

# The Ingenuity of Social Innovations in Colombia

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In 2020, the Chembe team and I travelled to Colombia to visit two social innovations in health – one in the rural area of Sumapaz, located outside of Bogotá, and the other in the coastal city of Barranquilla. “Social innovation can best be understood as innovation in social relations, power dynamics, governance transformations, and may include institutional and systems transformations.” Both these innovations attribute their success and sustainability to engaging and building relationships with the local community. It has been four years since the visit, but I regularly remember this experience as it shaped the way I view healthcare delivery and the role it can play in empowering a community. Here are three key observations for why these innovations were able to engage so effectively with the community.

Firstly, both projects encouraged the community to be involved in the innovation solution and adapted their solution, based on community feedback. Innovation teams not only listened to the community but made space for members of the community collaborate and learn from one another. In the Sumapaz innovation, rural residents were proud to be delivering health education alongside medical staff. In the Zika innovation, families, especially mothers, were teaching one another how best to deliver rehabilitative care to their children at home. By encouraging the community to participate, community members were able to express their enthusiasm and willingness to play an active role in the innovation and be included in the process towards healing.





Second, the innovation teams, namely medical staff, made a concerted effort to build trust and relational capital with the community. In order to provide medical support and care to the rural community of Sumapaz, innovation teams had to spend a week at a time away from their homes in Bogotá and forgo the higher salaries they could have earned while working in the city. In the case of the Zika innovation, the same highly skilled medical team would travel to Barranquilla and other affected areas monthly to provide specialized care. The dedication, sacrifice and commitment of innovation teams was acknowledged and respected by the community, often fostering personal relationships, while even being invited for lunch in residents homes. By having a deep understanding of the community and building trust with its members, these innovations were able to meet the needs of their patients and families and even provide individualized care.

Lastly, both innovations addressed the social and economic needs of the community as well as their health needs. The Sumapaz innovation provided education around nutrition, growing pesticide-free crops, and using indigenous plants as medicine. In addition, there was a small farm cultivated as part of the innovation where the community could grow and sell crops, acting as a supplementary income source. Similarly, the Zika innovation not only focused on the children but also on their mothers, providing an opportunity for the mothers to create educational networks and even led one mother to establish her own foundation to provide support and education to other mothers. By incorporating social and economic support for the community in the innovation solution, these innovations were not only able to scale but also be sustainable.

**We hope that learning more about these innovations, will inspire you to reimagine what healthcare delivery could look like if we were to involve communities more in our projects.**

## Intergrated Rural Health Project Sumapaz, Colombia

Sumapaz, the mountainous rural area of Bogotá, has roughly a population of 2500 individuals widely dispersed across the region. Historically, Sumapaz was rife with armed conflict, resulting in poor infrastructure and a relatively underprivileged population.



The main source of income for residents is farming and other agricultural activities. However, heavy use of pesticides and poor diet has caused many health issues among residents. One of the greatest challenges facing this community is access to health-care and the quality of it as most residents live in remote, difficult to reach locations in the mountains.



Close to the hospital, a farm has been set up which provides residents with additional sources of income and frequently hosts community events.

Since the introduction of the model 19 years ago, there have been strong improvements in maternal and infant mortality, malnutrition and pneumonia mortality. Additionally, the community is highly engaged with the project and appreciative of the benefits.



The integrated care model for rural areas uses a multidimensional approach by focusing on intersection between health, the environment and the community.

A motivated and creative-thinking team of health workers from a small community hospital in Supapaz travel directly to patients' homes and provide on the spot care. Patients are also educated around healthy diet practices, pesticide-free farming and the uses of medicinal plants.



Zika Children Project  
Barranquilla, Colombia

Between 2015 to 2016, Colombia faced a widespread outbreak of Zika virus disease (ZVD) which impacted approximately 18 000 pregnant women. This prenatal exposure to the virus resulted in 356 babies being born with microcephaly and other congenital defects.

First identified in 1950, cases of ZVD were generally low prior to the outbreak. Hence, there were no clear governmental guidelines and treatment procedures established to treat these children.



A team of specialized medical professionals, from the National Institute of Health in Colombia, were assembled to not only research ZVD but to provide hands-on personalized care for these children and monitor their progress.



With monthly visits, the team has formed personal relationships with the children and their families. Friendships have also been formed among parents and two mothers have even set up their own foundations to help support other mothers in a similar situation.

For Dr. Marcela, team lead, it has been "more than a research job, more than a few foundations, more than a project, it has been a life opportunity...the ultimate thing of being a person, is to help a human being just like you."



Dr. Marcela Mercado Reyes(second left) with Kathryn Segre Linero (middle) and her team.