

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

**STRENGTHENING THE CAPACITY OF THE COLOMBIAN HEALTH SECTOR AND
ACCESS TO HEALTH SERVICES FOR MIGRANTS IN THE CONTEXT OF
COVID-19**

(CO-T1640)

TECHNICAL COOPERATION DOCUMENT

This document was prepared by the project team consisting of: Jaime Cardona, Team Leader (SCL/SPH); Francisco Zegarra, Alternate Team Leader (SCL/MIG); Diana Bocarejo (SCL/GDI); Claudia Mylenna Cardenas (VPC/FMP); Ernesto Crausaz (VPC/FMP); Julio Daly (SCL/SPH); Carla Fernandez-Duran (ORP/EUR); Martha M. Guerra (SCL/SPH); Kai Hertz (ORP/GCM); Hillman, Eugenio F. (VPC/FMP); David Isabel Williamson (ORP/GCM); Javier I. Jimenez Mosquera (LEG/SGO); Mariana Mendoza (ORP/GCM); Monica Rojas (CAN/CCO); and Mariángela Chávez (SCL/SPH).

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TC Document

I. Basic Information for TC

▪ Country/Region:	COLOMBIA
▪ TC Name:	Strengthening the Capacity of the Colombian Health Sector and Access to Health Services for Migrants in the Context of COVID-19
▪ TC Number:	CO-T1640
▪ Team Leader/Members:	Jaime Eduardo Cardona Rivadeneira (SCL/SPH) Team Leader; Francisco Zegarra (SCL/MIG) Alternate Team Leader; Rojas Acuna, Monica (CAN/CCO); Cardenas, Claudia (VPC/FMP); Daly, Julio (SC:/SPH); Guerra, Martha M. (SCL/SPH); Hertz, Kai (ORP/GCM); Hillman, Eugenio F. (VPC/FMP); Crausaz Sarzosa, Ernesto Patricio (VPC/FMP); Isabel Williamson, David Alejandro (ORP/GCM); Jimenez Mosquera, Javier I. (LEG/SGO); Mariangela Chavez (SCL/SPH); Mendoza Centellas, Mariana Beatriz (ORP/GCM); Curran, Vanessa Alexandra (SCL/SPH); Bocarejo Suescun, Diana (SCL/GDI); y Fernandez-Duran Gortazar, Carla Cristina (ORP/EUR).
▪ Taxonomy:	Operational Support
▪ Operation Supported by the TC:	CO-G1019, CO-J0011, CO-L1248, CO-L1272.
▪ Date of TC Abstract authorization:	N/A
▪ Beneficiary:	Colombia
▪ Executing Agency and contact name:	Agencia Presidencial Para La Cooperación Internacional De Colombia
▪ Donors providing funding ¹ :	European Commission Amended and Restated Framework Agreement(ECR)
▪ IDB Funding Requested: ^{2,3}	EUR€4,106,324.00 = US\$4,852,740.00
▪ Local counterpart funding, if any:	US\$0
▪ Disbursement period (which includes Execution period):	36 months
▪ Required start date:	01/03/2022
▪ Types of consultants:	Firm and individual consultants
▪ Prepared by Unit:	SCL/SPH-Social Protection & Health
▪ Unit of Disbursement Responsibility:	CAN/CCO-Country Office Colombia
▪ TC included in Country Strategy (y/n):	Yes
▪ TC included in CPD (y/n):	Yes
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Gender equality; Institutional capacity and rule of law; Social inclusion and equality

II. Description of the Associated Loan and Grant

- 2.1 This technical cooperation will support two programs: (i) the “Program to Enhance Sustainability and Inclusiveness in the Colombian Health Care System” (CO-L1248, CO-J0011, CO-G1019); and (ii) the “Program to support policy reforms for the social

¹ EU-IDB Framework Agreement (GN-2605-5).

² This correspond to US\$4,852,740.00. The exchange rate being used throughout the proposal is US\$1.18177234337577 for EUR\$1. The total amount of the LAIF project is (EUR\$14M), of which AECID will administer EUR\$9.9M and the IDB the sum that is being requested for approval of the BOD. The IDB will receive a fee of EUR\$117.324 (USD\$138,650.00) which corresponds to 29,33% of the Lead fee of the LAIF project.

³ According to the EU-IDB Framework Agreement (GN-2605-5) the distribution of fees among the departments supporting the operation has already been approved.

and economic inclusion of the Venezuelan migrant population in Colombia” (CO-L1272).

- 2.2 The “Program to Enhance Sustainability and Inclusiveness in the Colombian Health Care System”, for US\$161,725,355 financed by a Results-Based Loan (CO-L1248, 5170/OC-CO) and two sources of non-reimbursable grants (CO-J0011, 5172/GR-CO; and CO-G1019, GRT/CF-18408-CO), was approved by the Board of Executive Directors on December 2020 with the general objective of improving the sustainability of the General System of Social Security in Health (SGSSS for its acronym in Spanish) to consolidate gains in coverage, equity, and financial protection, together with health improvements for the general population. Specific objectives were determined as follows: (i) improve management of total expenditures on health-related services and technology not funded through Per Capita Payment Units (UPC); (ii) enhance SGSSS efficiency and coverage; and (iii) increase health care coverage for the migrant population.
- 2.3 The operation will also support the implementation of the Policy Based Loan operation CO-L1272 “Program to support policy reforms for the social and economic inclusion of the Venezuelan migrant population in Colombia”, for US\$300 million, approved by the Board in November 2021. The program’s objective is to contribute to the effective socioeconomic integration of Venezuelan migrants. The specific objectives are: (i) expand the regularization and management of information on the Venezuelan migrant population; (ii) expand the access of Venezuelan migrants to social services and protection against human trafficking; and (iii) promote the recognition of labor competencies of the Venezuelan migrant population.

III. Objectives and Justification of the TC

- 3.1 **Justification.** Colombia has received high flows of migrants from Venezuela in the last five years. The country has welcomed around 1.7 million migrants (most of whom have a long-term perspective of stay), which represents 3.6% of the Colombian population. Approximately 1 million of them are irregular, which means that they do not have the right to comprehensive care within the Colombian health system. Despite this, the health system has made important efforts to attend to this population in the event of emergencies and complications that require priority medical treatments. Most of the migrants are in metropolitan areas (76%) and in border cities (24%).
- 3.2 Most of the migrants are not registered in SGSSS, which affects the financial sustainability of the system. Colombia has opted for a solidarity health policy for the Venezuelan population by allowing those who have the Special Permit of Permanence (PEP) to be insured through the SGSSS. Health insurance coverage for Colombians is practically universal, with 95.7% of the population insured through the SGSSS, while this is only the case for 24% (383,384) of Venezuelan migrants. As of July 2021, 759,584 (43,5%) migrants have not regularized their condition. The government offers migrants (PEP holders or irregular) who are not registered in the SGSSS access to the health system through emergency services, which carry high costs and are not adequately financed. According to the Ministry of Health and Social Protection (MHSP), between 2017 and March 2020 a total of 6,515,655 emergency services were registered. As of March 2020, requests for payment from public hospitals to the government for emergency care have amounted to more than US\$155 million, of which the national government has paid 21%.
- 3.3 Regarding COVID-19 vaccination, between August 2017 and March 2020 a total of 1,980,714 doses of vaccines have been administered to Venezuelans. This has

implied a cost of US\$7.3 million, in addition to the resources used and the work carried out by local authorities, State Social Enterprises (ESE) and Health Providers (IPS) (MHSP, 2019b). In this sense, the main financing deficit of the health system caused by migration is the lack of medical insurance for the migrant population.

- 3.4 In contrast, 70%⁴ of Colombians who experience a health problem in major cities⁵ go to a healthcare provider for treatment, while the migrant population resorts to self-medication or home remedies in approximately 60% of cases (USAID and Profamilia, 2020). This difference in access to health services is mainly due to the lack of health insurance and the high costs faced by migrants who are not registered with the SGSSS.⁶ Uninsured migrants must pay out of pocket for non-urgent services. Being affiliated to the SGSSS increases the likelihood of accessing the health system by 31 percentage points (pp).⁷
- 3.5 This access problem is particularly detrimental to migrant women and children, as they are especially vulnerable to health risks.⁸ A rapid gender analysis conducted by CARE on the Venezuelan regional crisis (June 2020) noted that lack of access to comprehensive healthcare particularly affects women and girls who face specific unmet needs in terms of sexual and reproductive health, which has led to high rates of maternal mortality, teenage pregnancy, and a lack of access to pregnancy testing and healthcare services during pregnancy (USAID and Profamilia, 2020: 49).⁹ For example, between 2020 and the first quarter of 2021 in Antioquia, 23.4% of the cases of gestational syphilis, 14.8% of extreme maternal morbidity and 12.7% of HIV/AIDS were reported in Venezuelan migrant women (Gallego, 2021).¹⁰ Affiliation to the SGSSS System has an effect on the access to health services for women, according to the survey *Calidad de Vida e Integración de los Migrantes Venezolanos en Colombia*, 81% of pregnant women who did not attend prenatal controls were not affiliated to the SGSSS.
- 3.6 In addition, the LGBTQ+ population has a high probability of migrating and remaining in an irregular manner due to the lack of recognition of their sexual orientations and gender identities (Caribe Afirmativo, 2019).¹¹ Official data on this population is scarce, but as it is known for the rest of the country, there are significant gaps in LGBTQ+ access to sexual and reproductive health and, in general, in the access to health services.

⁴ Information extracted from project CO-L1272 Policy reform support program for the social and economic inclusion of the Venezuelan migrant population in Colombia.

⁵ According to data from the 2018 census in Barranquilla, Bogotá, Cartagena, Cúcuta, Ríohacha, and Santa Marta.

⁶ In 2019, 115,928 migrant beneficiaries (approximately 7% of the total) were registered with the system, all of whom had Special Stay Permits.

⁷ *Encuesta de Calidad de Vida e Integración de los Migrantes Venezolanos en Colombia*, Revista Semana, 2021

⁸ M. Denisse and M. Rodríguez, "Migrantes en América Latina: Disparidades en el estado de salud y en el acceso de atención médica [migrants in Latin America: disparities in health status and access to healthcare]," IDB Discussion Paper no. IDB-DP-00784, 2021.

⁹ Asociación Profamilia y Oficina de los Estados Unidos de Asistencia para Desastres en el Extranjero (OFDAUSAID). (2020). *Desigualdades en salud de la población migrante y refugiada venezolana en Colombia. ¿Cómo mejorar la respuesta local dentro de la emergencia humanitaria?*. Bogotá, D.C.

¹⁰ Gallego, J. (2021). *Estadísticas migrantes venezolanos SGSS marzo 2021*.

Ministerio del Interior. (2018). *Migración venezolana y la trata de Personas*. Colombia.

¹¹ <http://caribeafirmativo.lgbt/wp-content/uploads/2019/06/Situaci%C3%B3n-de-las-personas-LGBT-migrantes-de-Origen-Venezolano-en-Territorios-Fronterizos-de-Colombia.pdf>

- 3.7 Key barriers that have been identified regarding migrant's SGSSS affiliation include: (i) irregular migrant status; (ii) lack of enforcement of current regulations by health promotion agencies, health promotion institutions, and regional authorities; (iii) high transaction costs for the migrant population; and (iv) lack of information for the migrant population explaining the registration process.¹² Promoting the application of regulations and coordinating a clear registration process among the main stakeholders is a key requirement for improving migrants' access to comprehensive health services.
- 3.8 **Institutional context and actions taken.** Since 2015, the GoC has adopted measures to manage migration flows by:¹³ (i) drafting public policy guidelines to address the mass migration of Venezuelan citizens to Colombia ([CONPES 3950](#)), which propose strategies to create contexts that favor response, assistance, and inclusion measures by issuing guidelines for different government sectors and institutions; (ii) adopting the [Special Stay Permit](#) (PEP) as a mechanism to regularize the status of Venezuelans who entered Colombia regularly, and which enables them exercise any legal activity or occupation in the country and access financial services and the health system, among other things, for up to two years; (iii) nationalizing children born in Colombia to Venezuelan parents; and, most recently, (iv) enacting the [Temporary Statute of Protection for Venezuelan Migrants](#) (PTS), which provides a 10-year legal mechanism for the temporary protection of the Venezuelan migrant population within Colombian territory, regardless of their migratory status. It has also established a data collection mechanism by creating the Single Registry of Venezuelan Migrants (RUMV).¹⁴ This last one, specially, will help the identification and registration to the SGSSS.
- 3.9 **EU-LAIF project.** It is in this context, that the European Union (EU), through the EU-Latin American Investment Facility (LAIF), has allocated resources to a project (the EU-LAIF project) aim to improve the health outcomes of migrants and host communities, by increasing the coverage of health insurance and improve access to basic health services for vulnerable irregular migrants, with an emphasis on women and their sexual and reproductive rights. The EU-LAIF project includes interventions such as: (i) Increasing the coverage of the SGSSS for migrants with regular status (Component 1); (ii) Strengthen the comprehensive care routes for the promotion and maintenance of health and the comprehensive maternal perinatal care route, including strengthening the capacities for auditing accounts (Component 2); (iii) Provision of individual health services for non-regular vulnerable migrants in beneficiary municipalities (Component 3). Additionally, technical assistance, knowledge transfer, coordination and publicity activities will be financed (Component 4). The present Technical Cooperation represents Component 1 of the EU-LAIF project, which will be administered by the IDB.¹⁵ Components 2 – 4 will be administered by the the EU – LAIF project's leader, the Spanish Agency for International Development Cooperation (AECID).

¹² ABT/USAID, "Evaluación sobre las barreras y cuellos de botella para la afiliación de los migrantes venezolanos al SGSSS [Evaluation of barriers and bottlenecks in the process for registering Venezuelan migrants with the SGSSS]," 2021.

¹³ The IDB has provided gradual support for this process through specific consultancy work with Colombia's Border Management Service, which has strengthened the national Government's coordination with regional authorities and sector-specific ministries, among other authorities and institutions, to develop measures that lay the foundations for Colombia's migration policy.

¹⁴ As of June 17, 2021, some 837,321 Venezuelans had been registered, 813,167 of whom had completed the descriptive survey.

¹⁵ AECID, the leading agency of the EU-LAIF project will administer Components 2, 3 and 4.

- 3.10 **Objective of the TC.** The objective of this technical cooperation is to improve health outcomes of migrants and hosts communities through increasing health coverage of the SGSSS for migrants with regular status (Component 1 of the EU-LAIF project). The articulation of the project with IDB's program CO-L1248, CO-J0011, CO-G1019 will contribute to alleviate the pressure on the management and provision of health services caused by the pandemic and migratory flows. The articulation of the project with IDB's program CO-L1272 will support the road map for strengthen the affiliation process of the migrant population to the SGSSS. The activities will be conducted under the policy framework and agenda the IDB and the country are working on together to integrate the migrant population.
- 3.11 The approval of the TC is essential to give impetus to the execution of program CO-L1248, CO-J0011, CO-G1019, which will allow the Government of Colombia to meet the established affiliation goals for the migrant population, to provide adequate comprehensive health care to the population, and also to support the sustainability of the system. In addition, it will help to comply with the implementation of the policy conditions of program CO-L1272 by delivering the road map for the migrant population for the affiliation process, from their registration to their affiliation to the SGSSS, so that they may benefit from comprehensive health services.¹⁶
- 3.12 **Strategic alignment.** This TC is consistent with the Update to the Institutional Strategy (document AB-3190-2) and is strategically aligned with the development challenge of *Social Inclusion and Equality*, by enhancing health services access and quality for all segments of the population, particularly vulnerable population such as migrants. It is also aligned with the crosscutting areas of (i) *Gender Equality and Diversity*, by increasing access to sexual and reproductive health through registration with the SGSSS, and (ii) *Institutional Capacity and the Rule of Law*, by strengthening the government's institutional capacity and the governance of migration services, related to provide social services. The program will also contribute to the Corporate Results Framework (CRF) 2020–2023 (GN-2727-12), by increasing the number of beneficiaries who receive health services and the number of beneficiaries of initiatives to support migrants and their host communities. It also contributes to countries with strengthened gender equality policy frameworks.
- 3.13 It is also aligned with the strategic objective of reducing the barriers to social integration from the results matrix of the IDB Group's Country Strategy with Colombia (GN-2972), under the cross-cutting area of migration (the results sought in the strategy are increased access to health and education services for the migrant population); It is also consistent with the Migration Action Framework (GN-3021); the Health Sector Framework Document (GN-2735-12), by strengthening instruments to expand access to universal coverage, and the Gender and Diversity Sector Framework Document (GN-2800-8), by enabling access to information that increases knowledge and advocacy around the intersection between gender and migration issues, and by promoting the collection and analysis of sex-disaggregated data to inform migration policies and projects.
- 3.14 **Sector-specific knowledge, lessons learned, and value added by the IDB.** The IDB has provided ongoing support to Colombia as it addresses the challenges of

¹⁶ The support will be directed to the implementation of policy action, since the legal and sectoral framework has been approved to allow access migrant population to health services through the system of affiliation to the General System of Social Security in Health System, and among other measures, the use of the PPT as a valid identification document for Venezuelan migrants.

migration flows through: (i) a strategic dialogue through the IDB's Strategy with Colombia and the update to this (GN-2972) and support for the Border Management Agency; (ii) the combination of instruments available to Colombia that provide support regarding the challenges it is facing, which promote and support the generation of technical and operational capacities and the generation of knowledge to support policy measures; and (iii) the IDB's role as a liaison to leverage concessional resources, which demonstrate its added value and make it a strategic partner for Colombia in relation to this challenge.

- 3.15 **Main lessons learned during this process.** The program design incorporates lessons learned through other operations. Principal lessons include: (i) the use of models tailored to territories' unique characteristics to improve access to health services (ATN/OC-13864-CO); (ii) that a multidimensional problem has to be attacked multisectorally to achieve the established integration goals, which implies complex levels of coordination that need robust structures and the support of international cooperation; and (iii) coordination processes are important for generating an institutional articulation that responds to the implementation of national public policy with territorial entities (5170/OC-CO, GRT/CF-18408-CO, 5172/GR-CO, ATN/OC-17517-CO).
- 3.16 **Coordination with other multilateral organizations.** The loan CO-L1248 is part of a coordinated and complementary lending arrangement between the IDB and the World Bank of US\$300 million, using results-based disbursement instruments aimed at improving the efficiency of the General Social Security Health Care System, as authorized in CONPES document 3976 dated December 2, 2019. The World Bank program focuses on the quality of health care services, system sustainability, and the policy about migrants. Besides, the project complements and coordinates with Comunidades Saludables of USAID, which provides technical assistance to facilitate the access to health services of migrant population.

IV. Description of activities/components and budget

- 4.1 **Component 1. Registration of regular migrants to the SGSSS.** The objective of this component is to increase coverage of regular migrants to the SGSSS (by around 276.515 migrants), by strengthening capacities in local institutions in charge of registration and reducing information barriers to facilitate their registration process. To strengthen capacities in sub-national governments in charge of SGSSS registration, resources will be used for hiring and training registration consultants in territorial entities, their travel expenses and the rental of computers for their use. This group will conduct a more proactive search of unregistered regular migrants and speed up registration processes in migrant-receiving communities. These consultants will be strategically located in different departments, as detailed in [Beneficiaries and Eligible Territories](#). Within the Registro Único de Migrantes Venezolanos (RUMV), migrants have the possibility to identify with the gender of his or her preference, the team will be attentive in the promotion of such self-identification within the registration process. Additionally, to directly tackle the lack of enforcement of current regulations by health promotion agencies, health promotion institutions, and regional authorities, resources will be used for hiring a firm that will provide the training and technical assistance in territorial entities to implement processes and protocols for registering the migrant population to the SGSSS. By the end of the intervention it is expected to have trained 108 institutions. In addition to this, there will be an update on the processes used to register migrants through and operative Manual of Affiliation. Regarding information

barriers, this effort will be complemented with a dissemination strategy on registration routes and access to health services for the migrant population, through communication and information campaigns aimed at the migrant population and at the health personnel in different departments. Resources will be used to hire a communications firm to develop and implement the dissemination strategy. This strategy will include a gender perspective to communicate how women and LGBTQ+ populations can access health services, in particular sexual and reproductive ones.

- 4.2 For the project administration, this component will finance the hiring of a coordinator of the component, four regional coordinators, a fiduciary specialist, a specialist in acquisitions, and two support consultants. In addition to this, resources will be used to finance an impact evaluation to measure the effects of the intervention. The impact evaluation will be a quasi-experimental study (diff-diff) to evaluate the effect that affiliation consultants had on the number of affiliated Venezuelan migrants by department. These results will be complemented with a qualitative analysis that study the difficulties and lessons learned at the institutional level in the implementation of the policy.
- 4.3 The total cost of the TC is EUR€4,106,324 (US\$4,852,740), which will be financed with resources of the ECR through a tripartite agreement between AECID-EU-IDB. There will be not a local counterpart funding.

Indicative Budget

Component	IDB (LAIF) EUR€	IDB (LAIF) US\$
Component 1. Registration of regular migrants to the SGSSS	EUR€4,106,324	US\$4,852,740
Active searching and affiliation team and rental of their computers	EUR€3,092,237	US\$3,654,320
Technical assistance and training of hospital and health secretariat personnel	EUR€68,236	US\$80,639
Strategy of behavioral change	EUR€145,775	US\$172,273
Process update	EUR€8,530	US\$10,081
Project Administration	EUR€657,163	US\$776,617
Impact Evaluation	EUR€17,059	US\$20,160
Administrative Fee	EUR€117,324	US\$138,650
Total	EUR€4,106,324	US\$4,852,740
Total without fee¹⁷	EUR€3,989,000	US\$4,714,090

- 4.4 Resources provided by the EU will be subject to availability and EU approval. Resources are being provided by the EU through a tripartite agreement between AECID-EU-IDB, with AECID assuming the lead role under such agreement. Hence, the availability and flow of resources depends on the signature of the tripartite agreement and the subsequent AECID-IDB agreement which defines the flow of resources to IDB. The funds will be administered by the Bank as financing for a Technical Cooperation project, in accordance with the terms of the Financial Framework Partnership Agreement between the European Commission and the InterAmerican Development Bank on actions administered by the Inter-American Development Bank and funded or co-funded by the European Union" (FFPA – 2020).

¹⁷ Due to the requirements and systems of the IADB the total amount has been approximate up. The budget cost fixed at the agreement MIGR/2021/426-181 between IADB and EU is EUR €4.106.323,50.

EU resources may be disbursed once the EU and the Bank have signed the delegation agreement and the Bank has received the EU funds. The Bank will charge an administrative fee once it receives the first installment payment. Any reference to this document to the 2020 Framework Agreement between the EU and IDB shall be deemed to refer, as processed, to any amendment or reinstatement of said framework agreement that may be made by the EU and IDB and that is in force on the date of signature of the delegation agreement. The Execution Agency (EA) will have to implement project resources in line with the requirements stipulated in the EU-IDB Framework Agreement and the AECID-IDB agreement.

- 4.5 The execution, supervision and annual report of the TC will be overseen by the Division of Health and Social Protection (SCL/SPH). The division will cover the additional supervision costs, if any, of local supervision or supervision meetings with transactional budget resources allocated annually. The UDR will be in the Country Office of Colombia (CAN/CCO). The monitoring mechanisms include the continuous supervision of the contracted consultancies, review of their products and payments, bimonthly supervision meetings with the beneficiary, as well as the preparation of annual reports on the progress and performance of the TC execution.

V. Executing agency and execution structure

- 5.1 Per request of the Ministry of Health and Social Protection, the Execution Agency (EA) will be the Colombian Presidential Agency of International Cooperation (APC), with the technical support of the Ministry, which will be the technical responsible, to facilitate and expedite the process of recording grant resources within the country's budget and to leverage the institutional capacity of the APC. The APC is a decentralized entity of the Executive Branch of the National Order. It is in charge of managing, guiding and technically coordinating the international public, private, technical and non-reimbursable financial cooperation that the country receives; as well as executing international cooperation resources, programs and projects. During years 2017 to 2020, it managed the Bank's resources under Agreement RG-T2892 (ATN/FT-15993-RG, ATN/OC-15992-RG); Likewise, during the last five years, it has strengthened its experience with the administration of resources and execution of projects of funders such as the European Union, Howard G. Buffet Foundation, Green Climate Fund, Government of France, Central American Bank for Economic Integration, Government of Korea, Government of Portugal, Government of Japan, among others. Of these, it has worked with the MHSP on 6 projects during the last 3 years¹⁸.
- 5.2 **Execution Structure.** APC will have an execution unit in charge of implementing the execution plan, composed of a coordinator, a fiduciary specialist, a specialist in acquisitions and technical support. This unit will work in close coordination with the MHSP's Health Insurance Direction, which as the technical responsible will provide technical assistance to draft the terms of reference for the personnel, goods, and services acquired during the implementation phase. There will be a Technical Committee constituted by a representative of the Insurance Division of the MHSP, a representative of the APC and a representative of the IDB, the national coordinator and regional coordinators of the TC. This Committee will exclusively have functions of monitoring and permanent supervision of the TC.¹⁹ In order to ensure the alignment to

¹⁸ An assessment of the institutional capacity of the APC is in process. The result of said evaluation will be considered for the execution of the project.

¹⁹ The Governance Structure of the LAIF project includes a Steering Committee and a Strategic Committee, as well as Technical Committee for each component.

EU-Laif project and to provide required reporting information to the EU, the execution unit will work in close coordination to the EU-Laif project's steering committee²⁰ and it's coordination unit. As a condition prior of first disbursement the APC and the Ministry of Health and Social Protection will enter into and interadministrative agreement detailing their responsibilities in the execution of the Project. This condition is necessary to clearly define each party in their respective responsibilities.

- 5.3 **Procurement.** The activities to be executed under this operation have been included in the Procurement Plan (Annex IV) and will be carried out in accordance with the Bank's established Policies for the Selection and Contracting of Consultants Financed by the Inter-American Development Bank (GN-2350-15), and in accordance with procurement policies exceptions approved by the Board in the Proposal for the Financial Framework Partnership Agreement between the European Commission and the Inter-American Development Bank (GN-2605-5).
- 5.4 **Financial Management Policy.** Under Bank supervision, the TC's financial management follows internal financial procedures and will include the contracting of external audit services. The disbursement period will be 36 months after the date of signing of the agreement signed between the Bank and the EA. The EA will open a bank account in Colombian pesos exclusively for managing project resources and will request resources from the Bank based on cash flow for a maximum period of six (6) months. Disbursements will be based on such projections and the account balance. The executing agency will present the expense justifications and financial statements of the project using the exchange rate for the conversion of the resources disbursed in US dollars to Colombian pesos, that is, the monetization rate. The EA will have to provide financial reports in US\$ and EUR. Conditions precedent to disbursement include that the Bank has provided its agreement with respect to the financial information system and internal control structure of the Executing Agency and evidence that a general coordinator and an administrative and financial specialist have been selected by the Executing Unit.
- 5.5 The financial statements of the project will be audited annually, during the project execution period, by an independent auditor acceptable to the Bank. The cost of the audit will be financed with administrative resources from the Division. The deadline to deliver these reports will be 60 days after the end of each financial year of the entity, starting with the year of the beginning of the execution of the project. The last of these reports will be presented within a period of sixty (60) days following the date of the last disbursement.

VI. Major Risks

- 6.1 The main risk in the implementation of this project relies in delays in procurement processes and financial management that could lead to delays in program execution due to: (i) lack of definition or understanding of the operational processes that must be carried out to support the activities to be carried out; (ii) Inadequate application of the Bank's procurement policies; (iii) Insufficient experience in financial management of the Bank, which could generate inconsistencies in procedures established under the Bank's financial policies, such as requests and justification of disbursements, financial projections, presentation of financial statements. These risks will be mitigated by hiring a minimum team of qualified staff to the program, with suitable experience and skills. The team will be hired applying procurement guidelines and manual. There is a low

²⁰ EU-Laif project's steering committee is composed of delegates from MHSP, Migración Colombia, the IDB, the Spanish Agency for International Development Cooperation (AECID) and the European Union (EU).

risk if the national, departmental, municipal and hospital authorities of the public network change. In that case the Ministry of Health and sub-national governments' articulation could be delayed, affecting project execution. To mitigate this risk AECID, the IDB and the Steering Committee will maintain a fluid dialogue with the implementing Agency and eligible territories.

VII. Exceptions to Bank policy

- 7.1 This project does not foresee exceptions to Bank policy, except those already approved by the Board in the EU-IDB Framework Agreement (GN-2605-5).

VIII. Environmental and Social Strategy

- 8.1 This program falls under category C of the Bank's Environment and Safeguards Compliance Policy (operational policy OP-703). No environmental or social risks or impacts were identified, either moderate or high, as the project does not entail investment in infrastructure or relocation of communities and seeks instead to lower barriers to health care access for the migrant population. See [SPF](#) and [SSF](#) environmental filters.

Required Annexes:

- Results Matrix
- Procurement Plan

Required Electronic Links:

- [Request from the client](#)
- [Terms of Reference](#)





Results Matrix

Outcomes

Outcome:		1 1 Registration of regular migrants to the SGSSS										
Indicators		Flags*	Unit of Measure	Baseline	Baseline Year	Means of verification		2021	2022	2023	2024	EOP
1.1 Migrants registered to the SGSSS			Individuals	423,485.00	2021		P	423,485.00	474,466.00	525,447.00	576,428.00	276,515.00
							P(a)	423,485.00	474,466.00	525,447.00	576,428.00	276,515.00
							A					

 CRF Indicator

Outputs: Annual Physical and Financial Progress

1 Registration of regular migrants to the SGSSS												Financial Progress					Theme	Fund	Flags
Outputs	Output Description	Unit of Measure	Baseline	Baseline Year	Means of verification		2021	2022	2023	2024	EOP	2021	2022	2023	2024	EOP			
1.1 Territories reached for active affiliation of Venezuelan migrants to the SGSSS		Territories (#)	0	2021	Document published in EZShare	P	0	27	27	27	81	P		1200000	1300000	1154320	Institutional Development	ECR	
						P(a)	0	27	27	27	81	P(a)		1200000	1300000	1154320			
						A						A							
1.2 Institutions trained	Instituciones capacitadas en la normativa y rutas para la afiliación de migrantes	Institutions (#)	0		Document published in EZShare	P	0	24	72	12	108	P	0	20000	32000	28639	Institutional Development	ECR	
						P(a)	0	24	72	12	108	P(a)	0	20000	32000	28639			
						A						A							
1.3 Operational manuals developed	Manual operativo sobre la afiliación de migrantes al SGSSS	Manuals (#)	0	2021	Document published in EZShare	P	0	0	1	0	1	P	0	10081	0	0	Institutional Development	ECR	
						P(a)	0	0	1	0	1	P(a)	0	10081	0	0			
						A						A							
1.4 Awareness raising campaigns designed/implemented	Campañas de Radio y Videos Comunicativos sobre los beneficios, rutas y normativa de afiliación de migrantes al SGSSS	Campaigns (#)	0	2021	Document published in EZShare	P	0	1	1	1	3	P	0	47000	64000	61273	Social Development	ECR	
						P(a)	0	1	1	1	3	P(a)	0	47000	64000	61273			
						A						A							
1.5 Quasi-experimental impact evaluation (ex-ante or ex-post) performed	Evaluación de Impacto sobre el efecto de la intervención en la afiliación de migrantes al SGSSS	Evaluation Final Report (#)	0	2021	Document published in EZShare	P	0	0	0	1	1	P	0	0	0	20160	Social Development	ECR	
						P(a)	0	0	0	1	1	P(a)	0	0	0	20160			
						A						A							

Other Cost
Administrative Fee
Project Management

	2021	2022	2023	2024	Cost
P	\$138,650.00				\$138,650.00
P(a)	\$138,650.00				\$138,650.00
A					
P		\$258,872.00	\$258,872.00	\$258,873.00	\$776,617.00
P(a)		\$258,872.00	\$258,872.00	\$258,873.00	\$776,617.00
A					

Total Cost

	2021	2022	2023	2024	Total Cost
P	\$138,650.00	\$1,535,953.00	\$1,654,872.00	\$1,523,265.00	\$4,852,740.00
P(a)	\$138,650.00	\$1,535,953.00	\$1,654,872.00	\$1,523,265.00	\$4,852,740.00
A					

 CRF Indicator

 Standard Output Indicator

PROCUREMENT PLAN FOR NON-REIMBURSABLE TECHNICAL COOPERATIONS										
Country: Colombia					Executing agency: Agencia Presidencial Para La Cooperación Internacional De Colombia (APC)					
Project number: CO-T1640					Sector Público: o Privado: Público					
Period covered by the plan: 04/2022 - 12/2024					Title of Project: Strengthening the capacity of the Colombian health sector and access to health services for migrants in the context of COVID-19					
Threshold for ex-post review of procurements:			Goods and services (in US\$): 0		Consulting services (in US\$): \$4.714.090					
Item Nº	Ref. AWP	Description (1)	Estimated contract cost (US\$)	Procurement Method (2)	Review of procurement (3)	Source of financing and percentage		Estimated date of the procurement notice or start of the contract	Technical review by the PTL (4)	Comments
						IDB/MIF %	Local/other %			
1		Component 1								
		Consulting firms								
1.1		Firm 1. For active search and affiliation of migrants to the SGSSS	\$ 3,516,644.50	SBCC	Ex Ante	100%	0%	2 quarter 2022		This corresponds to the hiring of a firm to manage 108 affiliation consultants for 31 months, which have average monthly salary of \$USD953 and their travel expenses
1.2		Firm 2. Communication Videos, Radio and Communication Products	\$ 172,270.11	SBCC	Ex Post	100%	0%	2 quarter 2022		This corresponds to informative videos, radio campaigns for (27) deparmanent for three years, and coomunication products
1.3		Firm 3. Technical assistance and training of hospital and health secretariat personnel	\$ 80,639.47	SCC	Ex Post	100%	0%	2 quarter 2022		
1.4		Firm 4. Rental of computers for affiliation	\$ 137,677.79	SCC	Ex Post	100%	0%	2 quarter 2022		Rental of a firm to provide 108 computers for 31 months for the affiliation of migrants in the territories
						100%				
		Individual consultants				100%				
1.5		CI 1. For the Operative Manual that summarizes the key learnings and information on the migrant affiliation	\$ 10,079.93	3CV	Ex Post	100%	0%	1 quarter 2023		
1.6		CI 2. Impact Evaluation Analysis	\$ 20,159.87	3CV	Ex Post	100%	0%	1 quarter 2024		
1.7		CI 3. Coordinator of component	\$ 133,421.23	3CV	Ex Post	100%	0%	2 quarter 2022		
1.8		CI. 4 National Coordinator of active affiliation	\$ 56,503.07	3CV	Ex Post	100%	0%	2 quarter 2022		
1.9		CI 5. Support to national coordination of active affiliatio	\$ 32,987.59	3CV	Ex Post	100%	0%	2 quarter 2022		
1.1		CI. 6 Regional Coordinator (Region 1)	\$ 47,810.64	3CV	Ex Post	100%	0%	2 quarter 2022		
1.11		CI. 7 Regional Coordinator (Region 2)	\$ 47,810.64	3CV	Ex Post	100%	0%	2 quarter 2022		
1.12		CI. 8 Regional Coordinator (Region 3)	\$ 47,810.64	3CV	Ex Post	100%	0%	2 quarter 2022		
1.13		CI. 9 Regional Coordinator (Region 4)	\$ 47,810.64	3CV	Ex Post	100%	0%	2 quarter 2022		
1.14		CI. 10 Regional Coordinator (Region 5)	\$ 47,810.64	3CV	Ex Post	100%	0%	2 quarter 2022		
1.15		C. 11 Tecnichal orientation of MHSP with IDB	\$ 47,810.64	3CV	Ex Post	100%	0%	2 quarter 2022		
		Executing Agency				100%				
1.16		Fiduciary specialist	\$ 133,421.23	3CV	Ex Post	100%	0%	2 quarter 2022		
1.17		Specialist in acquisitions and technical support	\$ 133,421.23	3CV	Ex Post	100%	0%	2 quarter 2022		
						100%				
		IADB - Administrative budget				100%				
1.18		Firm 5. External Auditory	\$ 32,777.91	SCC	Ex Post	100%	0%	1 quarter 2024		This acquisition will be executed under the policy GN-2303-28, and it will be financed with administrative budget from SPH Division. This budget is not included in the total because it is not part of the TC fund resources
Total			\$ 4,714,090	Prepared by: Mariangela Chavez			Date: 01/03/2022			
(1) Grouping together of similar procurement is recommended, such as computer hardware, publications, travel, etc. If there are a number of similar individual contracts to be executed at different times, they can be grouped together under a single heading, with an explanation in the comments column indicating the average individual amount and the period during which the contract would be executed. For example: an export promotion project that includes travel to participate in fairs would have an item called "airfare for fairs", an estimated total value od US\$5,000, and an explanation in the Comments column: "This is for approximately four different airfares to participate in fairs in the region in years X and X1".										
(2) <u>Goods and works</u> : CB: Competitive bidding; PC: Price comparison; DC: Direct contracting.										
(2) <u>Consulting firms</u> : CQS: Selection Based on the Consultants' Qualifications; QCBS: Quality and cost-based selection; LCS: Least Cost Selection; FBS: Selection nder a Fixed Budget; SSS: Single Source Selection; QBS: Quality Based selection.										
(2) <u>Individual consultants</u> : IICQ: International Individual Consultant Selection Based on Qualifications; SSS: Single Source Selection.										
(2) <u>Country system</u> : include selection Method										
(3) <u>Ex-ante/ex-post review</u> : In general, depending on the institutional capacity and level of risk associated with the procurement, ex-post review is the standard modality. Ex-ante review can be specified for critical or complex process.										
(4) <u>Technical review</u> : The PTL will use this column to define those procurement he/she considers "critical"or "complex"that require ex ante review of the terms of reference, technical specifications, reports, outputs, or other items.										
⁽⁵⁾ <u>Exceptions to the procurement policy</u> : the procurement process must follow, in addition to the Bank's procurement policies, the additional EU procurement conditions approved in the IDB-EU framework agreement (document GN-2605-5), such as extended										

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

PROPOSED RESOLUTION DE-___/22

Colombia. Nonreimbursable Technical Cooperation ATN/ER-____-CO
Strengthening the Capacity of the Colombian Health Sector
and Access to Health Services for Migrants
in the Context of COVID-19

The Board of Executive Directors

RESOLVES:

1. That the President of the Bank, or such representative as he shall designate, is authorized, in the name and on behalf of the Bank, to enter into such agreement or agreements as may be necessary with Agencia Presidencial de Cooperación Internacional de Colombia, for the purpose of granting it a nonreimbursable technical cooperation for a sum of up to €4,106,324 chargeable to the resources to be granted by the European Union through the Latin America Investment Facility (EU-LAIF), pursuant to the agreement or agreements specified in paragraph 2 below, and to adopt any other measures as may be pertinent for the execution of the project proposal contained in document AT-_____.

2. That the President of the Bank, or such representative as he shall designate, is authorized, in the name and on behalf of the Bank, to enter into such agreement or agreements with the European Union as may be necessary to receive and administer resources, subject to the terms of the Financial Framework Partnership Agreement between the European Commission and the Bank dated 29 September 2020, for the purposes described in the project proposal specified in paragraph 1 above, and to adopt any other measures as may be pertinent for the execution of said agreement or agreements.

3. That the authorization granted in paragraph 1 above will be effective once the Bank and the European Union have entered into the corresponding agreement or agreements to which reference is made in paragraph 2.

(Adopted on ____ 2022)