



# SUMMARY: ANALYSIS OF THE INTERNATIONAL COOPERATION PROGRAMS IMPLEMENTED IN PRIORITIZED TERRITORIES IN COLOMBIA

USAID Local Health System Sustainability Project (LHSS)

Task Order I, USAID Integrated Health Systems IDIQ

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## **The USAID 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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# 1. INTRODUCTION

In 2022, the USAID Local Health System Sustainability project (LHSS) produced an assessment of migration- and health-related international cooperation activities in Colombia to identify good practices and priorities for supporting health sector needs. This assessment will serve as an input for developing a portfolio of health sector needs to address migration and future emergencies and as a tool to guide the Ministry of Health and Social Protection's (MSPS) decision-making regarding managing the coordination of key actors, therefore strengthening resource management and health care service provision among migrants and in host communities. This is an English language summary describing that document, which exists in its entirety in Spanish for the benefit of the MSPS and other stakeholders in Colombia.

## 2. DESCRIPTION

### 2.1 OBJECTIVES

This report has the following objectives:

#### General

- Analyze the planning, execution, and impact of the projects implemented with international cooperation resources focusing on providing health care services to the Venezuelan migrant population. These projects specifically addressed sexual and reproductive health (SRH), HIV/AIDS, mental health, and maternal and perinatal health care.

#### Specific

- Systematize the experiences of planning and implementing projects funded by international cooperation resources to provide SRH services, HIV/AIDS, mental health, and maternal and perinatal health care.
- Examine the impacts of these projects based on the perspective of donors, implementers, and decision makers.
- Identify the lessons learned from planning and implementing these projects.
- Identify the continuing needs for health care services based on the perception of donors, implementers, and decision makers.
- Estimate the demographic statistics, access to health services, and health insurance coverage of project beneficiaries in the defined territories.

### 2.2 DESCRIPTION OF THE PROBLEM

The Colombian government recognizes that many of the basic needs of the approximately 2.5 million Venezuelan migrants in the country have been covered by humanitarian assistance programs funded by international cooperation agencies and civil society organizations.<sup>1</sup> Humanitarian assistance is intended to

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<sup>1</sup> 8. National Economic and Social Policy Council (CONPES) National Planning Department, "Strategy to integrate the Venezuelan migrant population as a development factor for the country." Draft | 1-10/06/2022. Available at:

be of a fixed duration, not an open-ended commitment. Thus there is a need for coordination among governments and international assistance partners to promote the sustainability of the benefits derived from this assistance in the short and long term. To improve coordination with and among international cooperation agencies operating in Colombia, the Ministry of Health and Social Protection (MSPS), and the Pan American Health Organization (PAHO), modified the Health Cluster,<sup>2</sup> connecting it with the regional refugee and migrants' platform.

The Health Cluster is a coordination body of Colombian health sector authorities and stakeholders, and international cooperation agencies and organizations. It comprises 64 partners, including national and international non-governmental entities, and aims to:

- i. Promote the development and implementation of interventions based on participatory local needs assessments.
- ii. Work with members to identify gaps in the migration response and coordinate to distribute available resources.
- iii. Ensure that needs, capacities, and opportunities are assessed and understood during the humanitarian response.
- iv. Facilitate and support the interaction and dialogue among territorial entities and international humanitarian stakeholders to implement health-related activities.<sup>3</sup>

The contributions of international cooperation organizations have been crucial for helping to address the Venezuelan migrant situation. As a next step, it is important to assess the impact of health sector projects implemented by international cooperation organizations to identify lessons learned and opportunities for improving its impact and sustainability of results, and define continuing needs at the sub-national level.

Accordingly, LHSS Colombia and the MSPS analyzed the processes and impact of projects implemented with international cooperation resources aimed at providing health care services to the Venezuelan migrant population, particularly those addressing SRH, HIV/AIDS, maternal and perinatal health care, and mental health.

## 2.3 METHODOLOGY

This study used a mixed methods methodology, which included both qualitative and quantitative components. LHSS mapped stakeholders to identify the institutions and individuals who were relevant to interview for the study. The process identified three key stakeholders: (i) health authorities at the national and sub-national levels (MSPS and local health secretariats); (ii) international cooperation agencies; and (iii) implementers, such as health care providers (known as IPSs in Colombia) and non-governmental organizations (NGOs).

After validating the geographical focus of the study based on MSPS criteria, the Health Cluster identified the portfolio of SRH, maternal and perinatal care, mental health, and HIV/AIDS services offered and

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[https://www.cerlatam.com/wp-content/uploads/2022/06/2022-06-10-Documento-CONPES-Migracio%CC%8In\\_VDiscusio%CC%8Inciudadana.pdf](https://www.cerlatam.com/wp-content/uploads/2022/06/2022-06-10-Documento-CONPES-Migracio%CC%8In_VDiscusio%CC%8Inciudadana.pdf)

<sup>2</sup> The Health Cluster is led by the MOH and co-chaired by PAHO. The cluster coordinates national and international organizations promoting cooperation activities.

<sup>3</sup> 9. MOH, PAHO, "Presentation of the Health Cluster." (November 2021).

delivered by international cooperation agencies in the target cities. LHSS then developed a plan for conducting fieldwork to compare the experiences in prioritized cities (Table I).

**Table I. Study Operational Plan**

Services	City	Project	Cooperator/Coordinator	Stakeholders at a territorial level	Stakeholders at a national level
Maternal perinatal care	Bogotá	Care packages	Doctors of the World	Health care providers Health secretariats Other implementing NGOs	MSPS
	Cúcuta	Care packages	MSPS		
SRH services	Cali	Consultations/Contraception	Red Cross		
	Riohacha	Consultations/Contraception	UNFPA		
Mental health	Bogotá	Violence	Doctors of the World		
	Cúcuta	Violence	UNFPA		
HIV/AIDS	Bogotá	HIV	Aid for AIDS		
	Bogotá	HIV	Global Fund		

Source: Prepared by the authors based on the Health Cluster Services Report of March 2022 and consensus with the MOH referents.

The quantitative component was based on a descriptive and analytical methodology for measuring the relationship between the cost and results of a project. LHSS reviewed secondary sources, including project scopes and reports since the international cooperation organizations did not provide disaggregated data. Thus, the main sources of information were the Health Cluster tool (<https://si-clustersalud.org/dashboard/general>) and the National Health Observatory.

## 2.4 LIMITATIONS

Limitations of the study include the following:

- *Difficulties accessing quantitative information from cooperation organizations*, particularly databases with primary information. This lack of quantitative information limited the study's ability to evaluate the results of each organization's intervention. The study team used aggregated information by municipality found in the Health Cluster and the National Health Observatory to overcome this challenge.
- *Approaching stakeholders in the territories*: LHSS contacted stakeholders working at the territorial level, however, some cooperation organizations asked the study team to request approval from their national offices, delaying some interviews. The project extended the time period for fieldwork and conducted some interviews virtually to overcome this difficulty.

- *Epidemiological information and designing indicators:* Given the information limitations, it was not possible to compare epidemiological indicators describing the performance of some interventions at the level of donor or implementer. In other, it was not possible to estimate cost-result ratios due to changes in the variables reported in the databases at the municipal level.

## 2.5 COLLABORATION

This deliverable will be an input for the MSPS and territorial entities when preparing the Cooperation and International Relations Strategy 2022–2031, the private sector relationship policy, and for developing strategies to support the financial and in-kind donation management process. It will also inform LHSS’s Year 4 interventions.

## 3. MAIN FINDINGS AND RECOMMENDATIONS

The following charts outline the main findings and recommendations stemming from the report:

### 3.1 FINDINGS

Given the mixed method character of the research, the main findings are divided per research component, as follows.

Component	Findings
<i>Quantitative component</i>	<ul style="list-style-type: none"> <li>• The Health Cluster communicates with the international cooperation organizations about activities for supporting the Venezuelan migrant population; this cluster is a “coordination space for the humanitarian emergency response co-chaired by MOH and PAHO.”</li> <li>• There are 83 organizations registered within the Health Cluster tool; however, 33.7% (n=28) have reported information regarding the types of care provided and health campaigns delivered to the migrant population. Of the reporting entities, 60.7% are NGOs.</li> <li>• As of May 31, 2022: Of the 28 organizations registering some service/care, 71% perform activities in SRH and healthy lifestyle, 50% deliver services aimed at children and adolescents, 46% conduct activities promoting enrollment in health insurance, and 14% implement emergency response plans.</li> <li>• By type of service: the most common activities involve the delivery of medications, primary health care, guidance for enrollment in health insurance, and education on pregnancy; less frequent activities reported in the platform include vaccination services for seniors and monitoring of patients.</li> <li>• International cooperation organizations are implementing in 74 of 1,122 Colombian municipalities (6.6%). The municipalities where more health care services are delivered are Riohacha (6.6%), Cúcuta (5.1%), Cartagena (4.9%), Santa Marta (4.0%), and Uribia (4.0%). Less than 0.5% of services are delivered in each of the following municipalities: La Jagua del Pilar, San José del Guaviare, San Juan del César, Urumita, and Villanueva.</li> </ul>

Component	Findings
	<ul style="list-style-type: none"> <li>• The health cluster for the migrant population contributes to 8 of the 13 (61.5%) targets proposed for the Sustainable Development Goal 3. The targets to which more activities contribute include those related to SRH (reduction in maternal deaths, reduction in communicable and non-communicable diseases, access to universal health coverage, and access to medications).</li> <li>• International cooperation organization interventions contribute more to target 3.1 (53.5% of interventions) and 3.7 (46.4%); they contribute less to 3C (14.2%) and 3.4 (28.5%).</li> </ul>
<p><i>Qualitative component</i></p>	<p><b>Sexual and reproductive health (Cali and Riohacha)</b></p> <ul style="list-style-type: none"> <li>• The mobility of the migrant population limits the tracking and monitoring of services offered to them, especially services for maternal and perinatal health care.</li> <li>• In Riohacha, cultural practices restrict access to contraception methods due to the gender roles established for women.</li> <li>• In many contexts, demand for services exceeds the capacity of international cooperation to meet it, especially in Riohacha.</li> <li>• The availability of professionals to work for only 3 to 6 months undermines the continuity of health services and does not build capacity in the territory, as there is constant staff turnover in all territorial and cooperation institutions.</li> <li>• The Temporary Protection Statute for Venezuelan Migrants allows the migrant population to enroll in the Contributive or Subsidized regimes.</li> <li>• The training and strengthening of community structures facilitates the implementation of interventions in the field.</li> <li>• Dialogue and coordination between local authorities and cooperation organizations in Cali resulted in the creation and institutionalization of a working group dedicated exclusively to managing SRH issues there.</li> </ul> <p><b>Mental health (Bogotá and Cúcuta)</b></p> <ul style="list-style-type: none"> <li>• The MSPS indicates that the inherent complexity of the migration dynamic requires two interventions to address the health of the population. The first involves strengthening the capacity to cope with different situations, and the second encourages community integration.</li> <li>• The MSPS also indicated that there is a duplication of mental health services, a lack of diversity of services offered, and limited sustainability of projects. Migrants face barriers to mental health services such as being required to provide information on where they live before receiving services.</li> <li>• There is consensus that lack of enrollment in the Colombian health system is the main barrier to the migrant population accessing health services.</li> <li>• The international cooperation organizations, national and local health authorities, and implementers concur that cooperation and coordination among stakeholders at different levels is a key facilitator to providing</li> </ul>

Component	Findings
	<p>mental health services. The Maternal Health, SRH, and Gender-Based Violence (GBV) Sub-Cluster is vital for facilitating cooperation.</p> <ul style="list-style-type: none"> <li>The national health authorities play a leading role in overseeing mental health services but also provide technical assistance for implementing innovative activities.</li> </ul> <p><b>Maternal and perinatal health care (Bogotá, Cúcuta, and Barranquilla)</b></p> <ul style="list-style-type: none"> <li>There is a perception among national authorities that each cooperation agency has an agenda established by its government or by donors, and that this agenda defines their projects without seeking consensus from the Colombian government or the territorial entities.</li> <li>In some cases, the cooperation agencies may have greater technical capacity than the territorial entities, which undermines the negotiating power of the territorial entities. This dynamic can result in cooperation agencies exerting significant influence over territorial entities.</li> <li>In the case of Bogotá, the scheme implemented in the Health Services Subnetwork (<i>Subred Integrada de Servicios de Salud Norte E.S.E</i>) has maintained the quality of health care services, from health promotion to services that require a higher level of complexity.</li> <li>The outreach conducted by home care teams and other community health teams that are part of the <i>Salud a Mi Barrio</i> model (Health for My Neighborhood) facilitated the early identification of pregnant women and their engagement with the health care system.</li> <li>Working with leaders and community-based organizations has been essential as they are aware of the barriers and needs of the migrant population in their territories.</li> <li>Promoting the regularization and access to health insurance of the irregular migrant population strengthens the sustainability of health care services targeting this population. Accordingly, the insurance enrollment campaigns should continue, using information and communication mechanisms adapted to the cultural and social particularities of the migrant population.</li> <li>Stakeholders indicated that there is a need to design contracting schemes, including pay-for-performance, and incentives for entities funded by international cooperation to incorporate interventions into their care models early on.</li> </ul> <p><b>HIV (Bogotá y Cali)</b></p> <ul style="list-style-type: none"> <li>The government is responsible for regulating medications, patents, and importing other supplies, mobilizing resources, facilitating access to real-time data, addressing the regulatory complexity governing the health system, and coordinating with the international cooperation agencies according to their agenda.</li> <li>The Maternal Health, SRH, and GBV Sub-cluster is a key agent in achieving synergies. Its role is to “coordinate the humanitarian response in SRH/GBV.” To do this, it continuously analyzes SRH needs and</li> </ul>

Component	Findings
	<p>services offered, and identifies and works to overcome gaps in the availability of services.</p> <ul style="list-style-type: none"> <li>• The national health authorities provide technical assistance, and their support is vital to implement innovative interventions.</li> <li>• Enrollment of individuals in the contributive or subsidized schemes of the SGSSS creates a sustainable environment for providing health services to the Venezuelan migrant population living with HIV or AIDS.</li> <li>• There are migrants that do not meet the criteria to regularize their migratory status and access health care in a timely fashion.</li> </ul>

## 3.2 RECOMMENDATIONS AND CONCLUSIONS

This section features the conclusions and recommendations of the study based on the results of the mixed methods analysis of quantitative information and qualitative interviews on the most relevant themes addressed in this document:

### Managing the Coordination of International Cooperation

- Given that the MSPS oversees international cooperation for health, it is vital that the ministry's Cooperation and International Relations Group continuously coordinates with international cooperation stakeholders and territorial entities.
- It is necessary to develop an interoperable information system that consolidates active cooperation projects and files from past experiences to improve the decision-making processes in health and migration policies. It is important to remind international cooperation agencies and project implementers of the obligation to report services they provide.
- The MSPS should develop a permanent learning methodology or course for training new officials on capacity strengthening and working with international cooperation agencies.
- Territorial health secretariats should designate a focal point that is in charge of international cooperation issues, such as mapping actors implementing projects in the territory. This territorial point person should establish a permanent communication mechanism with the territorial technical teams and international cooperation agencies or organizations.
- Involve the relevant territorial health authority in the development stage of international cooperation projects to ensure that the particularities of the territory are considered in the design.
- The MSPS Cooperation and International Relations Group should provide technical assistance to the health secretariats and other decentralized entities to manage and get involved in international cooperation projects, similar to how other MSPS technical directorates provide assistance to territories with other topics.
- International cooperation agencies and organizations should contact territorial authorities prior to designing project to better understand the circumstances, needs, and particularities of the areas where they will implement their projects.
- When working with migrants, international cooperation projects should not discriminate against the host population, as this can lead to xenophobia and discrimination by the host population towards migrants.
- Territorial entities should conduct ongoing monitoring and follow-up of international cooperation projects and meet regularly with implementers to identify and address bottlenecks.

- The MSPS Cooperation Group should lead evaluations of international cooperation projects to determine their results and impact.
- A significant increase in mental health problems has been identified among migrant populations, and international cooperation projects often focus on offering mental health services to women and girls but not to men and boys.
- International cooperation agencies should engage in more interagency dialogue, taking into account that migrants may be being cared for by the same agency in different countries, and there may be ways to track these services.
- The territorial entities are vital stakeholders in formulating and implementing cooperation projects and important institutions for monitoring these projects. Civil society organizations can play an essential role, but are limited by the regulatory framework that requires an IPS certification for implementing cooperation projects related to health care delivery. Nevertheless, civil society organizations play an essential role in communicating and building trust with health institutions (health secretariats, IPSs, and health promotion entities), and they help different stakeholders to understand the health system.
- It is essential to analyze interagency and cross-sectoral activities holistically, given the implication of social and health determinants on health outcomes. Based on a global public health perspective, good health outcomes require a combination of relationships, factors, and conditions beyond the delivery of health care services.
- The local collective action plans should match prevention activities to goals. This is vital given the objective of international cooperation organizations to complement the response and leverage the territorial entities' existing activities, rather than assume their responsibilities. International cooperation projects can be used to test different mechanisms and tools, identify what is most effective, facilitate innovation, and support the adoption of best practices for promoting health, preventing disease, and providing health services for people living with HIV/AIDS.
- The implementers and donors delivering health care services to the migrant population should follow the Clinical Practice Guidelines and medical interventions based on evidence when delivering preventative or curative health care services.
- The need for cooperation and coordination is a vital lesson learned. All interviewees express its importance for avoiding an inefficient use of resources and time when responding to the humanitarian crisis. Creating and institutionalizing a working group dedicated exclusively to addressing SRH issues at the territorial level has been very effective at promoting coordination.

## Enrollment

- The first challenge is to enroll the Venezuelan migrant population in health insurance. The percentage of migrants enrolled is still low (45%). The second challenge is to reduce barriers to migrants accessing health care services. The benefits plan management companies impose barriers on migrants, requiring them to mobilize additional economic, social, and cultural resources to access to health care services.
- The migrant population often arrives in Colombia expecting to access health services there as they do in Venezuela. As stated by some interviewees, they do not face the same barriers to accessing services in their country of origin.
- It is necessary to modify the regulatory framework as some migrants do not meet the current criteria for regularizing their migratory status and accessing health care services.
- International cooperation projects have the potential to allow migrants who cannot enroll in health insurance to access health care services through care packages for mental health and GBV. These packages will be delivered according to national mental health policies, the comprehensive policy to prevent the consumption of psychoactive substances, and the provision of related care services for people affected by this issue.

### **Prioritization and financing of international cooperation resources**

- The prioritization of the Venezuelan migrant population for international cooperation awards allows the channeling of resources to assist this population.
- Data accuracy is essential to appropriately inform decisions on and preparations of health and migration strategies. The country has improved data availability and systems regarding health care provided to the Venezuelan migrant population. These systems and databases include the National System of Public Health Surveillance (RIPS), the Single Registry for Social Protection Affiliation to Record Births and Deaths (RUAF-ND), and the National System of Public Health Surveillance (SIVIGILA). These databases can be consulted for information to monitor services provided to the migrant population.

### **Packages and medications**

- The integration of mental health and GBV health care packages, for example, is an opportunity to implement cost-effective interventions, contributing to a better quality of life for the migrants.

## **4. SUSTAINABILITY / USE OF THE DELIVERABLE**

The results of this study are being used by the MSPS to develop guidance for developing and managing international cooperation projects. The objective of this guidance is to inform improvements in the planning, design, implementation, monitoring, and follow-up of international cooperation projects working with the migrant population. These improvements in turn contribute to the sustainability of the Colombian Government efforts to mobilize international cooperation resources and LHSS efforts to strengthen the national and territorial governments' ability to coordinate international cooperation activities.