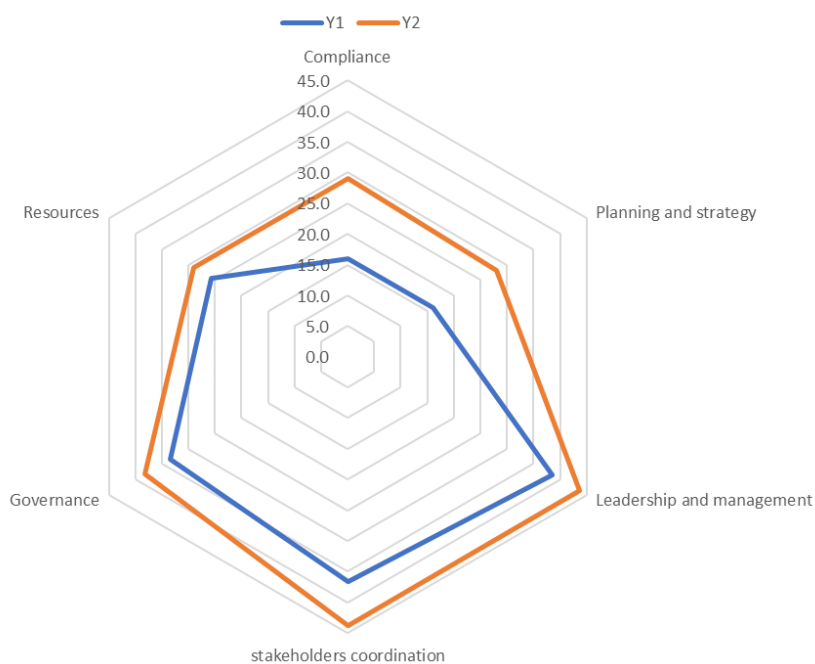
3.1. Monitoring Progress against the Baseline

The capacity strengthening process started by jointly conducting a baseline assessment to identify the organizational needs of each stakeholder, using the LHSS organizational capacity strengthening framework. After nearly a year into implementing the capacity strengthening plans, which were co-created with each organization, LHSS and the stakeholders conducted a monitoring process aimed at assessing the progress achieved by the CBOs and the TEs within the prioritized dimensions.³ Figure 2 below demonstrates the

³ Annex I shows the progress against the baseline and an analysis by TE.

progress against the baseline for the TEs. This figure shows that the two dimensions demonstrating the greatest progress were compliance, and strategy and planning. Overall, the average of the scores across the six prioritized dimensions increased by 30% compared with the baseline. This improvement was captured using the USAID CBLD-9 indicator, which measures the level of organizational capacity strengthening achieved in dimension's to ensure the effective implementation of migration and health policies.

Figure 2. Comparison of baseline (2021) vs. monitoring data (2022) in eleven TEs⁴



Source: Report authors

The CBOs also demonstrated an improvement in the organizational dimensions where assistance was provided⁵ (Figure 3). Currently, these organizations receive a grant awarded by LHSS Colombia, with the objectives of 1.) improving migrant access to social health insurance, and 2.) strengthening their capacity to manage resources and identify alternative funding sources to finance their own operations. These organizations also work closely with LHSS to implement communication strategies addressed to the migrant population, and they prepared communication pieces using the toolbox developed by LHSS Colombia to disseminate information on the health sector's response to migration within the context of the Temporary Statute for the Protection of the Migrant Population (ETPV)⁶.

⁴ District of Bogota D.C., municipality of Soacha, Governor's Office of Cundinamarca, Governor's Office La Guajira, municipality of Dibulla, municipality of Barrancas, district of Riohacha, Departmental Health Institute of Norte de Santander, municipality of Cúcuta, municipality of Los Patios, and municipality of Villa del Rosario. The annexes present the detailed results by TE.

⁵ It is worth noting that the organization *Juntos se Puede*, postponed the process alleging grounds of force majeure, however, it was included the organization *Red Somos*, until the proceses is retaken.

⁶ The objective of the Temporary Statute for the Protection of the Migrant Population (ETPV) is to allow the transit of Venezuelan migrants who are in the country from a temporary protection regime to an ordinary migratory regime, that is, that Venezuelan migrants who avail themselves of the measure will have a period of 10 years to acquire a resident visa. This measure seeks to stimulate the transition to the ordinary migratory regime and reduce the numbers of current and future irregular migration.

Figure 3. Comparison: Baseline (2021) vs. monitoring data (2022) in Four CBOs⁷



Source: Report authors.

The purpose of the stakeholder coordination dimension, from the perspective of the TEs and CBOs, is to improve trust among these stakeholders, and to generate formal mechanisms for collaboration. These mechanisms enable these stakeholders to jointly promote the inclusion of the migrant population into the health system, and to enhance the provision of quality health services.

The results achieved, success factors, the products created in each dimension are described below.

Results (Outputs):

1. Integration of health services for migrant population into health planning processes of the TEs. (See examples in Box 1).
2. Positive effects on the motivation, organizational dynamics, and organizational culture to recognize migration as a health determinant.

BOX 1. TE outputs linked to capacity strengthening efforts a) Developed and updated plans to respond to the migration phenomenon, b) integrated migration into the territorial health plans and into the health action plans and, c) CBOs participated in the development of action plans for organizing working groups with external stakeholders.

⁷ *Fundación Nuevos Horizontes, Fundación Mahuampi, Fundación Comparte una Vida Colombia, Fundación Salto Ángel.* The annexes present the detailed results by CBOs.

3. A measurable increase in knowledge regarding the sociodemographic characteristics of the migrant population resulting from implementing a Health Situation Analysis with an emphasis on the migrant population.
4. Progress achieved on integrating and recognizing the CBOs, migrant associations, and community leaders as key actors in the health insurance enrollment process and in the provision of health services to the Venezuelan migrant population. (See examples in Box 2).
5. Recognition, by public officials, of the migrant population as an integral part of the population of the municipality, according to their testimonies. Empowerment of migrant population leaders as key stakeholders for the development of activities aimed at improving their health conditions.
6. Integration and collaboration of different internal TE stakeholders to jointly work on the migration issue. This result was not part of the organizational strengthening plans, but a consequence of the collaborative work facilitated by the LHSS Colombia team (See example in Box 3).
7. Integration and permanent collaboration with external stakeholders as a result of stakeholder mapping, the capacity strengthening process, and the establishment of stakeholders' working groups.
8. Raising public officials' awareness regarding the Gender Equality and Social Inclusion (GESI) approach through training and awareness building processes. Within the context of the strategy, about 224 public servants were trained.

BOX 2. Process in strengthening relations: agreements of intent were executed between some health secretariats and the CBOs; other health secretariats executed binding mechanisms such as decrees, resolutions or circulars regulating the participation of CBOs.

BOX 3. The OCS process fostered internal integration and collaboration among public officials of the different areas at the Departmental Health Institute in Cucuta aiming to improve action planning related to gender and social inclusion.

Success factors enabling achievement of results:

LHSS has identified the following success factors for the capacity strengthening process. Stakeholders have cited these factors as necessary to replicate in new TEs and CBOs:

1. Intention to co-create and collaborate during the capacity strengthening process generated results since the beginning of the process (early wins). For example, early on, LHSS worked collaboratively with the TEs to define the sociodemographic characteristics of the Venezuelan migrant population using the Health Situational Analysis (ASIS by its Spanish acronym). Additionally, LHSS supported activities to institutionalize migrant health technical working groups involving different stakeholders.
2. The co-creation process improved leadership skills and created interest in implementing the capacity strengthening plans that were co-created with LHSS Colombia.
3. Activities implemented to strengthen the various organizational dimensions were included in territorial plans. This approach aimed to incorporate the capacity strengthening activities into the routine processes planned and delivered by each TE and the CBOs. For example, various activities were included in the territorial health plans, the health action plans, and even into the territorial development plan.
4. A consistent approach to the strategy and planning dimension as the core intervention in all TEs advanced the sustainability of the capacity strengthening process because it facilitated the prioritization of migrant health and generated a shift from an emergency response culture towards a more permanent and institutionalized approach to addressing migrant health challenges. Examples of this

institutionalization include the integration of the CBOs into the policymaking process; the recognition of the resources required to address migrant health; and the impact of planning on internal processes and procedures, among others.

5. The exercise of mapping stakeholders is described by both the TE's and the CBO's as a success factor, as it enabled them to effectively recognize, develop and implement strategies to engage and coordinate activities with the different key stakeholders.
6. The tools and techniques used by the organizational capacity specialist have been fundamental in the success of this process, as these conveyed a clear approach and were properly focused on collaborating and co-creating with the various stakeholders. LHSS transitioned the methodology to public officials from the TEs and to members of the CBOs for replication by providing the tools, mentoring, and adapting the techniques for each set of users.
7. LHSS Colombia's role as a mediator strengthened relationships and engagement across individual and institutional stakeholders inside and outside the health secretariats. This success factor was not planned but was an unintentional result of the process. For example, during the needs assessment, different departments from the TEs were invited to participate, resulting in increased collaboration. The CBOs and community leaders felt included and increased their trust in this type of project (Box 4).
8. The CBOs recognized the importance of developing processes and procedures and identified the need to train staff and learn about project formulation and staff development.
9. LHSS Colombia's support was recognized by TEs as a success factor, as it has helped the TEs to adapt their organizational structures to respond, in a sustainable manner, to the migration situation (Box 5).

BOX 4.

*"The support of [LHSS Colombia] helped our inclusion and allowed us to build greater credibility."
Vice President, Fundación Mahuampi*

*"The relationship with LHSS Colombia enabled us to develop new skills and position the CBO, in the municipality, specifically, as a key stakeholder on health and migration issues."
Psychologist, Fundación Nuevos Horizontes.*

BOX 5.

*"The support provided by LHSS Colombia has been very productive as it allows and promotes an integration and collaboration process that has generated a greater impact"
Public Servant Bogotá -Social participation and support professional*

Outputs according to organizational dimension:

The following table shows the products delivered (specific interventions or specific instruments developed) through the organizational capacity strengthening process:

Table 1. Outputs achieved through the organizational capacity strengthening process

DIMENSION	OUTPUTS
Strategy and planning	<ul style="list-style-type: none"> ● Formulation and implementation of migratory phenomenon health sector response plans. ● Inclusion of actions for the migrant population within the TEs' health planning documents. ● Identification of migratory status as a health determinant.
Compliance	<ul style="list-style-type: none"> ● Documentation and standardization of institutional procedures to integrate the migrant population.

DIMENSION	OUTPUTS
	<ul style="list-style-type: none"> Awareness regarding the regulatory frameworks and functions related to the provision of health care services for the migrant population. This includes Memorandums 025 and 029, among others.
Leadership and management	<ul style="list-style-type: none"> Health Secretariat staff strengthened leadership and management for including the migrant population into their activities and programs. Improved integration and coordination among the different teams (i.e. planning, vulnerable population, and insurance teams) in the health secretariats in charge of ensuring the provision of health services. The leadership among the community and stakeholders improved through organizational capacity strengthening activities and by fostering integration and collaboration through the TE stakeholders working groups.
Resources	<ul style="list-style-type: none"> Identified projects that provide logistical and in-kind resources. CBOs learned how to link strategic planning with budgeting. Mapping of stakeholders aimed at leveraging and managing resources.
Coordination and engagement of stakeholders	<ul style="list-style-type: none"> Formalization of the health and migration TE stakeholder working groups to collaborate on both health interventions and determinants of health. Intersectoral integration to promote cooperation and joint responsibility among the different public, private, and civil society stakeholders to improve the provision of health services for the migrant population. Identification of migrant population CBOs present in the territory. LHSS Colombia facilitated the establishment of a permanent communication process between TEs CBOs.
Organizational governance	<ul style="list-style-type: none"> Allocated resources to strengthen information and institutional communication mechanisms. This included the TEs and CBOs jointly developing a guide for the inclusion of the migrant population into the health system. This guide will be used in different institutional spaces such as "Centros Intégrate", health days, and on websites, among others.
Implementation Capacity	<ul style="list-style-type: none"> Improved capacity among health secretariats to understand and develop different types of indicators to assist their planning processes. Formulation of indicators and targets aimed at monitoring public health activities addressing the migrant population.

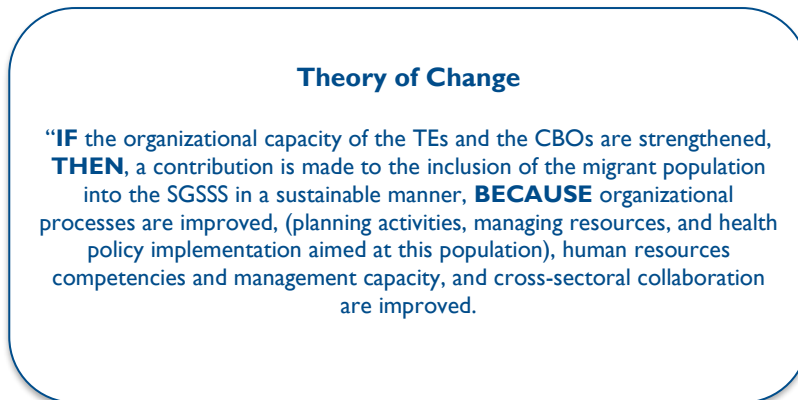
It is important to analyze the linkages between the different capacity dimensions to understand the impact of strengthening several dimensions at once. Through engaging in different, simultaneous planning stages TE representatives identified the need to better understand the regulations related to the provision of health care services to the Venezuelan migrant population. At the same time, the cooperative process improved collaboration among the different teams within the TEs that are managing the provision of health services to the Venezuelan migrant population, strengthening the leadership skills of the officials in charge of cross-cutting integration.

3.2. Theory of Change and the Sustainability of the Capacity Strengthening Support

This section documents and tests (1.) the theory of change (TOC) of the capacity strengthening strategy and, (2.) the sustainability of capacity strengthening among TEs and CBOs.

Theory of Change:

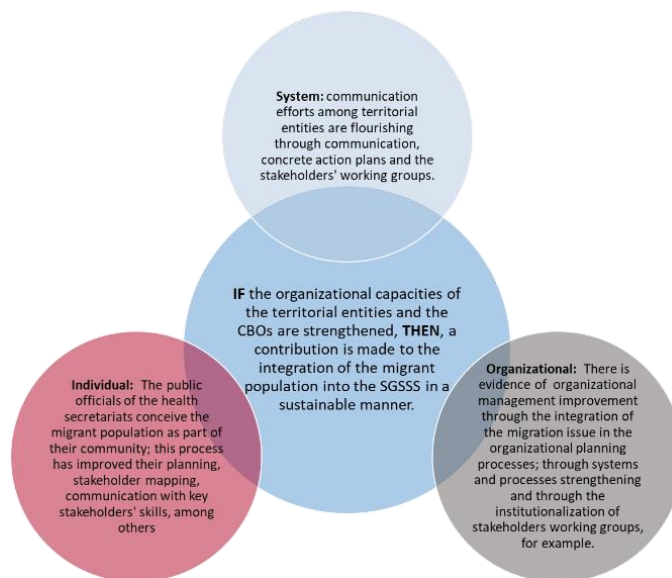
The TOC below was developed to design the organizational capacity strengthening strategy and accompanying technical assistance:



The TOC⁸ outlines the contribution of the capacity strengthening process to the inclusion of the migrant population into the SGSSS. The capacity strengthening strategy should result in the TEs prioritizing migrant health issues and incorporating the input of the migrant community within their processes, organizational culture, systems, and regulations, ultimately leading to the inclusion of the migrant population in the SGSSS and increasing access to health services for migrants, Colombian returnees, and host communities.

Figure 4 demonstrates some examples of results from testing the TOC of the capacity strengthening strategy, at the system, organizational, and individual levels.

Figure 4. Systems approach and Theory of Change



There is evidence that after a year of implementing the organizational capacity strengthening plans, processes such as planning, policy implementation, skills/competencies development, and cross-sectoral integration have been strengthened. For example, one official the municipality of Barrancas shared that:

⁸ The Theory of Change of this process was adapted according to the context and after applying the LHSS Framework.

"The support provided by LHSS Colombia raised my awareness on the issue of the migrant population and has taught me the importance of delegating activities. "

Implementation of the plans also resulted in the production of various products (see Annex I) during the first year. These outputs include the development of policy instruments, formal mechanisms, and the formalization of some administrative processes and procedures. In terms of results, or outcomes, implementation of the capacity strengthening plans resulted in the involvement of migrant CBOs in formulating policies such as the Ten-Year Health Plan and territorial-level migration and health policies. The impact of the capacity strengthening approach at the systemic level, however, cannot be observed in a tangible manner in the short term. After several years of implementation, it will be possible to assess the impact of the capacity strengthening strategy and test the TOC by quantifying the migrant population's use of health services.

Transition and Sustainability

LHSS Colombia aims to enhance the sustainability of local partners' capacity to perform health system functions by identifying milestones and the processes required to increase financial ownership, leadership skills, and capacity for implementation. The Activity's transition and sustainability plan,⁹ which was agreed upon with the health secretariats, included two governance-related results that the health secretariats were expected to achieve by the end of the LHSS Colombia Activity:

- Plan and oversee management procedures for integrating the migrant population and host community into the health system, and
- Improve the implementation of standardized human resources monitoring procedures and training activities and strengthen the health information management system to include the migrant population under a GESI approach.

The expected results agreed with the CBOs include:

- CBOs receive international cooperation funding for implementing initiatives addressing the Venezuelan migrant population and host communities. Additionally, these CBOs strengthen their processes to promote insurance enrollment, the use of health services, and the promotion of rights and duties of the SGSSS users, and
- CBOs assume a leadership role in policy processes related to migrant health.

In alignment with the theory of change, the Transition and Sustainability Plan is guiding the long-term vision of LHSS Colombia and the capacity that the Activity will strengthen within its local partners by the end of the project. The implementation of the capacity strengthening plans is one of many ways in which LHSS Colombia is moving towards achieving this goal. The following table describes the factors that have advanced the sustainability of the capacity strengthening strategy at the territorial level (see Annex C):

⁹ LHSS Colombia formulated a Transition and Sustainability Plan for measuring and monitoring the sustainability of the Activity's interventions and process of transitioning interventions to local partners. For interventions related to strengthening organizational capacity, the Transition and Sustainability Plan identifies milestones and expected results with TEs and CBOs.

Table 2. Factors contributing to the sustainability of LHSS capacity strengthening support

Achievement	Factors contributing to sustainability
<p>The regulation/institutionalization of stakeholder working groups to improve collaboration</p>	<p>Working groups were institutionalized through a Decree or Resolution.</p> <p>A co-creation process with LHSS Colombia was used to create meeting agendas, define the frequency of meetings, and map stakeholders.</p> <p>Co-created a methodological approach for monitoring.</p>
<p>The planning component was established as one of the key interventions of the organizational capacity strengthening strategy.</p>	<p>Planning capacity was systematized in several ways:</p> <p>Health Secretariats incorporated a response to the migrant situation within their various plans.</p> <p>Stakeholder working groups followed specific guidelines when co-creating action plans. These guidelines include specific indicators and goals, and action plans will be updated on an annual basis.</p> <p>Staff and contractors were trained on planning skills.</p>
<p>Processes for promoting the inclusion of the migrant population were institutionalized within the health secretariats</p>	<p>LHSS fostered a culture of self-reflection regarding specific action-oriented processes and procedures.</p> <p>Processes, procedures, and instructions were documented as required by organizational quality guidelines.</p>
<p>Stakeholder working groups encouraged collaboration among health secretariats, the CBOs, and the private sector. LHSS Colombia served as a facilitator among the sectors.</p> <p>The stakeholders have established different coordination and communication mechanisms.</p>	<p>The development and execution of agreements or mechanisms, such as circular letters, decrees, and resolutions, formalizing cooperation between health secretariats and CBOs. For example, stakeholder working groups established a regulatory framework for collaboration in Bogotá and for the implementation of Health Fairs in Los Patios. These processes were documented for replication within other secretariats.</p>
<p>The organizational capacity strengthening process has fostered improved internal communication among the different teams within the secretariats, and these teams are now more aware of the importance of teamwork.</p>	<p>Improving internal communication processes is now a priority within the secretariats. Secretariat leadership has begun organizing internal meetings among the various teams.</p>
<p>Public officials changed their perception of the migrant population.</p>	<p>Public officials have an increased awareness of the migration issue, resulting in increased motivation to work with the migrant population. This new perception resulted from training activities and technical assistance related to the prevention of xenophobia and the leadership course on change management.</p>
<p>CBOs feel recognized and included in the policymaking process</p>	<p>CBOs use facts to successfully advocate for health secretariats to update policies to improve inclusion of the migrant population. The CBOs are being integrated into policymaking processes through binding mechanisms such as resolutions and decrees at the level of Mayor's Offices.</p> <p>Health secretariats have recognized the strategic importance of working closely with CBOs</p>

In some cases, the co-creation approach, which includes on-going monitoring by LHSS, is perceived as new or different for the public officials involved. This constant, systematic, and collaborative effort has generated a will to implement organizational changes to advance sustainability.

4. NEXT STEPS

Below are a series of next steps that LHSS Colombia will implement to strengthen the sustainable capacity of local stakeholders to include migrants in the health system, and to facilitate the replication of similar capacity strengthening efforts to other TEs and CSOs.

1. Continue supporting capacity strengthening of TEs and CSOs, and monitor activities during the next seven months to measure, in a more comprehensive manner, the impact of the capacity strengthening strategy. This impact should be documented at a systemic level, not just at the organizational level.
2. LHSS will further investigate the impact of the organizational capacity strengthening process on organizational culture, given the fact that frequent staff turnover could limit the process's ability to generate a lasting impact on the organizational culture of the TEs.
3. Gather additional data on the motivation of the permanent staff and the factors that could enhance such motivation.
4. Outline a resilience strategy for mitigating the negative impact that a change of government could have on the organizational capacity building efforts implemented in the TEs.
5. Continue focusing on strengthening the capacity of the TE's to accomplish additional key organizational strengthening objectives.
6. Continue supporting capacity strengthening for CBOs, as these organizations facilitate direct communication with the migrant population. Support should include leadership training and assistance for increasing their ability to adapt to change.

5. LESSONS LEARNED FROM THE IMPLEMENTATION PROCESS

The lessons learned identified by LHSS, the TE's, and the CBOs are described below:

Lessons learned by the LHSS Colombia capacity strengthening support team:

- a. Adapting the methodology to the context of each TE was fundamental, but needs to be completed more quickly in order to generate early accomplishments. The LHSS Colombia team needs to be more adaptable in their ability to analyze, learn, and change their work to suit diverse conditions.
- b. The organizational capacity strengthening needs assessment showed that it was not necessary to focus on all organizational dimensions, requiring LHSS to be flexible and adapt the approach to that reality.

- c. The planning process is the structural intervention that contributes most to sustainability, since it increased the prioritization of the migrant health issue and transformed the culture of the stakeholders from one of seeing the migrant issue as requiring an emergency response to one that prioritizes an on-going, institutionalized response. For example, CBOs were included in the policy making and implementation processes and health secretariats were required to identify the resources required to implement responses to the migration issue.
- d. The participatory style and co-creation tools used by LHSS Colombia's organizational capacity strengthening specialist promoted a collaborative environment within the teams, facilitating the adoption of the methodology by the TEs and CBOs.
- e. LHSS Colombia's facilitation role strengthened relationships and engagement across individual and institutional stakeholders, inside and outside the Secretariats.
- f. The capacity strengthening process performed in the TEs can be sustainable, despite the rotation of personnel, by institutionalizing the process through regulations and by documenting the processes and procedures.
- g. The public officials were engaged in the capacity strengthening process, however, they were less motivated than consultants working for the TEs. The relatively lower motivation by public officials can negatively impact sustainability.

Lessons learned by the TEs and the CBOs:

- a. Identification of key stakeholders and updating the stakeholder mapping allowed the TEs to learn about the scope of services offered to migrants in their territories, and facilitated the development of synergies for designing and executing projects.
- b. Empowerment of local stakeholders and working together collaboratively were paramount for developing the capacity strengthening interventions.
- c. The capacity strengthening process implemented by LHSS Colombia has contributed to institutional development of the ETs, mainly because it was delivered through a systemic approach that took into account the contexts of each territory. The capacity strengthening process has been critical for improving the formulation and implementation of public policies, programs, and institutional processes, and for developing collective actions within each territory implemented jointly by the government and CBOs.

5.1. Promising practices

This section describes practices that have proven to be successful, and which can be replicated by other technical assistance providers supporting the implementation of capacity strengthening programs in other contexts in the future:

1. Share the capacity strengthening process among the stakeholders and receive their feedback – it is necessary and serves as an input to launch the co-creation process.
2. Conduct a preliminary analysis of the existing capacity of the organizations that will participate in the capacity strengthening process and determine which capacity dimensions need to be strengthened.

3. Integrate the organizational capacity strengthening process with the other project interventions. In the case of Colombia, this activity was coordinated and co-created together with LHSS Colombia's staff supporting various interventions in the TEs, and the capacity strengthening process was integrated within several of these interventions.
4. Integrate the capacity strengthening strategy within the health planning and management processes of the TEs and the CBOs, rather than managing it as a separate, vertical assistance program.
5. Identify the structural dimension(s) that are fundamental for the intervention's success, and then document the support provided. In the case of Colombia, support was provided to the following dimensions: strategy and planning; compliance with regulations; and cooperation among stakeholders. These three dimensions generated linkages and promoted leadership within the ETs.

ANNEX A. Matrix of results chain and alignment with the Transition and Sustainability process per prioritized Organizational Capacity (OC) dimension

This table presents the causal relationships between the results achieved in the capacity strengthening framework (score from one to five of the LHSS framework, where five is sustainable) and their relationship with the milestones of the transition and sustainability plan, as well as the outputs (products) and outcomes (Results) by dimension:

Table 3. Results chain and alignment with Transition and Sustainability process

DIMENSION	SUSTAINABILITY LEVEL OF THE OCLHSS FRAMEWORK	MILESTONE OR PARTNER STATUS OF THE T&S PLAN	OUTPUTS	EXPECTED OUTCOMES
Strategy and planning	The medium and/or long-term strategy to implement functions of the entity in relation to the migrant population has been developed and is under implementation.	The TEs strengthen their capacity to plan and oversee their management process to integrate migrants and host communities into the IGIS health system.	Analysis of the Health Situation Response Plan to the Migratory Phenomenon – PAS Public Policy on Migration and Health	Migration and health observatories at the territorial level. Epidemiological bulletins of MP.
Compliance	The institution has standardized and documented processes and procedures in place to respond to changes and adjustments in the political or legal framework impacting the TEs.	The TEs monitor the barriers to affiliation of the migrant population and returnees, and formulate alternative solutions.	Course on regulations in migration and health, and affiliation processes. System for learning management in relation to migration and health.	# Public officials that are aware of the rules, rights, and duties of the MP.
Deployment capability	There is a monitoring system in place to oversee the performance of health programs or activities aimed at the migrant population, and which is frequently used/There are indicators and milestones in place aimed at monitoring activities and which are frequently used.	The TEs improve the development of standardized follow-up procedures, staff training, and strengthen the capacity of the health information management system for the inclusion of the migrant population through an ISIS approach. C3	Health indicators and goals for the migrant population. Indicators Plan aimed at the response and care, addressing mixed migratory flows. # Of people trained (open school)	% Increase in health care provided to the migrant population.
Coordination and articulation with stakeholders	The TEs are aware of the stakeholders/Effective communication with stakeholders	The TEs improve their inter-agency articulation, either by consolidating	Institutionalization of internal and external	# Of migrants participating in the working groups.

DIMENSION	SUSTAINABILITY LEVEL OF THE OCLHSS FRAMEWORK	MILESTONE OR PARTNER STATUS OF THE T&S PLAN	OUTPUTS	EXPECTED OUTCOMES
	promoting collaboration/The entity is aware of the needs of migrant associations and has the capacity to respond to such needs.	their technical and collaborative working groups aimed at integrating the migrant population to the SGSSS or through other mechanisms.	technical working groups of Migration and Health.	
GESI	There is clarity upon the concepts of gender and social inclusion, and these are reflected into the institutional policies and practices, and are implemented. Women and younger professionals are encouraged to speak up and receive support to take leadership roles within and outside the organization.	The TE have strategies in place addressing gender equality and social inclusion for the migrant population.	GESI Toolbox	# Of public officials applying the concepts of gender and social inclusion.
Management and leadership	Leadership is very effective in establishing management and motivating staff. Conducts regular and effective internal communication with the staff of the entity regarding programs or services addressing the migrant population.	The TEs strengthen the information management system, allowing these entities to make efficient decisions aimed at integrating the migrant population. The ETs incorporate a community-based approach to primary health care, in coordination with the Benefit Plan Administrators and health providers.	The TEs have in place and/or strengthen the capacity of their area or responsible party for the actions aimed at integrating the migrant population into the SGSSS.	Network aimed at exchanging best practices in health and migration. # Of good practices documented.
Resources	The institution prepared the resource mobilization plan and is under implementation/The institution has a mechanism in place to identify the needs, and collecting and monitoring donations.	The TE improve the management skills at the territorial level aimed at mobilizing resources for health services addressing Venezuelan migrants and host communities.	Improved processes for the acceptance and deployment of donations.	# Of donations received. # Of mobilized alliances.
Organizational Governance	Communication with the migrant population is effective, their needs are known, and the entity has the capacity to respond to such needs. / The structure is in place and provides the necessary oversight to ensure accountability.	The TEs implement and/or strengthen their participation mechanisms (representativeness, periodicity, creation of new spaces) aimed at integrating the migrant population and host communities into public decision-making processes.	Communication pieces produced.	# Of people impacted by IEC strategies

ANNEX B. Binding mechanisms created in the Organizational Capacity Strengthening Implementation Strategy

Binding administrative and regulatory mechanisms:

Table 4. Binding mechanisms created in the Organizational Capacity Strengthening implementation Strategy

Full name	(Circular letter, resolution, etc.)	Date	Entity (Name: ET, MSPS, IPS, OBC, etc.)
Whereby the Ten-Year Public Health Plan 2022-2031 is adopted with its differential chapters: indigenous for the indigenous people and communities of Colombia, population victim of armed conflict, Rom People and Black, Afro-Colombian, <i>Raizal</i> , and <i>Palenquera</i> population.	Resolution number 1035 of 2022	June 14, 2022	MSPS
Request for individual reports on the provision of health services to foreign population.	Circular Letter 004	December 2021	Soacha
Whereby the internal technical table of the Municipal Health Secretariat, addressing the care and inclusion of the migrant population, is created and regulated.	Resolution 1752	December 2021	Soacha
Whereby Decree 142 of June 2014 is modified and added "Whereby the community participation committee in health - COPACOS- of the municipality of <i>Soacha</i> is reorganized"	Decree 32	March 2022	Soacha
Whereby the Territorial Health Board, addressing the care of the migrant population in the municipality of <i>Soacha</i> , is created and regulated.	Resolution 313	March 2022	Soacha
Technical table aimed at integrating the migrant and returnee population into the general health and social security system.	Resolution 139	December 30, 2021	Cúcuta
Technical table of health and migration addressing the care and integration of actions aimed at the migrant population.	Resolution 693	December 7, 2021	Los Patios
Technical health table of the Municipality of Villa del Rosario aimed at integrating the migrant and returnee population	Resolution 130	February 22, 2022	Villa del Rosario
Planning and strengthening the health actions aimed at the migrant population in effect for year 2022	Circular Letter 0185	December 9, 2021	IDS
Technical health table of the Municipality of Bucaramanga aimed at integrating the migrant and returnee population	Resolution 032	July 12, 2022	Bucaramanga

Policy Guidelines:

Full name	Policy Document	Date	Entity (Name: ET, MSPS, IPS, OBC, etc.)
Response Plan of the health sector to the Migratory Phenomenon - Secretariat of Health of Barrancas 2022	Response Plan	June - 2022	Barrancas-La Guajira
Analysis of the Health Situation Secretariat of Health, Welfare, and Social Integration - Dibulla 2021	ASIS Document	May -2022	Dibulla-La Guajira
Response Plan of the health sector to the Migratory Phenomenon	Matrix of the Response Plan	December- 2021	Cúcuta
Analysis of the Health Situation addressing the Migrant Population	ASIS Document	January -2022	Cúcuta
Mapping of stakeholders conducted by the Health Secretariat of Cúcuta	Stakeholders mapping matrix	January -2022	Cúcuta
Procedure aimed at disseminating strategic documents, norms, and documents from the health secretariat	Procedure	November -2021	Cúcuta
Health action plan with activities aimed at the migrant population	Matrix of the Health Action Plan	February- 2022	Villa del Rosario
Analysis of the health situation including health information on the migrant population	ASIS Document	November -2021	Villa del Rosario
Portfolio of the health services offered to the migrant population in the municipality of Villa del Rosario	Portfolio of services	March 2022	Villa del Rosario
Directory of services offered to the Migrant Population in the municipality of Villa del Rosario	Mapping and directory	March 2022	Villa del Rosario
Response Plan of the health sector to the Migratory Phenomenon	Matrix of the Response Plan	February 2022	Los Patios
Analysis of the health situation of the migrant population	ASIS Document	November 2021	Los Patios
Health action plan with actions aimed at the migrant population	PAS	December 2021	Los Patios
Cross-cutting procedure on gender and differential approach regarding vulnerable populations	Procedure	December 2021	Los Patios
Update on the Norms Guideline - Institutional planning and quality. Code SDS-PYC-LN-004	Document of control management system	December 2021	Bogotá
Norms guideline report: format update. Code SDS-PYC-FT-031	Document of control management system	December- 2021	Bogotá
Directory of services offered to the migrant population	Portfolio of services (OBC information)	October 2021	Bogotá
Plan of analysis for the indicators addressing the Venezuelan Migrant Population	Response plan document	June 2022	Bogotá

Full name	Policy Document	Date	Entity (Name: ET, MSPS, IPS, OBC, etc.)
Support provided upon planning, drafting, implementing, and monitoring the operating model to deliver the Public Health Management actions and the Plan for Collective Interventions (GSP-PSPIC)	Implementation and monitoring of the operating model for GSP actions – PSPIC	December 2021	Bogotá
Manual of the Norms Guideline	Quality management system	May 2022	Soacha
Response Plan of the health sector to the migratory phenomenon.	Response plan document	June 2022	Soacha
Directory of services offered to the migrant population	Portfolio of services	June 2022	Soacha
Technical assistance on the binding mechanism - Soacha	Binding mechanism promoting the participation of CBOs in cross-cutting activities fostered by the Health Secretariat	April 2022	Soacha
Technical assistance on the binding mechanism CBO-SDS	Document Control Management System-Needs of the migrant population by dependency	June 2022	Bogota

ANNEX C. Reports on Pause and Reflection

Here is a summary of the results of pause and reflection exercises that were carried out in the 11 prioritized TEs and 5 CBOs, the results by each organization are also annexed.

These sessions were relevant due to the follow-up measurement that was performed in them, (to measure how we made progress in the process of strengthening organizational capacities), also because important information was collected there to include in this document.

PAUSE AND REFLECTION: SUMMARY OF RESULTS (MAY 2022)

This reflection is organized in the following sections:

1. Early accomplishments. Are these sustainable? What factors enable or hinder sustainability?
2. Analysis of the factors enabling or hindering sustainability in relation to the achievements.
3. Which intervention(s) are generating or are beginning to generate a change within the TEs? What are the grounds behind such changes?

1. Early Accomplishments:

Table 5. Early Accomplishments – Pause and Reflection Sessions

Early accomplishments	Grounds for sustainability
The regulatory framework of the integration or collaboration stakeholder's working groups.	<p>The institutionalization act through a Decree or Resolution.</p> <p>The co-creation and implementation of the meetings, the frequency of meetings, and the mapping of stakeholders. This was performed together with the team of the project.</p> <p>The methodological approach co-created a work process which allowed and ensured, from the beginning, the permanent monitoring of the process.</p>
Establish the planning component as one of the main interventions of the organizational capacity strengthening activities	<p>The planning component has been systematized in several manners:</p> <p>A response plan to the migratory phenomenon integrated into the plans of the Secretariats.</p> <p>Guidelines of the integration or collaboration stakeholder's working groups included a regulation aimed at preparing an action plan, which included specific indicators and goals. This plan shall be updated on an annual basis.</p> <p>Improvement of the planning skills. This process was performed by training permanent staff and contractors.</p>
Creation of the maps of processes within the Secretariats in relation to the provision of health care services to the migrant population. These procedures were documented.	Promotion of a self-reflection culture on the processes and procedures within the entities and specifically oriented towards actions.

Early accomplishments	Grounds for sustainability
<p>The process and work delivered through the technical and collaborative working groups bridged the gap among the Secretariats, the CBOs, and the private sector. LHSS Colombia became an articulating point among the different areas. The different stakeholders have joined efforts and established communication mechanisms through this process.</p>	<p>Processes, procedures, and instructions were documented following the quality guidelines that are integrated into the organization.</p> <p>Execution and performance of concurrence of wills among the health Secretariats and CBOs, or binding mechanisms regulating these relationships such as circular letters, decrees, resolutions. For example, the regulatory framework of the articulation of integration or collaboration stakeholder's working groups in Bogotá or the Health Fair in Los Patios. The process has been documented and it shall be replicated in other secretariats.</p>
<p>The organizational capacity strengthening process has fostered internal communication mechanisms among the different areas of the secretariats, and recognized the need implement a comprehensive approach to deliver the actions and teamwork.</p>	<p>Raising awareness on the need to improve in-house communication.</p> <p>Leadership is being created upon convening and initiating the articulation meetings among the different areas</p>
<p>The CBOs feel recognized and incorporated into this process by the institutional level</p>	<p>Based on the facts, the Secretariats are now aware that it is required to update the rules, in order to include the migrant population.</p> <p>The CBOs are being included in this process through binding mechanisms such as resolutions, and decrees at the level of the Mayor's Office. Other components of LHSS Colombia are also working together with these CBOs.</p> <p>Empower the Secretariat staff in order to continue the work.</p>

2. Factors enabling and hindering sustainability:

Table 6. Factors enabling and hindering sustainability

Enabling factors	Hindering factors
<p>Leadership of the area upon positioning and managing the implementation of the provided actions.</p>	<p>Support is required at the national level to implement functions, and activities. For example: including the migrant population into the mandates of the vulnerable population, as it was delivered with the response plan. For example, a mandatory circular letter is needed.</p>
<p>Responsiveness of the managers and the work team in order to develop the products.</p>	<p>The continuity of contractors, and of the capacity strengthening process.</p>
<p>Commitment by appointed officials</p>	<p>Further strengthen the political will to engage CBOs and others. There shall be additional motivation to acknowledge the benefits of such engagements.</p>

3. What intervention(s) are generating or are beginning to generate a change within the TEs? What are the grounds behind such changes?

The planning process is the structural intervention that enables the most sustainability as it raises awareness of the issue and changes the culture of urgency towards a permanent and institutionalized approach. For example, the integration of CBOs into the system and the identification of required resources must be leveraged and managed from multiple sources. This includes both processes: preparing the organizational capacity strengthening plan as well as the planning plan of the ETs.

The ETs adopted the issue and the process. This allows its traceability.

- h. The comprehensive approach of the interventions enabled to envision the migrant population as part of the community and thus contextualize their situation.
- i. The attitude and tools used by the organizational capacity strengthening specialist has been paramount, as it was a clear approach, and fostered a co-working environment with the teams; and, in the end, the methodological approach has been transferred for replication.
- j. The articulating effect of the LHSS Colombia, both inside and outside the secretariat.

ANNEX D. Video with testimonies of the Capacity Strengthening process



<https://drive.google.com/drive/folders/IiTPjQYEKI6kDRzJSnyM-JjOzBMcpKRQx?usp=sharing>