

The Gelia Castillo Award for Research on Social Innovations in Health (GCARSIH)

Call for Submissions 2022

**ABOUT THE AWARD**

The Gelia Castillo Award for Research on Social Innovations in Health (GCARSIH) aims to recognize the outstanding social innovations that address persistent, societal and health systems challenges. Through the innovators’ experience, we can better understand why and how social innovations create impact, and discover the keys to scale up or integrate these effective interventions into the larger health system.

This Award is open to ongoing social innovations in health **developed by Filipinos for the Filipinos**. The entry must be implemented in the Philippines.

For the purposes of this Award, social innovations in health (SIH) are defined as new solutions (product, services, models, market mechanisms, processes) created by multi-sectoral health system actors. The solutions must address a health need more effectively than existing approaches, and have the ability to enhance people’s capacity to act and take ownership of their own health. Social innovations have health-system changing potential as it changes and strengthens relationships between people and results in a more effective use of available resources.

**WHO CAN SUBMIT AN ENTRY?**

The Award is open to all individuals, groups and institutions that have successfully developed and implemented social innovations in health in the Philippines. Participating institutions may be:

* public or private
* members of the consortium
* scientific, technological and professional societies or associations
* research institutes
* universities and colleges
* others

**HOW TO SUBMIT AN ENTRY**

Step 1. Complete the Submission Entry Form (see below), which includes a comprehensive write-up of the health innovation, a description of future plans for sustainability or scale-up, and relevant supporting documents.

Step 2. Submit your entry in person, via courier or via email on or before **June 17, 2022**.

1. Email: Send to gcarsih@gmail.com with the subject:
GCARSIH SUBMISSION / <Name of Innovation> / <Name of Region>
2. In-person or courier: Please refer to Submission Entry Form for the mailing details.

 **CRITERIA**

1. *Eligibility*. The submitted social innovations in health will be considered for shortlisting based on the following eligibility criteria:
* Developed by Filipino/s.
* Implemented in the Philippines for at least one (1) year
* Based on an identified priority health need of a community or geographical context.
* Complete submission entry form (that has enough information for a fair review) submitted within the set deadline.
1. *Technical Screening.* Submitted entries shall be screed based on the following criteria:
	* A programme, process, product, practice or a market mechanism with a high degree of innovativeness (i.e. new and different in its context)
	* Demonstrated an inclusive process (engagement of community or stakeholders)
	* Demonstrated positive health and social outcomes
	* Not a purely medical or scientific innovation
2. *Selection.* Entries that pass eligibility and technical screening will be scored by an external independent panel of experts based on the following selection criteria:
* **Degree of Innovativeness** (25%) - The innovation provides a novel approach to address a systemic health challenge within its local context, providing an alternative to the status quo.
* **Significance** (15%) - The innovation addresses a health priority of the Philippines (as defined by the National and/or Regional Unified Health Research Agenda), or a priority in a more localized level such as prevalent yet neglected health problem in a town or a marginalized group/ethnic group
* **Participatory & Co-owned** (15%) - Participatory approach is evident in the development, implementation, and evaluation of the innovation (i.e. contributions from various stakeholders: the patients/families, local health personnel, local leaders, other sectors).
* **Potential for Further Research or Scale** (15%) - There are clear plans for further research and development of the innovation. The innovation shows feasibility to be applied, replicated and scaled-up to other communities with similar problems, or integrated into the broader health system.
* **Inclusiveness** (10%) - The innovation has the potential to be used by a large number of people, enhancing equity and access.
* **Effectiveness** (10%) - The innovation has a demonstrated positive outcome on the health challenge it is addressing.
* **Affordability** (10%) - The innovation is affordable to the poor who are otherwise excluded in the local context or the solution is more cost-effective than the status quo.

**SHORTLISTING AND FINAL SELECTION**

The RHRDC will conduct the initial review and shortlisting of submissions based on the eligibility criteria, and endorse the shortlisted entries to the GCARSIH Secretariat. Eligible entries will then be screened based on how the social fits the criteria of social innovation provided above.

The Final Selection will be conducted by an independent panel of experts convened by the GCARSIH Secretariat. The innovations will be scored on a scale of 1-5 in 0.5 increments. The panel may conduct on-site or online validation calls (e.g. telephone or video conference). Only the top 10 finalists for the award will be notified.

The panel has the prerogative not to give the award if the innovations fail to reach the threshold score. The decision of the panel is final.

**PRIZES AND INCENTIVES**

The top innovations in health will receive a **cash prize** (**300,000php** for 1st place, **200,000php** for 2nd place, **100,000php** for 3rd place), **eligibility for funding for a research and development project[[1]](#footnote-1)**, and a **training and mentoring package** with subject matter experts to enable the project to further expand and scale. The training and mentoring package shall be designed to help the top innovation teams create research proposals for further potential funding.

**Frequently Asked Questions**

*Can we submit on behalf of our partner organizations / partner communities?*

Yes, any partner organization involved in the development and implementation of the social innovation in health may submit the entry. The National GCARSIH Secretariat assumes all partners are informed of the submission for consideration for this award. The National GCARSIH Secretariat reserves the right to disqualify entries that have not properly attributed the social innovation described in the entry to the proper organizations/groups/individuals.

*Can social innovations with foreign partners submit for GCARSIH?*

Yes, social innovations in health that have foreign partners or collaborators may be submitted for this Award, so long as there are local organizations/groups/individuals who are co-designer(s) and co-implementor(s) of the innovation.

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The Gelia Castillo Award for Research on Social Innovations in Health (GCARSIH) 2022

**SUBMISSION ENTRY FORM**

Thank you for your interest in sharing your social innovation in health! We are excited to learn about your innovation. Please complete the submission form below, which consists of *two* parts.

You may submit this completed entry form and supporting documents *(see Part 2)* on or before **June 17, 2022** in person, via courier or via email.

1. Email: Send in **.pdf** format to gcarsih@gmail.com with the subject: GCARSIH SUBMISSION / <Name of Innovation> / <Name of Region>
2. In person or courier: Please refer to the last section of this form for the mailing details

*For more information about GCARSIH submission guidelines, please refer to the GCARSIH guide document for submission. If you have any questions, please contact us through* *gcarsih@gmail.com* *or the respective RHRDC in your region.*

**PART 1: About the Innovation**

*Please complete the information in the tables below. This will provide us with a basic overview of your project and the people or organization implementing this project.*

|  |
| --- |
| **Personal Details** |
| 1. | Name of lead innovator |  |
| 2. | Job title / position |  |
| 3. | Office address |  |
| 4. | Phone / Mobile NumberEmail Address |  |
|  |
| **About the Social Innovation** |
| 5. | Name of organization (N/A if not associated with any organization) |  |
| 6. | Year innovation started |  |
| 7. | Sites of operation\**(provinces, regions)* |  |
| 8. | Size of operations*(no. of people working on the innovation)* |  |
| 9. | Website/social media account of innovation, if any |  |
| 10. | Links to external content, if applicable*(links, video, pictures of the organization and/or Innovation)* |  |
| 11. | Phone numberEmail address |  |
|  |
| 12. | Organizational structure/sector *(government agency, hospital, academe, NGO, etc.)* |  |
| 13. | Sources of funding of the innovation |  |

*\*If the innovation is operating in multiple regions, please underline which is the main region of operation or the region with the largest operation.*

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| **About the Social Innovation in Health** |
| 14. | Name of Social Innovation[[2]](#footnote-2) |  |
|  15. | What problem is your social innovation solving?  |
| **Answer: (Max 200 words)** |
| 16. | Describe the social innovation*Please describe the innovation in detail - including the different actors, processes, and products associated with it:*1. *Who initiated the social innovation?*
2. *Who are the main beneficiaries?*
3. *How was the innovation developed? Who participated in planning and implementation? To what extent were the end users/community members involved in the development and implementation of the solution?*
4. *What were the contributions of the different stakeholders? How is/are the community/ies where implementation is being done involved with the innovation?*
5. *What is its current stage of implementation?*
6. *How is it being sustained?*
 |
|  | **Answer**: **(Max 400 words)** |
| 17. | Describe the positive impact of your social innovation *In your answer, you may find it useful to consider the following:*1. *Effectiveness: What health outcomes were improved by the innovation? How did it address the problem/s it intended to solve?*
2. *Affordability: How did it make healthcare more affordable?*
3. *Inclusiveness: To what extent is the social innovation inclusive? How did it improve access and equity? In what ways did it purposefully consider the needs of excluded or marginalized groups?*
4. *How did the social innovation address social determinants of health?*[[3]](#footnote-3) *How did it change behaviors, relationships, roles, and systems?*
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|  | **Answer: (Max 400 words)** |
| 18. | How is your social innovation unique in your context? In what ways does it address the health problem differently than existing approaches? |
|  | **Answer: (Max 150 words)** |
| 19. | Future Plans*In your answer, you may find it useful to consider the following:*1. *What are future plans for your social innovation in terms of sustainability, scale up and research?*
2. *What kinds of support do you need to further your social innovation?*
3. *How can research help improve or scale your social innovation?*
4. *What are the barriers and stumbling blocks in sustaining the social innovation? How do you plan to address these?*
5. *How do you envision it to be integrated into the national health system?*
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|  | **Answer: (Max 300 words)** |

**Part 2: Supporting Documents**

*Please provide documentary proof of your innovation or other relevant documentation.*

*(These may include publications, technical reports, certifications, photographs, or certification from partner institutions if you self-nominate your entry.)*

*You may send the additional documents in separate files, or within this submission form if applicable. Kindly note:*

1. **For supporting documents**: If you are attaching documents in separate files, please make a list of the file name(s) in this section, along with a title or short description of the document.
2. **For online documents**: For documents that are accessible online, please provide the title and link(s) in this section. In cases wherein files will be sent through Google Drive, please grant our official email gcarsih@gmail.com access to the relevant files or folders.

**Annex: List of Addresses for in-person or courier submission**

*Please submit your entry form and supporting documents to the Regional Health Research and Development Consortium (RHRDC) specific to your region.*

|  |  |  |
| --- | --- | --- |
| **Region** | **Mailing Details** | **Address** |
| 1 | RE: GCARSIHDr. Ma Lourdes K. OtayzaRegion I Health Research & Development Consortium | Mariano Marcos Memorial Hospital and Medical Center, Batac, Ilocos Norte |
| 2 | RE: GCARSIHDr. Teresita A. TabaogCagayan Valley Health Research & Development Consortium | #2 Dalanna Paccurofon cor. Matunong St., Regional Government Center Carig Sur, Tugegarao City, Cagayan 3500 |
| 3 | RE: GCARSIHDr. Julius Caesar V. SicatCentral Luzon Health Research & Development Consortium | Department of Science and Technology - Regional Office No. 3 Diosdado Macapagal Govt. Center, Maimpis, City of San Fernando, Pampanga |
| 4A | RE: GCARSIHDr. Melchor Victor G. FriasHealth Research and Development Consortium Region IVA | Room 6301, 3F De La Salle Angelo King Medical Research Center, Gov. D Mangubat Ave., Burol Main, Dasmariñas |
| 4B | RE: GCARSIHDr. Merian C. Manicc to Dr. Ma. Josefina P. AbilayMIMAROPA Health Research and Development Consortium | Department of Science and Technology – MIMAROPA, 4th floor PTRI Building, General Santos Avenue, Bicutan, Taguig City 1631 |
| 5 | RE: GCARSIHDr. Arnulfo M. MascarinasBicol Consortium for Health Research & Development | 2nd Flr Climate Change Building, Bicol University Compound, Sagpon, Legazpi City |
| 6 | RE: GCARSIHDr. Adriano P. Suba-anWestern Visayas Health Research & Development Consortium | Department of Health-Center for Health Development (DOH-CHD) Western Visayas, Mandurriao, Iloilo City 5000 |
| 7 | RE: GCARSIHDr. Enrico GruetCentral Visayas Consortium for Health Research and Development | College of Medicine, Cebu Doctors’ University, Nortth Reclamation Area, Mandaue City, Cebu |
| 8 | RE: GCARSIHDr. Exuperia B. SabalberinoEastern Visayas Health Research & Development Consortium | Department of Health-Center for Health Development (DOH-CHD) Region VIII, Government Center, Candahug, Palo, Leyte 6501 |
| 9 | RE: GCARSIHDr. Chona Q. SarmientoZamboanga Consortium for Health Research & Development | DOST Regional Office No. 9, Capt. Ferdinand Marcos Road cor. Gen. Alvarez St., Pettit Barracks, Zamboanga City, 7000 |
| 10 | RE: GCARSIHDir. Alfonso P. AlambanNorthern Mindanao Consortium for Health Research & Development | Department of Health-Center for Health Development (DOH-CHD) Region X, JV Seriña St., Carmen, Cagayan de Oro City |
| 11 | RE: GCARSIHDr. Warlito C. VicenteRegional Health Research & Development Consortium – XI | DOST Regional Office XI, Davao Medical Center Compound corner Friendship and Dumanlas Roads Bajada, Davao City |
| 12 | RE: GCARSIHEngr. Sammy P. MalawanHealth Research & Development Consortium – XII | DOST-Regional Office No. XII, Philippine National Halal Laboratory and Science Center Bldg., Brgy. Paraiso, Koronadal City |
| BARMM | RE: GCARSIHEngr. Aida M. SilonganBARMM – Health Research and Development Consortium | Ministry of Science and Technology – BARMM, BARMM Complex, Cotabato City |
| CAR | RE: GCARSIHDr. Demetrio P. Anduyan Jr.Cordillera Regional Health Research & Development Consortium | DOST Regional Office CAR, Km. 6, La Trinidad, Benguet 2601 |
| CARAGA | RE: GCARSIHDr. Cesar C. CassionCARAGA Health Research & Development Consortium | Department of Health-Center for Health Development (DOH-CHD) CARAGA, Pizzaro St., Butuan City |
| NCR | RE: GCARSIHDr. Carmencita PadillaMetro Manila Health Research & Development Consortium | MMHRDC Office, GF, UP NIH Bldg., Pedro Gil St., Ermita, Manila |

1. The eligibility for funding for a research and development project will require the organization to be accredited by DOST to release the funding. If the organization is not accredited, you may partner with an accredited institution for the research project. [↑](#footnote-ref-1)
2. For the purposes of this Award, social innovations in health (SIH) are defined as new solutions (product, services, models, market mechanisms, processes) created by multi-sectoral health system actors. The solutions must address a health need more effectively than existing approaches, and have the ability to enhance people’s capacity to act and take ownership of their own health. Social innovations have health-system changing potential as it changes and strengthens relationships between people and results in a more effective use of available resources. [↑](#footnote-ref-2)
3. The World Health Organization defines social determinants of health as “the non-medical factors that influence health outcomes. This include income and social protection; education; unemployment and job insecurity; working life conditions, food insecurity; housing, basic amenities and the environment; early childhood development; social inclusion and non-discrimination; structural conflict; and access to affordable health services of decent quality.” (https://www.who.int/health-topics/social-determinants-of-health#tab=tab\_1) indicate date accessed [↑](#footnote-ref-3)