

TC Document

I. Basic Information for TC

▪ Country/Region:	COLOMBIA
▪ TC Name:	Support for the Implementation of the National Care System
▪ TC Number:	CO-T1741
▪ Team Leader/Members:	Ortiz Hoyos, Jose Luis (SCL/SPH) Team Leader; Stampini, Marco (SCL/SPH) Alternate Team Leader; Mendoza Benavente, Horacio (LEG/SGO); Narvaez Torres, Maria Fernanda (CAN/CCO); Crausaz Sarzosa, Ernesto Patricio (VPC/FMP); Forero Sanchez Juan David (SCL/SPH); Rojas Acuna, Monica (CAN/CCO); Leon, Santiago (SCL/SPH); Caceres Montano Marcela Alejandra (SCL/SPH)
▪ Taxonomy:	Client Support
▪ Operation Supported by the TC:	NA
▪ Date of TC Abstract authorization:	12 Jun 2024.
▪ Beneficiary:	Ministry of Equality and Equity
▪ Executing Agency and contact name:	Inter-American Development Bank
▪ Donors providing funding:	Japan Special Fund(JSF)
▪ IDB Funding Requested:	US\$400,000.00
▪ Local counterpart funding, if any:	US\$0
▪ Disbursement period (which includes Execution period):	36 months
▪ Required start date:	30 november, 2024
▪ Types of consultants:	Firms 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:	Diversity; Gender equality; Institutional capacity and rule of law; Social inclusion and equality

II. Objectives and Justification of the TC

- 2.1 The general objective of this technical cooperation is to support the Ministry of Equality and Equity in the implementation of the National Care System. The specific objectives are: (i) develop and pilot caregiving training programs; (ii) develop guidelines for coordinating healthcare and long-term care; and (iii) support the inclusion of persons with disabilities (PwD).
- 2.2 Colombia, like other Latin America and the Caribbean countries, is experiencing an accelerated aging process. The percentage of the population aged 65 and over grew from 3% to 10% between 1960 and 2020. In just 25 years, the proportion of the population over 65 is expected to double to 20%. In Europe and other countries such as the United States, this process took more than 55 years. Although the aging of the population is associated with a fall in fertility rates and an increase in life expectancy, the demographic transition is accompanied by an increase in Non-Communicable Chronic Diseases and an increase in functional dependency. In Colombia, about 625 thousand million people over 65 years of age have some degree of functional

dependency, and it is estimated that this number may double in the next 10 years (Aranco, Stampini & Ibarrarán,2022). In the medium and long term, this will translate into an increase in the demand for care and attention services for the elderly population in the country.

- 2.3 Additionally, the structure of families in Colombia has changed in recent years. According to the National Census, about 12% of households in the country are single-person households of people over 60 years of age. This is important considering that households are the main care providers for this population. A study by Villalobos et al. (2022) indicates that between 2020 and 2035 the number of unpaid family caregivers, of functionally dependent elderly people, should increase by 91.6%, from 625,000 to 1,981,329.
- 2.4 Colombia has a regulatory framework that regulates the care for the elderly and defines the requirements that institutions providing care services must have regarding infrastructure, human talent, care plans, among others. These institutions include day centers, long-stay centers and other care centers. However, there is no consolidated information to determine the supply and characteristics of the services provided by these institutions, as well as the human talent dedicated to these activities. The little evidence available indicates that coverage is insufficient and is concentrated mainly in urban areas.
- 2.5 In this context, the Ministry of Health and Social Protection led the formulation of the National Policy on Aging and Old Age, with the objective of guaranteeing the necessary conditions for healthy aging and the experience of a dignified, autonomous, and independent old age. This policy has a strategic component oriented to education, training and research related to aging. Among the actions of this axis are the education and training of families and formal and informal caregivers. It seeks to develop skills, good practices and techniques for the care of the elderly, especially those with functional dependency, mental health illnesses or other physical and emotional conditions. To this end, the Ministry will promote the development of different programs and policies for the training of caregivers.
- 2.6 With the creation of the Ministry of Equality and Equity, through Law 2281 of 2023, an intense coordination process began with the Ministry of Health, who according to Decree 681 of 2022 was the leader of the policy. This coordination had the goals of passing this capability and carry out the transfer of Leadership to the Ministry of Equality and Equity to continue with the implementation of actions, especially the education and training of families and formal and informal caregivers to develop skills, good practices, and techniques for the care of the elderly,
- 2.7 On the other hand, the Ministry of Equality and Equity is in the process of designing and implementing the National Care System. The development of this system responds to a set of factors that have led to what is called in the literature "the crisis of care". These factors include: (i) changes in the population dynamics of the country; (ii) the deficit in the supply of infrastructure and services for care; (iii) the overload of care for women and the resulting lack of time; (iv) the economic impacts of care for the health and welfare systems and for families; and (v) the recognition of care as a right throughout the life course. Thus, one of the objectives of the National Care System is to create, expand and articulate the supply of different types of services aimed at promoting the well-being of people who require care, including the elderly, people with disabilities, but also of those who provide these services in an unpaid or remunerated manner.

- 2.8 In the debate on care systems and policies, there is a concern about the line that separates health care services from care services - hereafter "unpaid care work", the complementary relationship between the two, the health sector and the System of Care, and the responsibilities of each.
- 2.9 First, although it is true that access to health services, when timely and of high quality, generates a reduction of care burdens in households, this does not mean that health care or public health actions constitute a supply of care. In addition, the health sector itself generates and transfers -through some programs or due to its shortcomings- care burdens to households that need to be corrected and that impact caregivers and their health. Strategies such as early discharge, hospital at home and management of the chronically ill at home, have the potential to increase the burden of care at home, which is mainly assumed by women, impacting their quality of life, and at the same time are central to achieving better health outcomes. In fact, the literature points out that there is a significant burden of unpaid work in health that takes place in the home, which has not been addressed by articulated and specific public policies (PAHO, 2020).
- 2.10 The population with disabilities (PwD) in Colombia faces different barriers to access social services. It is estimated that in Colombia there are 2.7 million PwD, of which 45% are over 60 years old. However, in the official registry of persons with disabilities there are only about 130,000 certified persons, which raises difficulties in the design and planning of policies for the care of this population. Within this population, about 20% are in a condition of multidimensional poverty, which is explained by gaps associated with illiteracy, school lag, unemployment, and use of digital technologies. Although the country has moved forward in mechanisms to strengthen the legal capacity of PwD and the promotion of social inclusion of this population, the national and local governments do not have specific programs aimed at strengthening the autonomy in daily life, such as the model of personal assistants.
- 2.11 The Ministry of Equality and Equity requested technical support from the Bank for the development and piloting of training programs in caregiving for family members and informal caregivers. The Ministry also asked for support for the design of a personal assistant program for the promotion of autonomy among people with disabilities. It has also requested support to develop protocols for coordination between health and care services. The activities included in this operation will support the achievement of the policy conditions defined in the Program to Strengthen Equality and Equity Policies for Women and Diverse Populations in Colombia ([5807/OC-CO](#)) related to the development of the National Care System for the second tranche.
- 2.12 **Bank Experience.** The IDB has supported countries in the region technically and through financing operations for the design and deployment of systems of care. For example, by 2022 there were technical cooperations focused on the development of long-term care systems in 7 countries in the region and lending operations in four countries. In the area of caregiver training, the Bank supported the design of curricula for the care of the elderly through regional technical cooperation ([ATN/OC-18458-RG](#)). In addition, the Bank has taken the lead in Latin America in promoting the design of policies and programs for early childhood development and the inclusion of people with disabilities through policy support programs focused on increasing accessibility to services and reducing the fragmentation of care for this population.
- 2.13 **Japan Experience.** Japan is aging at an accelerated pace, which has led it to adopt various measures to ensure the well-being of the elderly. One of these measures has

been the development of community-based integrated care. This model has five main pillars to ensure that the elderly can continue to live and be part of their community. The pillars are: (i) housing; (ii) medical care; (iii) long-term care; (iv) preventive care; and (v) daily living support. The process that Japan has undergone, and the lessons derived from this experience in recent decades, has also made it possible to provide support to other countries in Asia and Latin American that are in the process of aging through the Japan International Cooperation Agency (JICA). JICA works with Ministries and academic institutions in Japan to promote knowledge sharing and cooperation with developing countries in different areas such as disability and social security.

- 2.14 **Strategic Alignment.** This TC is consistent with the IDB Group Institutional Strategy: Transforming for Scale and Impact (CA-631) and aligns with the objective: (i) reduce poverty and inequality by supporting actions to implement the National Care System in Colombia, prioritizing vulnerable populations. The operation is also aligned with the operational focus areas of: (i) gender equality and inclusion of diverse population groups and (ii) social protection and human capital development. The operation is aligned with the current IDB Group Country Strategy with Colombia (2024-2027) through the strategic area of boost social and territorial inclusion. Particularly, the TC is consistent with the strategic objective of improving quality and access to health and education services. It is also aligned with the Social Protection and Poverty Sector Framework (GN-2784-12), by supporting the development of the National Care System, including long-term care services and social services for the inclusion for people with disabilities, and the Gender and Diversity Framework by fostering solutions for the reconciliation of work and home care responsibilities.
- 2.15 The TC aligns with the National Development Plan (NDP) (2022-2026) “Colombia, World Power of Life”, which states that the country will develop a National Care System for people that require care and for those who provide care. The actions defined in the NDP are: (i) creation, expansion and regulation of care services; (ii) definition of a governance and territorial model; (iii) promotion of the cultural transformation; (iv) recognition of community care; (v) definition and regulation of information systems; (vi) implementation of a communication strategy; and (vii) design and development of financial mechanisms to ensure sustainability.

III. Description of activities/components and budget

- 3.1 **Component 1: Development and piloting of caregiving training programs (US\$ 100,000).** This component will support: (i) the design of training curricula in elder care for caregivers, as well as training for human talent in areas such as care management; (ii) the piloting of the program developed in the municipalities prioritized by the Ministry of Equality and Equity, in coordination with the Ministry of Health and Social Protection, and other relevant entities. The municipalities will be selected with government considering variables such as proportion of elder population and institutional development. The pilots will also include an assessment of the potential of evaluability, replicability, and scalability in other municipalities. (iii) building on the previous experience of the IDB team with a JICA course on “Policies and Practices in an Aging Society: Creating Age-Inclusive Communities”, this component will support virtual classes on care management, taught by a Japanese expert, considering the relevance of this profile in Japan’s community-based integrated care model. Additionally, one JICA expert will play an advisory role in the implementation of this component, through periodic meetings with the team of the Government of Colombia.

- 3.2 **Component 2: Health and care guidelines and protocols (US\$ 100,000).** This component will support the consultancy activities necessary for the development of care protocols that allow the articulation of health and care services at the territorial level. This includes: (i) literature review activities, review of regulatory frameworks, identification of programs and services that address care and health care, development of consultation roundtables, among others; and (ii) workshops are also planned to learn from Japan's experience with multidisciplinary community care conferences, where social workers, health professionals, family members and local associations discuss cases of transition between hospital and home, to draw lessons for coordination between health and long-term care services, as well as to identify needs at the community level. These workshops will be led by one JICA expert, who will also play an advisory role in the implementation of this component, through periodic meetings with the team of the Government of Colombia.
- 3.3 **Component 3: Support for the inclusion for PwD (US\$ 200,000).** This component will support technical assistance activities to: (i) support the Ministry's capacity to manage, together with the territorial entities, the procedures for the certification and registry of people with disabilities; (ii) support the training processes for the multidisciplinary clinical assessment for the certification process; (iii) support the design and development of personal assistants' program that promotes the autonomy of people with disabilities; and (iv) review, adapt and pilot the scale of assessment of support need for people with disabilities. This component will build on the progress and lessons learned from Operation "Support to Disability-Inclusive Development through Sports and Policy Strengthening" ([ATN/JO-17328-RG](#); [ATN/JO-17329-RG/RG-T3156](#)), funded by the JPO - JSF Poverty Reduction Program, which aimed to support systems that determine eligibility for benefits and register persons with disabilities and programs and studies that promote greater inclusion and accessibility of services for this population.
- 3.4 The total budget of this TC is US\$400,000 and will be financed by the Japan Enhanced Initiative for Quality Infrastructure, Resilience against Disaster and Health (JEI), with no local counterpart. The operation's resources will finance individual consultancy services and firms and will be disbursed and executed in 36 months. The project budget is as follows:

Indicative Budget

Activity/Component	IDB/ Japan Enhanced Initiative for Quality Infrastructure, Resilience against Disaster and Health (JEI)	Total Funding
Component 1: Development and piloting of caregiving training programs	US\$100,000.00	US\$100,000.00
Component 2: Health and care guidelines and protocols	US\$100,000.00	US\$100,000.00
Component 3: Support for the inclusion for PwD	US\$200,000.00	US\$200,000.00
Total	US\$400,000.00	US\$400,000.00

- 3.5 **Monitoring.** The implementation, supervision and annual reporting of the TC will be carried out by the Social Protection and Health Division (SCL/SPH) specialist in CAN/CCO. The Division will cover additional supervision costs, if any, of local supervision or supervision meetings from annually allocated transactional budget resources. The UDR of the Project is located in CAN/CCO.
- 3.6 Monitoring mechanisms include continuous supervision of contracted consultancies, review of their outputs and payments, bi-monthly supervision meetings with the beneficiary, as well as annual reporting on the progress and performance of TC implementation.
- 3.7 **Beneficiaries.** The main beneficiary of this technical cooperation is the Ministry of Equality and Equity of Colombia. However, given the activities contemplated in this operation, the municipalities selected for the training of caregivers for the elderly by this TC and the institutional strengthening for the inclusion of people with disabilities will also benefit.

IV. Executing agency and execution structure

- 4.1 The Ministry of Equality and Equity has requested that the Bank, through the Bank's country office in Colombia, to be in charge of the execution of this technical cooperation, both because of the technical support that the SCL/SPH team can offer due to its previous work with the design and implementation of care systems in the region, the experience designing assessment scales for people with disabilities, and because of its agility in executing resources. The foregoing is in accordance with the provisions of paragraph (c) of Annex II of document OP-619-4. In this sense, Annex I include such request and the non-objection of the Presidential Agency for Cooperation (APC)
- 4.2 The Bank will contract the services of individual consultants and consulting firms, and the production and purchase of materials and licenses, in accordance with the Bank's policies and procedures, bearing in mind that the Bank will be the executor of the resources and the consequent restrictions.
- 4.3 **Procurement.** All procurements to be executed under this Technical Cooperation have been included in the Procurement Plan (Annex IV) and will be procured in accordance with applicable Bank policies and regulations as follows: (a) Procurement of individual consultants, as set forth in the Supplemental Workforce standard (AM-650) and (b) Procurement of services provided by consulting firms in accordance with the Institutional Procurement Policy (GN-2303-33) and its Guidelines.
- 4.4 **Intellectual Property.** Knowledge products generated under this TC will be the property of the Bank and may be made available to the public under a creative commons license. However, at the request of the beneficiary, the intellectual property of such products may also be assigned or licensed to the beneficiary. This process will be carried out in coordination with the Legal Department.

V. Major issues

- 5.1 A risk was identified for the development of this technical cooperation associated with the coordination between different Ministries. In particular, the TC involves the Ministry of Equality and Equity, the Ministry of Health, and SENA. Besides the operation

requires articulation with local governments to implement different activities around the municipal care systems. This may generate delays and reprocessing that would delay the implementation of the CT.

- 5.2 To mitigate these risks, a map of stakeholders with a direct impact on the achievement of the objectives of the TC and the definition and implementation of a strategy to ensure their involvement and effective participation are planned. Likewise, work teams and managers will be included in the project's decision-making and follow-up processes and contingency plans will be developed.

VI. Exceptions to Bank policy

- 6.1 This TC does not provide for exceptions to the Bank's policy.

VII. Environmental and Social Aspects

- 7.1 This Technical Cooperation is not intended to finance pre-feasibility or feasibility studies of specific investment projects or environmental and social studies associated with them; therefore, this TC does not have applicable requirements of the Bank's Environmental and Social Policy Framework (ESPF).

Required Annexes:

[Request from the Client_93964.pdf](#)

[Results Matrix_8833.pdf](#)

[Terms of Reference_51294.pdf](#)