



## Summary

# Validation of the technical assistance methodology for analyzing capacity to implement the Comprehensive Healthcare Pathways in Colombia

Local Health System Sustainability Project (LHSS)

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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 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 strengthen local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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**Submitted to:** Scott Stewart, COR  
Office of Health Systems  
Bureau for Global Health, USAID

**Submitted by:** Abt Associates  
6130 Executive Blvd., Rockville, MD 20852  
(301) 347-5000

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## SUMMARY

The Comprehensive Healthcare Pathways (RIAS as per its acronym in Spanish) are public policy instruments used to deliver Primary Health Care (PHC) services in Colombia. In implementing the RIAS, the Colombian government has prioritized two pathways: the Health Promotion and Prevention (RPMS) and the Maternal-Perinatal Health Care pathways (RIAMP). Given this prioritization, health sector actors sought to understand the minimum conditions and capacities required for delivering the health services defined in the RIAS in comparison to existing capacity to provide comprehensive care and achieve the expected health outcomes for their target populations.

In 2021, LHSS supported the Colombian government in defining the role of the primary care provider and in 2022 developed a web tool for analyzing the existing capacity and infrastructure of primary providers for implementing the RPMS and RIAMP. Building on these efforts, in 2023 LHSS Colombia developed a methodology for the Ministry of Health and Social Protection (MOH) and territorial entities to provide technical assistance to primary health care providers for using and applying this tool.

Before publishing the tool for the use of health care providers, the MOH requested support from LHSS Colombia to validate the technical assistance methodology. Accordingly, LHSS Colombia validated the methodology with low-complexity health care providers in five prioritized territories: Barranquilla, Bucaramanga, Cúcuta, Riohacha, and Santa Marta.

This summary presents the results<sup>1</sup> of the validation of the methodology, with the aim of helping the MOH and territorial entities to better assist primary providers with the implementation of the tool. LHSS Colombia conducted the validation in three phases. The first phase involved developing the technical assistance methodology, which included creating a technical brief, a presentation for each session, an evaluation that included a pre-test and post-test, and scheduling each session. The second phase involved the participation of health care providers' management and technical teams to determine the level of understanding of the methodology (validation). In the third phase, LHSS Colombia implemented the necessary modifications to the technical assistance methodology, incorporating the recommendations derived from the validation process.

A review of the content of each technical assistance session and analysis of the results of the participant survey, which consisted of 18 quantitative and 11 qualitative questions, revealed a high rating of approval of the sessions' materials, methodologies, and duration. On average, 92.9 percent of participants answered 'I Agree' or 'I Strongly agree' to validation survey questions.

The qualitative assessment highlighted general recommendations for the technical assistance process. These recommendations include ensuring that institutions guarantee that participants' will be available without distractions for the entire duration of the activities and that participants have access to the technical tool to be able to participate in practical sessions. Additionally, the assessment found that one factor for success was trainers' level of experience and skills for sharing knowledge with diverse audiences. These skills reflect not only technical ability but also ability to relate to diverse health care providers throughout the country.

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<sup>1</sup>Refers to the understanding and feedback provided by the human resources —appointed by the senior management of public and mixed low-complexity healthcare providers— to the technical assistance methodology.

Overall, the validation process found that the likelihood of successfully implementing the technical assistance will increase if: a.) providers are able to use the tool during the technical assistance sessions, b.) the sessions are organized to ensure providers' representatives have plenty of time to receive the assistance, c.) trainers understand the differences between the various types of providers and tailor the technical assistance to each provider type, and d.) if the trainer creates a document or a permanent support mechanism to address questions after the trainings as providers begin applying the tool.

The providers' participation in creating and validating the methodology for providing technical assistance for their use of the analysis tool promotes and builds trust and legitimacy of the technical assistance process. Accordingly, LHSS Colombia will share the technical assistance resources it developed with the MOH for their dissemination to territorial entities and primary health care providers alongside the tool for analyzing the existing capacity and infrastructure of primary providers for implementing the RPMS and RIAMP. These resources will contribute to the system's stakeholders' successful development of strategic plans for ensuring the provision of high quality, appropriate health care to their target populations.