

Learning Question 2: *What conditions or factors successfully facilitate the institutionalization and/or implementation at scale of good practices that improve health system outcomes, and why? What are lessons learned regarding planning for sustainability and achieving results at scale?*

PHYSICAL AND MENTAL REHABILITATION SERVICES

USAID's Victim Institutional Strengthening Program - VISP implemented by IOM COLOMBIA. Contact Mr. Camilo Leguizamo, Chief of Party. cleguizamo@iom.int

Context

Colombia has a population of more than 48 million inhabitants, more than 10% are victims of the armed conflict, 22.9% of its population is located in rural and dispersed rural areas. In addition, rehabilitation services in Colombia are concentrated in large municipalities, historically located in medium and high complexity services. However, most municipalities in the country (91%) have only one low complexity public hospital. This generates inequity in access to physical and mental rehabilitation services since people located in these municipalities have to travel between 2 and 6 hours in difficult conditions to get medical attention.

On the other hand, low complexity hospitals in Colombia have a precarious capacity to solve health problems, so providing physical and mental rehabilitation services: physiotherapy, psychology, occupational therapy and speech therapy, is an opportunity to improve their health care capacity. In sum, the indicators for access to physical and mental rehabilitation services are focused on timeliness, and do not measure other qualities of care. Therefore, it is necessary to strengthen the physical capacity and human talent for care.

On the other hand, the prevailing medical model in health care is present in individual and collective actions, which limits the broad understanding of health, and therefore the contribution that can be generated from the rehabilitation disciplines to improve the health conditions of the population. In particular those of special attention: victims of the conflict, people with disabilities, ethnic population, among others. Finally, it is necessary to strengthen the governance processes in rehabilitation to achieve positioning of the service according to the needs identified in each territory.

Activity Description

From the USAID's Victim Institutional Strengthening Program- VISP implemented by the IOM, actions were carried out with the Ministry of Health to include rehabilitation in low complexity, incorporate the biopsychosocial model in health care, strengthen the capacities of human talent and the infrastructure and capacity of local hospitals for the provision of rehabilitation services. The activities were carried out under three lines of action :

Governance Strengthening: With program resources, actions were implemented to strengthen governance at the national level through the design of Guidelines for the Provision of Rehabilitation Services within the framework of the right to health. This implied a conceptual development and agreement with the different instances of the Ministry of Health (MOH): provision of services, health insurance, benefits, costs and tariffs, promotion and prevention, among others, in order to ensure that the technical components were in line with the structure of the health system.

Access to Rehabilitation: The public network for the provision of rehabilitation services was expanded and strengthened, with physical spaces adapted and equipped according to the needs of each hospital and municipality, to determine this demand, a rehabilitation needs survey was conducted with a representative sample of the population to identify the demand for physical and mental rehabilitation services.

Talent training and research: Human resources were trained through classroom and virtual training courses, for the incorporation of the biopsychosocial model of health care and rehabilitation and differential approach as well as specific topics such as cerebral palsy and its community approach. Also, research processes were developed and supported. In addition, a telemedicine pilot was implemented in rehabilitation to bring people closer to specialized services and to bring rural populations closer to the rehabilitation process, and finally community actions from Community Based Rehabilitation – CBR where emphasis was placed on the areas of empowerment, caregiver care and promotion of rehabilitation services using established referral processes.

In order to guarantee sustainability, the process was carried out within the framework of the health system, the provision of services is carried out with financing from the health insurance, so that for the hospitals this capacity meant a chance for income and thus expansion of resources, as well as compliance with the requirements of goals and quality in the provision of services for health insurers.

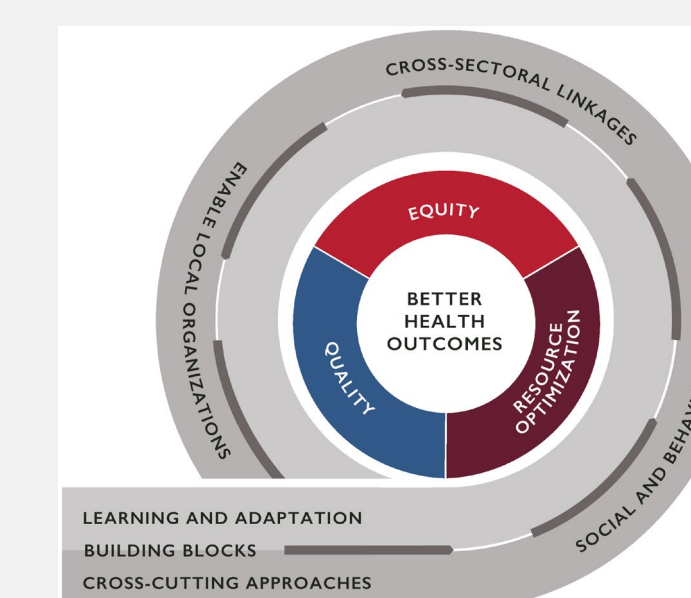
Activity Impact

The health system was strengthened in terms of governance through the development and appropriation of the technical and operational guidelines for the provision of rehabilitation services in Colombia, and the tools for the implementation of the guidelines in the Health System with stakeholders at the national and local levels. This has made it possible to expand and improve the provision of services and to ensure that the model proposed by the program can be replicated throughout the country.

The installed capacity for the provision of physical and mental rehabilitation services was also strengthened with the provision of new services, this reduces out-of-pocket expenses for people who previously had to go elsewhere and improves adherence to treatment. . and the implementation of a telemedicine pilot program in rehabilitation and the capacity of human resources to provide services in accordance with the needs of the territory through classroom and virtual training courses. The development of rehabilitation policies, the conditioning and furnishing of services, the training of human resources and support with technical assistance allow these services to be sustainable, broaden access to physical and mental rehabilitation services, increase the hospitals' capacity to resolve problems and improve the quality of the services provided.

The development of training courses allowed the implementation of the psychosocial approach in the Services, thus improving the quality and relevance of the Services in the context of the territories, the development of community strategies to complement individual actions, generates a sustainable model at the local level, which can be replicated at the national level.

Finally, this project strengthens and improves the capacity of the health system to care for the victims of the armed conflict within the framework of the care, assistance and reparation measure, for people with disabilities. It also strengthens the capacity to respond to the rehabilitation needs that arose in the context of the SARS Covid 19 pandemic and the differential needs of the ethnic population.



Evidence

The project's actions had a direct impact on the health system by strengthening governance through the consolidation of the technical and operational guidelines for the implementation of rehabilitation services. In addition, a guideline was designed that will allow the implementation of these standards in the territories at the national level, generating mechanisms for monitoring and following up on the actions for access, quality and improvement of physical and mental rehabilitation services.

Likewise, in order to expand the access of the populations to rehabilitation, 27 rehabilitation services were installed and equipped in hospitals of the public network, which through 1400 square meters of rehabilitation areas have provided care to more than 28,000 users with more than 250,000 physical and mental rehabilitation sessions as of December 2021.

As a result, the Ministry of Health is in the process of establishing 5 rehabilitation services with resources from other funding sources and is in the process of strengthening 8 of the hospitals supported by this intervention.

At the same time, a training and research process was consolidated in which 7 virtual training courses were developed where more than 400 professionals participated in topics of interest for the qualification of hospital personnel in topics such as: the biopsychosocial approach in rehabilitation, marketing of rehabilitation services, health care with a differential approach, disability certification and neurorehabilitation.

In addition, 5 research processes and a systematization process of the project were carried out, which allowed for knowledge management in relation to the project's actions. In addition, we participated in different academic events that allowed us to share our experience and generate alliances to continue building research and action projects at a national level. Among the alliances, access to the Physioplus platform was achieved through the Colombian Association of Physiotherapy-ASCOFI Colombia, which will allow access to physiotherapy professionals from all over the country.

Finally, thanks to community work, 1,887 people with disabilities, victims, caregivers, officials and social leaders were able to access training workshops in Community Based Rehabilitation on caregiver care and topics of general interest, and 48 social leaders were trained to have an impact on rehabilitation and 83 families through the community training process called "Familiarizing ourselves with Cerebral Palsy" in an alliance with CIRC.



Rehabilitation service ESE Santa Teresa de Jesús de Ávila of the municipality of Dibulla (Guajira), Before and After the implementation of the project, October 2021.

Facilitators

- The articulated work with the Ministry of Health and Social Protection throughout the development of the project and policy developments facilitated the interaction with the actors of the health system.
- The incorporation of the WHO Rehabilitation Strategy 2030 in the definition of the rehabilitation guidelines for the Health System shed light on the country's challenges in terms of rehabilitation.
- Generate links for coordination with national and local health system actors for the implementation and strengthening of rehabilitation services in the prioritized territories opened paths to solving difficulties in the implementation.
- The alliance with academia and rehabilitation associations, the International Committee of the Red Cross - ICRC and Physiopedia for the qualification of human talent was essential in the training of human talent.

Challenges

- A paradigm shift in the model of care for rehabilitation services from an individual medical model to a biopsychosocial model is required to improve the quality of care.
- Generate strategies that enable the provision of sustainable rehabilitation services in remote territories affected by the armed conflict.
- It is necessary to develop technical and operational capacities in public health service providers and territorial entities for the provision of rehabilitation services in low complexity health care providers.

Lessons Learned

- Positive impact on health systems is achieved by working in coordination with local and national health authorities. Starting from the rehabilitation needs of the territories and the knowledge of local stakeholders, to guide the construction of public policy.
- Transformations in the health sector are sustainable with the participation and commitment of the stakeholders in the process (territorial entities, health insurers, hospitals, community stakeholders, stakeholders from other sectors, etc.)
- Executing technical assistance and training processes is essential for strengthening rehabilitation services, human talent and the institutions' mission processes.
- Strengthening hospitals' institutional capacities for the marketing of rehabilitation services is essential to ensure the financial sustainability of rehabilitation services.
- Continuous monitoring and follow-up of the process of implementation / strengthening of rehabilitation services guarantees continuous improvement processes and identification of new actions.
- Providing low complexity rehabilitation services reduces the access gap for people living in rural or dispersed areas, generates adherence to rehabilitation processes and reduces health costs.