



EXECUTIVE SUMMARY:

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 project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity

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EXECUTIVE SUMMARY

DESCRIPTION

The Local Health System Sustainability (LHSS) Colombia Activity identified the need to strengthen local stakeholders' organizational capacities to respond to the challenge of integrating the Venezuelan migrant population and Colombian returnees into the General Health and Social Security System (SGSSS as per its acronym in Spanish).

In 2021, LHSS initiated an organizational capacity-strengthening process for 11 territorial entities and five community-based organizations (CBOs), using the project's capacity strengthening framework, which identifies 11 dimensions for measuring and strengthening organizational capacity. Through a co-assessment process with the territorial entities and CBOs, LHSS prioritized seven dimensions to support strengthening the capacity of counterpart organizations and chart a path to sustain that capacity. LHSS Colombia's support to these organizations aligned with the USAID Collaboration, Learning, and Adaptation (CLA)¹ management approach.

This summary describes the principal results of the assessment and LHSS's successes thus far in supporting its counterparts in strengthening their capacity in a sustainable manner. This brief report can serve as a reference or technical input for consultation, thus contributing to the organizational-capacity strengthening process.

Objective

Document the capacity-strengthening process using seven priority dimensions of organizational strengthening (strategy and planning, regulatory compliance, leadership and management, resources, coordination and engagement of stakeholders, organizational governance, and implementation capacity). Identify products and results that other organizations and entities may replicate that promote the inclusion of the migrant population in the SGSSS and strengthen the general health sector response.

Methodology

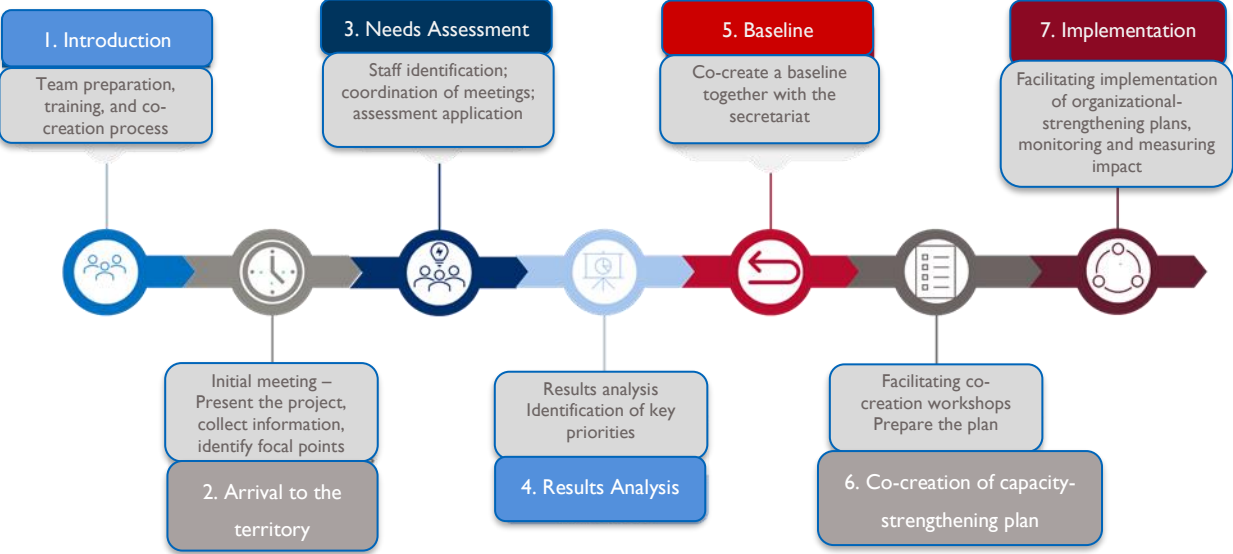
LHSS has been working with local territorial stakeholders by implementing a bottom-up approach to introduce and promote the sustainability of the organizational capacity-strengthening process. This approach considers the local contexts within each territory and the different needs of the Venezuelan migrant population and Colombian returnees.

Providing direct support to the prioritized territorial entities and CBOs has allowed LHSS to scale up this process, empower territories, and promote mechanisms for dialogue with civil society. These mechanisms aim to improve the dialogue with the migrant population to enhance their social and political influence and participation in decision-making and in the formulation of public policies and social impact, and therefore, to strengthen health governance in the territories.

¹ USAID defines its CLA framework as "a set of practices helping us to improve our effectiveness on development." The proposed methodology integrates CLA activities throughout the cycle and allows the analysis and promotion of an appropriate environment for its implementation.

From a methodological standpoint, the key to achieving results from implementing organizational capacity strengthening is to understand the dimensions needing support and to intentionally use a co-creation process with the officials and members of the different departments, territories, and CBOs. It is critical to thoroughly document the capacity-strengthening process shown in Figure 1, which enables the replication and adaptability of the process.

Figure 1. Organizational Capacity-Strengthening Process



In this case, the capacity-strengthening process started with LHSS working with each counterpart territorial entity and CBO to identify their baseline organizational needs and co-create a capacity-strengthening plan. After nearly a year of collaborative work implementing the capacity-strengthening plans, LHSS assessed the progress achieved by each stakeholder across the prioritized dimensions.

Limitations

Below are some of the limitations of the organizational capacity-strengthening process

- The agenda of public officials occasionally hinders the continuity of the process.
- Public servants have engaged in the capacity strengthening process, but they demonstrated less motivation than the territories’ contractor staff. This might affect sustainability in the future.
- Some of the CBOs have not been consistent in developing their capacity strengthening strategies due to a lack of sufficient human resources; the personal situations of staff that affects their participation; and the re-assignment of staff to other territories, among other reasons.
- Given staff turnover in the territorial entities, the capacity-strengthening process may only be sustainable through regulations aimed at institutionalizing and documenting the processes and procedures.

Success Factors

However, it is also important to highlight the following success factors:

- a. Adapting the methodology was instrumental, and despite its complexity, this methodological approach should be practical and actionable. Above all, it needs to generate early successes. The methodology has been flexible and adaptable to each local context.
- b. The structured planning process enables sustainability of the intervention, as it raises awareness of issues and changes the culture of urgency toward delivering a permanent and standardized approach to capacity strengthening. For example, integrating the CBOs into the system and recognizing the resources this requires will allow these organizations to leverage and manage funds from different sources.
- c. LHSS's efforts succeeded in ensuring that the organizational capacity-strengthening plan was synchronized with the territorial entities' planning processes and that it used a systemic approach.
- d. The ownership of the process by the territorial entities and the CBOs has enabled its continuity.
- e. The comprehensive approach to the interventions has allowed the migrant population to integrate into the host community.
- f. The collaborative work, co-creation, and trust built with the territorial entities and CBOs throughout the process promoted the participating entities and organizations to adopt the approach and tools.
- g. LHSS Colombia served as a facilitator, promoting collaboration within territorial entities and between territorial entities and other stakeholders.

Collaboration

- a. There has been progress in recognizing the CBOs, migrant associations, and community leaders as critical partners in a collaborative integration of migrant populations and returning Colombians into the SGSSS and the delivery of health services to the Venezuelan migrants and returnees.
- b. Public officials now recognize the migrant population as a part of the municipality's population. They also acknowledge that the empowerment of the migrant population leaders is instrumental for developing activities aimed at improving the health conditions in the region.
- c. Cooperation among different territorial entity internal stakeholders has been instrumental in delivering a cross-cutting approach to migration throughout this process. This result was not part of the organizational capacity-strengthening plans, but a result of the collaborative work fostered by the LHSS team.
- d. Establishing permanent collaborative relations between territorial entities and external stakeholders was vital. Several activities supported this result: the mapping of stakeholders, the capacity-strengthening process, and the regulatory framework that established migration and health working groups.

MAIN FINDINGS, RECOMMENDATIONS, RESULTS, OR KEY MESSAGES

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

Dimension	Products
Strategy and planning	<ul style="list-style-type: none"> ● Formulation and implementation of health sector response plans for migration. ● Inclusion of actions addressing the migrant population within the territorial entities' health planning documents. ● Identification of the migrant population as a determining factor in health.
Regulatory compliance	<ul style="list-style-type: none"> ● Documentation and standardization of procedures to integrate the migrant population. ● Awareness and recognition of the regulatory frameworks, such as circulars 025 and 029, and functions related to providing health care services for the migrant population.
Leadership and management	<ul style="list-style-type: none"> ● Raising awareness of the leadership and change management among public officials in the health secretariats so they include the migrant population in their activities and projects. ● Cooperation among the different areas of the health secretariats in charge of ensuring the provision of services, for example, those responsible for insurance, vulnerable populations, and planning, resulting from a change in leadership priorities. ● Strengthened leadership skills of community actors through organizational capacity-strengthening activities and by enabling collaboration among different working groups.
Resources	<ul style="list-style-type: none"> ● Identification of projects leveraging and managing logistical and in-kind resources. ● CBOs learning how to link strategic planning with budgeting. ● Mapping of stakeholders aimed at leveraging and managing resources.

Dimension	Products
Coordination and engagement of stakeholders	<ul style="list-style-type: none"> • Formalization of the health and migration technical working groups to collaborate on health interventions and determinants. • Cross-sectoral collaboration to promote cooperation and joint responsibility among public, private, and civil society stakeholders to improve the provision of health care services for the migrant population. • Identification of CBOs that work with migrant populations in the territories and promotion of permanent communication mechanisms with these organizations.
Organizational governance	<ul style="list-style-type: none"> • Resource allocation to strengthen information and institutional communication mechanisms, including a guide for the inclusion of the migrant population in the health system. This guide will be used in official dissemination efforts like the Integration Centers, health campaigns, and web pages.
Implementation capacity	<ul style="list-style-type: none"> • Improved understanding among the health secretariats of the concept of indicators and types of indicators, and an enhanced capacity to formulate indicators for monitoring their plans. • Formulation of indicators and targets to monitor public health actions addressing the migrant population.

Recommendations

1. Continue implementing the capacity-strengthening plans and carry out monitoring activities during the next seven months to measure the impact of LHSS in a more comprehensive manner. Document this impact at the system level as well as at the organizational level.
2. In only seven months and with staff turnover due to a shift in government, it was difficult to generate a lasting impact on the organizational culture, which is paramount to the sustainability of the capacity-strengthening process. However, in the final year of the project, work to strengthen organizational culture as a component of organizational capacity strengthening or at least conduct an impact measurement.
3. In line with the above, gather additional data on the motivation of permanent staff and the factors that could enhance such motivation.
4. Outline an adaptability strategy, considering the impact that a change of government may generate on this process.
5. Focus more deeply on the work performed with the CBOs, as they are the direct communication channel with the migrant population. Continue supporting their training and ability to adapt to change. Conduct a leadership course aimed at the CBOs.

SUSTAINABILITY / USE OF THIS BRIEF

The achievements of the capacity-strengthening strategy at a territorial level are visible in the table below. These results are evidence of the progress made in the transition to self-sustainability.

Achievements	Factors demonstrating the transition toward sustainability
The regulation/institutionalization of the collaborative working groups was created.	Institutionalization of proceedings through a Decree or Resolution. Co-creation and execution of a meeting agenda, definition of the frequency of meetings, and mapping of stakeholders. Co-creation of a work process that allows and ensures permanent monitoring.
The planning component was selected as a critical intervention of the organizational capacity-strengthening strategy.	Systematization of the planning component in several ways: A migration response plan was integrated into the health secretariats' plans. The guidance drafted by the working groups called for the preparation of an action plan that includes specific indicators and goals updated annually. Training for staff and contractors on planning skills.
Mapped the secretariats' processes for delivering health services to the migrant population and documented procedures.	Promotion of a culture of self-reflection on processes and procedures in the territorial entities, leading to actions. Documentation of quality processes, procedures, and instructions for following guidelines, which were adopted by the organizations.
The process and the work performed by the working groups bridged the gap among the health secretariats, CBOs, and private sector. LHSS became the facilitator among the different sectors. The stakeholders have established different coordination and communication mechanisms.	The execution and implementation of agreements, such as the establishment of voluntary agreements between health secretariats and CBOs, or binding mechanisms governing their relationships, including circulars, decrees, and resolutions. For example, the regulatory framework drafted for coordinating working groups in Bogotá or holding the Health Fair at Los Patios. The process has been documented and systematized for replication within other secretariats.
The organizational capacity-strengthening process has fostered internal communication among the different areas of the secretariats, and these areas are now aware of the importance of teamwork.	The secretariats are now aware of the need to improve the internal communication processes. Leadership has emerged to coordinate the meetings among the different areas.
CBOs feel recognized and incorporated into this process at the institutional level.	The activities implemented by the CBOs has made the health secretariats aware of the need to update their regulations to incorporate the migrant population. The CBOs are being integrated into the process through binding mechanisms, such as resolutions and decrees, at the municipal level. LHSS is providing technical assistance to the same CBOs through other technical interventions.

It is also worth highlighting that, in some cases, the co-creation or collaboration approach, which included continuous monitoring by the LHSS team, is a novel strategy for the public officials involved. This constant, systematic, and collaborative effort has generated a will to change their working style and implement organizational changes to ensure sustainability of this process.

These capacity-strengthening efforts has impacted the management of the CBOs and contributed to their work to support the enrollment of at least 223,255 people in the SGSSS, including the Venezuelan migrant population, Colombian returnees, and host communities. This process has strengthened CBO capacity to collaborate with the territorial entities and host communities. Thus, CBO participation in public health decision-making will continue benefitting the target population.

ANNEXES

Annex A. Deliverable “Results, Lessons Learned, and Recommendations from Organizational Capacity Strengthening Support in Colombia (Year 3)”.