

Question 1: How have systems thinking approaches and tools been incorporated in activities to improve health equity? Were these approaches useful in achieving health equity goals? If so, what are the pathways by which these approaches helped to address the root causes of inequity?



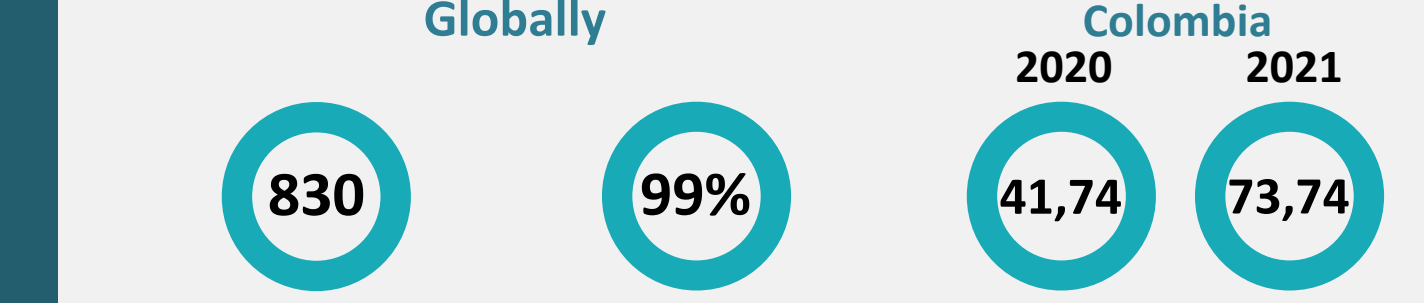
HEALTH SYSTEMS STRENGTHENING ACCELERATOR

Investing in the Future: Leveraging community networks to strengthen healthcare for Venezuelan pregnant migrants in Colombia

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Context

Maternal health is integral to women's overall health, encompassing physical, emotional, and mental well-being through all stages of pregnancy.



830 Women die each day due to pregnancy or childbirth related complications

99% of these deaths occur in developing countries¹

41,74 **73,74** the maternal mortality ratio (per 100,000 live births) has increased among pregnant Venezuelan women in Colombia²

Extreme maternal morbidity (EMM) has also increased, especially among Venezuelan migrant women since 2018³.

ROOT CAUSE

1. The influx of Venezuelan migrants has **strained healthcare services, overwhelmed local health systems, and stretched limited resources** available to meet the needs of populations, including pregnant women.
2. The COVID-19 pandemic has further **disrupted access to timely and adequate access** to maternal and perinatal healthcare services, regular prenatal care and diagnostics due to **mobility restrictions and fear of contagion**, specially between 2020 and 2021.
3. During the COVID-19 pandemic, hospitals **reorganized their health services**, with some providers **closing or relocating maternal and perinatal care** to other facilities to reduce risk of infection among pregnant women and to expand COVID-19 treatment capabilities.

PUBLIC SECTOR MATERNAL HEALTH PROGRAMS

Providing comprehensive maternal health services is one of the Government of Colombia's highest public health priorities. In August 2022, the Ministry of Health and Social Protection (MOH) developed and implemented the **Acceleration Plan for The Reduction of Maternal Mortality** among other efforts to improve maternal health. This program focuses on **reducing maternal mortality and extreme maternal morbidity**, through promotion, prevention, and risk management actions for pregnant women.

HEALTH SYSTEMS APPROACH

Since 2020, The USAID Local Health System Sustainability Project (LHSS) has collaborated with the MOH to **strengthen the technical and functional capacities of health system actors**.

Through its support to the public sector with **three initiatives**, LHSS is contributing to the **improvement of the health outcomes of pregnant women living in the national territory**, enhancing the overall responsiveness of health providers, and ensuring access to quality healthcare services for the Venezuelan migrant populations and host communities.

INITIATIVE 1
Aim: **To develop the capabilities of the human resources** responsible for caring for pregnant women at eight health service facilities in Bogotá, Cundinamarca (Ubaté y Soacha), Valle del Cauca (Cali), Norte de Santander (Cúcuta y Tibú), La Guajira (Riohacha, Maicao).

Result: More than **5,000 Venezuelan pregnant women and members of host communities** have accessed prenatal care services, management of gestational syphilis, or received information about lactation at these facilities between 2021 and 2022.

INITIATIVE 2
Aim: To implement a **model designed to support organizations** in closing the gap between knowledge and implementation.

Actions: Referred to as the "collaborative quality improvement," this learning system brings together healthcare teams from 13 facilities in Bogotá, Santa Marta, Cartagena, Bucaramanga, Cúcuta, Riohacha, Cali, Maicao, Medellín and Uribia in Colombia.

Results: Together, the teams work toward achieving shared goal of reducing extreme maternal morbidity. This model facilitates information exchange among maternal health care teams, allowing institutions to learn from each other.

INITIATIVE 3
Aim: intervention to create two networks to support women on the territories.

Action: A grant awarded to Megasalud Clinic Foundation to implement an activity called "Expecting Lives, Harvesting a Future" (Gestando vidas, cosechando un futuro).

This intervention **engages pregnant women and host communities in co-creating solutions and implementing self-care actions**. The approach has helped the government and local communities to better **understand the barriers women face in accessing healthcare services** and what is needed to implement effective and culturally relevant solutions.

The following sections will provide an in-depth description of activities carried out under the "Expecting Lives, Harvesting a Future" intervention.

Activity Impact

LHSS supported health system strengthening through interventions in the following areas:

INTERSECTORAL COORDINATION OF SERVICE PROVISION

Through the service fair held in two localities, LHSS **coordinated with 60 institutions** to provide a range of health services to Venezuelan migrants, returning Colombians, and host communities.

Entities participating in the fairs: Local governments of Suba and Ciudad Bolívar, Sub Norte Network, Sub Sur Network, Capital Salud, Action Against Hunger, HIV Prevention, the Department of Health, and various NGOs working in the country.

The services provided encompassed enrollment to the health system, vaccination, nutrition, mental health, and well-being.

Making these services available in such an accessible setting underscored the principle of equity by providing information and opening up healthcare services to Venezuelan migrants, returning Colombians, and host communities.

LOCAL OWNERSHIP TO PROMOTE SUSTAINABILITY

The work of the community networks is an **important component of building sustainable local capacity** and ensuring continuity of care for the target populations.

The networks **promoted the participation of more migrants and host communities** residing in the two localities.

These leaders actively participated in identifying pregnant women, guiding referrals, and facilitating communication between health care facilities and community members in need of services.

The new community leaders are gaining recognition as **valuable liaisons and effective communications** bridge between the various actors providing health services and the migrant and host populations in need.

BROADENING KNOWLEDGE ABOUT SAFE HEALTH PRACTICES

LHSS supported Megasalud in carrying out its Information, Education, and Communication (IEC) strategy aimed at broadening knowledge of healthy practices among Venezuelan migrant populations.

IEC materials and learning opportunities covered topics including safe health practices, **mental health, nutrition, child health, vaccination, prevention of communicable diseases, reporting of xenophobia and discrimination cases, and self-care for pregnant women, their families, and the community at large**.

Activities carried out under the IEC strategy **have given the target groups the knowledge and tools they need** to make healthy decision and seek care when needed from accessible health facilities

ENHANCING EQUITY AND RESOURCE OPTIMIZATION

USAID's Vision for Health System Strengthening 2030 **promotes the principle equity** based on ensuring that all individuals, including underserved and socially excluded populations, **have a fair opportunity to receive health care when needed**.

LHSS supported Megasalud in **enhancing equity** among Venezuelan migrant populations and host communities through the service fairs and referral services offered in the two localities.

Expanding access in this creative and community-based fashion improved the ability of Venezuelan migrants and host communities to access previously unavailable health services.

In all, LHSS's support to the Megasalud program **has helped migrant and hosts community populations attend to their basic health needs, mitigate preventable diseases** and improve their overall quality of life.

Facilitators

Contextual factors and external support from Megasalud Clinic Foundation that contributed to the success of the initiative included:

1 THE TEAM OF MEGASALUD CLINICAL FOUNDATION: The **multidisciplinary team** of sociologists, nurses, managers, social workers, and psychologists **played a crucial role in identifying and characterizing institutional and community actors** in both localities. Their expertise and **previous knowledge** of the territory contributed to the development of the maps and tailored interventions that established credibility among migrant populations and host communities.

These concerted constituent engagement efforts, peaked interest and facilitated **willingness within the communities** to participate in training sessions and the local networks.

2 COLLABORATION AND WILLINGNESS OF INSTITUTIONAL ACTORS LHSS supported Megasalud in **obtaining valuable information from local actors that informed the program's effective design**. These actors provided **insights into the territorial context, population characteristics, and how to strategically engage migrant and host community populations**.

This input was also instrumental in **identifying barriers to accessing health services** and including strategies in the program design to address these barriers.

3 INVOLVEMENT OF COMMUNITY NETWORK LEADERS Including **leaders with previous experience in initiatives** involving migrant populations and appropriate training during the intervention was crucial for engaging more participants in the strategies.

These leaders have **direct contact with the community, facilitating the dissemination** of information and participation in activities. Moreover, **defining a name, logo, mission, and vision for the community networks empowered the leaders**, positioning the networks and gaining recognition from institutions providing services in the localities.

Challenges

LHSS encountered and addressed the following challenges during implementation of the "Expecting Lives, Harvesting a Future" initiative:

1 RECRUITMENT OF PREGNANT MIGRANT POPULATION FOR THE MATERNITY AND PATERNITY COURSE **Recruiting pregnant migrants** for the preparation course in two localities was **challenging** as they didn't see the value in it due to no similar training provided in their countries of origin. LHSS supported Megasalud in **developing creative and culturally relevant approaches** to educate and **sensitize the target populations** about the importance of accessing health care, prenatal services and maintaining healthy practices. In addition to **addressing cultural customs and myths**, the project had to address dialectic language barriers, requiring extra effort to ensure accurate communication during the workshops.

2 RECRUITMENT OF LEADERS FOR COMMUNITY NETWORKS When recruiting leaders to form the two community networks, a **difficulty arose as some of the individuals expected economic or in-kind compensation**. However, the team **provided a clear explanation**, emphasizing the importance of volunteerism in this important community leadership endeavor. **Interest among the prospective network leaders** grew as they learned more about the activity and **potential benefits to their communities**.

3 RESPONSE TIMES OF INSTITUTIONS: **Response times among the various implementing entities** varied during the coordination process. Careful planning and additional meetings were needed to share information and exchange contacts. **District officials were instrumental in helping the program overcome these challenges**. Addressing these barriers made it possible to hold the service fairs coordinate activities between the two community networks and the public sector

Activity Description

Following is the theory of change established by the program to strengthen care for pregnant women:

If support is provided to territorial entities and health service providers to strengthen the provision of primary health care for both migrants and host communities, and if the Venezuelan migrant population, especially pregnant women, is aware of the routes to access health services, then access to preventive services will be expanded, and access to essential services for migrants and host communities will be improved because health services will be adapted to the realities, conditions, and needs of the migrant population and host communities.

The "Expecting Lives, Harvesting a Future" intervention contributes to this theory of change. The intervention **focuses on building new community networks and empowering pregnant women**, their families, and the community to recognize routes to access to health care services, identifies risks factors and alarms during pregnancy, and promotes the importance of prenatal care.

PLANNING STAGE

At the beginning of the intervention the Megasalud Foundation **engaged with key local stakeholders in two localities** to identify:

1. Key actors
2. Relationships with the population
3. Local perceptions of health services in the territory
4. Barriers for pregnant women to exercise their rights,
5. Insight into the interests and influence of the main actors.

A total of **eleven institutional actors** and non-governmental organizations (NGOs) were identified in Ciudad Bolívar, and nine organizations operated in Suba, with six serving in both localities.

The assessment of this broad range of factors **informed the program design and community engagement strategy** to achieve each objective.

The following section describes the three objectives of the program and actions pursued to achieve each objective.

1. Acceso Mayo 20th. Salud materna - OPS/OMS | Organización Panamericana de la Salud [paho.org]
2. Acceso June 13th 2023. <https://www.ministry.gov.co/indicadores/comunicacion-y-promocion-de-salud.aspx>
3. National Institute of Health. 2021. Acceso June 13th 2023. <https://www.nia.nih.gov/health/news/2021-06-13>

OBJECTIVE 1 – STRENGTHEN KNOWLEDGE OF MIGRANT PREGNANT WOMEN AND THEIR FAMILIES ON HEALTHY PREGNANCY:

A course on "responsible maternity and paternity" was developed to **promote healthy pregnancy**. Pregnant women, partners, family members, and community reps **attended four training sessions**. The training was supplemented by **health fairs in each locality** to enhance access. The intervention aimed to **impart knowledge in a practical and engaging way**. Additionally, Megasalud Clinic Foundation carried out educational activities in the two localities targeting the Venezuelan migrant, Colombian returnees, and host populations.

- TOPICS COVERED:**
- | | |
|------------------|---|
| 1. Mental health | 5. Prevention of xenophobia and discrimination |
| 2. Nutrition | 6. Self-care for pregnant women and their families. |
| 3. Child health | |
| 4. Vaccination | |

OBJECTIVE 2 - PREVENT POTENTIAL RISKS DURING PREGNANCY AND RAISE AWARENESS ABOUT BARRIERS TO ACCESSING HEALTH CARE:

The MegaSalud team conducted **home visit to identify health needs** of pregnant woman and their families and made **relevant referrals to local public hospitals**.

Individuals and families requiring **vaccinations, nutrition counseling, mental health services and oral health care** were also referred to public health facilities.

The program was able to **track patients and provided additional care** referrals as needed.

OBJECTIVE 3 - CREATE COMMUNITY NETWORKS FOR COLLECTIVE CARE AND TO COORDINATE THE MANAGEMENT OF HEALTH CARE BETWEEN LOCAL HOSPITALS AND INSURANCE COMPANIES:

Community members with leadership potential were convened to form, two community-led networks, one in each locality.

These rising leaders were **identified by local organizations and during territorial visits** to different neighborhoods.

Megasalud Clinic Foundation identified **nine female leaders in the Ciudad Bolívar locality and seven in the Suba locality**. The new leader cohorts received **training in leadership skills, teamwork, community engagement and the creation of local networks**.

Evidence

LHSS supported Megasalud in tracking and collecting quantitative data on the following indicators:

1. The number of pregnant migrant mothers participating in responsible maternity courses.
2. Identifying institutions capable of offering health services to the target populations both localities.
3. The number of effective referrals made during the intervention

Following are results achieved under each objective:

OBJECTIVE: STRENGTHEN KNOWLEDGE OF MIGRANT PREGNANT WOMEN AND THEIR FAMILIES ON HEALTHY PREGNANCY

A total of **104 pregnant women** (52 in each locality) participated in the responsible maternity and paternity courses, exceeding the target of 60 women.

Participants received training on **healthy pregnancy practices and how to recognize warning signs**. Application of this new knowledge contributed to **reducing maternal and perinatal morbidity and mortality** in Bogotá.

Two service fairs were held in each locality, with a total of 179 participants, including 95 Venezuelan migrants and 84 Colombian nationals (Figure 1). During the fairs, 142 migrants were referred to public and private health facilities to obtain health care services.

A total of 1,497 community members **received training on nutrition, child health, and vaccination**, exceeding the initial target of 800 participants (778 from Suba and 719 from Ciudad Bolívar (Figure 2). The training sessions were conducted through IEC strategies and benefited community members in Suba and Ciudad Bolívar.

OBJECTIVE 2 - PREVENT POTENTIAL RISKS DURING PREGNANCY AND RAISE AWARENESS ABOUT BARRIERS TO ACCESSING HEALTH CARE:

The intervention facilitated **300 referrals to various health services**, health insurance, and mental health services (Figure 3). Delivery of these services was **facilitated by inter-institutional coordination** focused on ensuring fair, timely, and effective care for the community. The referrals aimed to address health care needs and improve the quality of life for target populations in both localities.

The totality and impact of these referrals represents one of the most significant pieces of **evidence that the Megasalud program succeeded in expanding access** to health services among migrant and host community populations in both localities.

OBJECTIVE 3 - CREATE COMMUNITY NETWORKS FOR COLLECTIVE CARE AND TO COORDINATE THE MANAGEMENT OF HEALTH CARE BETWEEN LOCAL HOSPITALS AND INSURANCE COMPANIES:

The two localities each one established **one community-based networks comprised of six leaders each one**. These leaders played a vital role in recruiting participants, **guiding referrals, and facilitating communication** between institutional actors and the community.

Their **presence ensures the continuity** of the initiative and enables access to different health services for the community. The community network, named "Acciones de Corazón" (Image 1) defined a logo, mission, vision, and values. The network supported and promoted new strategies, such as new service fairs and responsible maternity courses which directed people to access further assistance processes.

