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Project factsheet information

Project title	Integrated Maternal and Child Health Care Delivery and Training for Community Health Teams in the Philippines
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Partner organizations	Gawad Kalinga; UP Econ Foundation and City Government of Caloocan-Health Department
Total budget approved	AUD 29,600
Project summary	In the Philippines, despite focused efforts to improve maternal and child health, the Maternal Mortality Rate (MRR) rose by 35 percent from 162 out of 100,000 live births in 2009 to 211 in 2011. The Project seeks to contribute to the reduction of maternal mortality rate and improvement of maternal and child health conditions of Filipinos through improved education of Community Health Teams (CHTs) using mHealth technologies. Specifically, the project aims to improve MCH indicators and increase the knowledge and skills of the CHTs in Gawad Kalinga communities to address maternal and child health risks. The expected results of the project are the following: - Improved knowledge and skills among health workers to identify and mitigate the risks for maternal mortality - Increased awareness in the general population of health risks and availability of healthcare services - Availability and use of comprehensive training materials and courses that would be scale-up to the rest of GK communities as well as other NGOs providing care to mothers and children throughout the Philippines. The project will measure improvements in health outcomes between pre and post intervention within the selected GK communities.

Table of Contents

Project Summary

Maternal and child mortality greatly affects the well-being of families, communities, and nations. In the Philippines, the Maternal Mortality Rate (MRR) rose by 30 percent from 162 out of 100,000 live births in 2009 to 211 in 2011. According to the Department of Health, this rate is "alarming" compared to the Millennium Development Goal of the Philippines at 52 out of 100,000 live births. This project recognized two root causes of maternal mortality: 1) poor medical skills and associated training for frontline health providers such as community health workers and nurses, and 2) delay to treatment due to access to medical resources capable of providing life-saving treatment procedures.

This project aims to contribute to the decrease in Maternal Mortality Rate by addressing these two of the root causes of maternal and newborn mortality in the country by using mobile health technologies to improve maternal and child healthcare training for frontline health providers in identifying and mitigating high-risk conditions; and to enable tele-consultation with remote healthcare professionals.

The project is being implemented in selected Gawad Kalinga (GK) communities in Barangay Bagong Silang, Caloocan City. These communities comprises of more than 3000 households. Project interventions include training of the Community Health Teams (CHTs), as frontline health navigators, with mHealth technologies.

At this stage, the project already started developing the iCHT, the automated CHT mobile and web application and the online and offline training platform for CHTs. Though there were challenges encountered in the implementation, the project team was able to strengthen partnerships with different stakeholders in the community. In the coming month, the project will officially take off with a fully developed and integrated mHealth system for CHTs.

With this intervention, the expected results of the project are:

- Increased knowledge and capacity of Community Health Teams (CHTs) in risk assessment and delivering healthcare messages; and of local health care professionals (midwives and nurses) in identifying and managing health risks.
- Improved health-seeking behavior of mothers
- Increase in general population's awareness of health risks as well as services available
- Development of comprehensive training materials and courses that can be replicated to scale up the intervention to the rest of GK communities as well as other NGOs providing care to mothers and children throughout the Philippines

Background and Justification

Despite focused efforts to improve maternal and child health (MCH) in the Philippines, Maternal Mortality Rate (MMR) in the country increased from 162 out of 100,000 live births in 2009 to 211 in 2011[i]. The sharp increase has been attributed to inadequate medical skills and training for frontline health providers (i.e. community health workers) particularly in identifying and mitigating high-risk conditions; and delays in seeking treatment of pregnant mothers.

In 2010, the Field Health Services Information System[ii] (FHSIS) of the Department of Health (DOH) reported MMR to be less than 0.1% in Caloocan City where the Gawd Kalinga project sites are located. However, facility-based deliveries in Caloocan- an urban city with relatively easy access to healthcare facilities, has failed to reach its target of 90% facility-based deliveries. A similar paradox is reflected in data from the National Household Targeting System for Poverty Reduction (NHTS-PR) showing that Caloocan City ranks second for deliveries with Traditional Birth Attendants in the National Capital Region in 2008.

Results from a health survey conducted by GK in Bagong Silang, Caloocan City in 2009 showed that more than 50% of respondents seek health consultations in local government health centers and seek health information from public health facilities[iii]. They only go to the hospital when they are not treated at the health center. Moreover, information gathered from a focused group discussion in one of the GK sites revealed a lack of

knowledge and awareness among mothers about the available healthcare services and how they can avail these services in their area. In particular, the focused group discussion showed that respondents[iv]:

- Do not know the importance of antenatal checkups
- Do not have time to go to the health stations
- Do not want other people to know that they are pregnant especially among the young mothers; and
- Do not know that the antenatal checkups in the health center are free of charge

Government, through the Department of Health (DoH) has organized programs to address this gap, most recent of which is the Registered Nurses for Health Enhancement and Local Service (RN-HEALS) and the deployment of Community Health Teams (CHTs)[v]. RN-HEALS was launched in 2011 and as of February 2013, the DOH has deployed 30,801 nurses for the RH-HEALS program to deliver health care to far-flung communities. On the other hand, the CHT program, which also began in 2011 aims to mobilize 100,000 CHTs- community volunteer-groups tasked to assist families with their health needs, specifically, health information and linkage with appropriate health providers.

CHTs[vi] play a critical role in the delivery of basic health services, especially in helping families navigate the complex healthcare delivery network. They also serve as the primary linkage to higher levels of care and are the main provider of MCH knowledge to mothers. They are at the forefront of addressing the gaps in healthcare delivery because of their first hand knowledge of the health status and behavior of women and other household members. CHTs gain access to the important health information from the data they gather in their regular community visits. With the devolved health care service functions and prevailing local realities in the Philippines, upgrading the skills of CHTs is imperative for them to deliver appropriate and high quality care directly to mothers and children.

At present, delivery of healthcare training to health workers requires significant effort – both time and cost. Such training efforts and adherence to training are also difficult to track and reinforce. This makes it difficult to assess improvements in health outcomes that resulted from upgrading the capacities of CHTs with training efforts. Typically, newly trained health practitioners have no access to training materials at the point of care, and have no easy way to consult with trainers or specialists who are not co-located with field health practitioners. Moreover, current clinical practices do not facilitate coordination of care among health care practitioners such as community health workers, nurses, physicians, and specialists.

ACCESS, through its engagement as one of the lead convenors of the 162 to 52 Coalition- a multi-sectorial coalition of organizations committed to achieve Millennium Development Goals, has seen the potential of mobile health (mHealth) solutions in narrowing these gaps in knowledge and training through comprehensive and scalable solutions developed specifically to deliver MCH interventions to vulnerable populations. The key interventions are encompassing delivery of high quality healthcare, education of frontline health providers, and promotion of health governance in order to create sustainable and pervasive improvements in health outcomes at the community level.

The project challenges the traditional healthcare delivery and training models by using a combination of mHealth technologies to expedite training delivery and point-of-care access to training materials, and enabling teleconsultation[vii]. This will empower CHTs to serve as effective frontline navigators for families, and local midwives and nurses in providing proper referrals of high-risk patients to the right healthcare providers. The project shall make use and integrate existing (mHealth) applications platform that would improve access to training materials on maternal and child health care for CHTs to increase their capacity as frontline health navigators; *and* enable teleconsultation with healthcare professionals who can provide CHTs and mothers with information on proper maternal and child healthcare, risk assessment and mitigation.

This project is being implemented in nine GK communities located in Bagong Silang- the largest barangay in the Philippines located in Caloocan City. GK is a non-profit organization that builds housing communities for the poorest of the poor in the country. They have established housing for more than 62,000 families or more than 300,000 people from vulnerable populations in the Philippines. The project will directly benefit at least 150 CHTs

that will be trained with the project and will indirectly benefit at least 3000 households in the catchment areas of the CHTs to be trained.

Project objectives

The Project seeks to contribute to the reduction of MMR and improve the MCH status by upgrading knowledge and skills of heath workers in addressing risks related to pregnancy and child birth. This will be done through delivering mHealth interventions in education and enabling teleconsultation to remote healthcare professionals. Specifically, the project aims to improve MCH indicators and improve the capacities of CHTs in the GK project sites.

The expected results of the project based on the original proposal are:

- Increased knowledge and capacity of Community Health Teams (CHTs) in risk assessment and delivering healthcare messages; and of local health care professionals (midwives and nurses) in identifying and managing health risks.
- Decrease in unnecessary transportation of patients to health facilities by enabling teleconsultation
- Improved health-seeking behavior of mothers
- Increase in general population's awareness of health risks as well as services available
- Development of comprehensive training materials and courses that can be replicated to scale up the intervention to the rest of GK communities as well as other NGOs providing care to mothers and children throughout the Philippines

There were three proposed modification in the above expected results based on the experience and validation in the field.

First, in the original proposal, expected outcomes include the "decrease in maternal mortality rate". It was realized that a reduction in mortality rate will be difficult to achieve within the duration of the project. Thus, the decrease in MMR in this project is being considered as an impact rather than an outcome.

Second, there are restrictions to the functions of CHTs because of their status as non-medical volunteers. Their role in the community is limited to patient profiling, risk assessment, referral, reporting, information, education and communication, and community organizing. Thus, it was decided that the provision of the teleconsultation would be made available at the level of local health professionals (e.g., nurses and midwives) who supervise the CHTs.

Third, decrease in unnecessary transport of patients to health facilities is quite unreasonable considering the context in the urban area where hospitals and clinics are nearby. This is also counterintuitive to the fact that CHTs are not allowed to provide treatment or clinical management. Hence, the team decided to forgo this indicator and rather focus on the health service delivery indicators such as facility-based Delivery, complete Antenatal check-ups, post-partum and immunization).

Users and uses

The team acknowledges that multi-stakeholder participation and involvement is key to the adoption and scaling up of the project. As such, the team has begun to involve the users in the project implementation. The team identified future users in no particular order and how they can use the project findings.

USERS	USES OF FINDINGS
GK Communities	The members of the GK communities especially the pregnant women are the most important users of the project findings. They are the ones who will benefit greatly from the project since the goal is to integrate positive behavior change from them. Moreover, the success of this project can contribute to the overall achievement of reducing maternal mortality in the country. Thus, to better involve them in the project, communications with them includes coaching and mentoring encompassing empowerment and help them realize that they are the most significant partners in this project. The project team together with the CHTs will also make sure to get whatever feedback from the community regarding the implementation of the project and package them into a document as part of the best practices and lessons learned.
GK Program Development Managers and Community Workers	Fostering and investing in the spirit of volunteerism is at the core of GK. Mobilizing teams of volunteer health workers is crucial for the success of the project. It would therefore be useful for GK program managers to know the findings, lessons learned and the challenges that the project team encountered in mobilizing volunteers. It would also be enlightening to learn the synergies that can be forged with community health workers while working with them as partners, not just beneficiaries. The project can also be scaled up to benefit other GK communities across the country, while the development of an mHealth platform where other solutions can be integrated will facilitate the introduction of other interventions that would benefit GK communities.
Local Government Unit (LGU) – Mayors, Legislative Council, Program Managers like City/Municipal Health Officers and Health Coordinators	Coordination with the LGU is essential to ensure the adoption of the mHealth interventions being developed in the project. Collaboration with relevant LGU instrumentalities will also provide insight into ways that would complement ongoing programs of LGUs. With the delivery of health services being devolved to LGUs, successful implementation of the Project will likewise help them meet their MCH targets through the improved capacity of their CHTs. Moreover, findings and lessons learned from the project could benefit the LGU in implementing the same program within their whole locality, not just in Gawad Kalinga.
Department of Health – Regional Center for Health and Development (CHD)	The learnings captured in the project implementation can be used as inputs to guide the DOH and CHD in the formation of policies that support mHealth solutions as a platform for delivering innovative capacity building interventions that would enhance the skills of the health workers. The information and data that can be derived from this project could help DoH explore possibilities of integrating the same services to their existing health system and provide support for scaling-up.
System Designers and Developers	Project findings related to user experience and the measured increase in the capacities of health workers can inform system designers and developers in developing other applications that can benefit the health sector, especially the health work force. The findings of the project can let them assess on the continuous improvement of the system that would be an important factor in the sustainability of the project and inform them of the testability of the innovation.
162to52 Coalition	The project would provide an avenue for more innovators to enter the health space through partnership with the 162 to 52 Coalition to steadily achieve the MDG target in the Philippines. By providing the Coalition with the information on this project in terms of findings, lessons learned and best practices, it would be easier for them to scale-up in areas that are being prioritized by the Coalition to address MMR.

USERS	USES OF FINDINGS
Academe and Research Institution	The findings of this project would be vital in terms of strengthening research on health-related factors in MCH. If the positive outcome of this project is included in studies from academic institutions, then this would reinforce that the project works and can be adopted on a larger scale. The inform can also be used on developing strategies for scaling-up the project that could generate more data which will advance research in the country.
Non-government Organizations	The findings and lessons learned from this project can be of benefit to other NGOs in adoption and scaling-up the same intervention. Once they know that challenges and best practices the project encountered during implementation, they can develop their own strategies for effective and efficient intervention .
Donors or Funders like ISIF	The findings of the project would strengthen the case for supporting innovative projects that respond to achieving health-related MDGs in the country. The success of the project can strengthen the trust and collaboration between the funders and grantees for future projects. Also, donors can leverage the information for more funding support.
PhilHealth	Philhealth can benefit from the pilot implementation and explore integration or linkage to the primary care benefit packages. Aside from that, the findings could enlighten these governing bodies to improve the progress towards Universal Healthcare by leveraging mHealth services.

Indicators

Baseline	Indicators	Progress	Assessment	Course of action
CHTs have limited access to training materials Delivery of training and capacity building for health workers is not continuous	Developed set of risk assessment, treatment protocols, Extracted training references from relevant sections of best-practice training materials. Users have online and offline access relevant training materials any time Developed mobile/web system to facilitate continuous training from remote trainers and tele-consultation.	Gathering of reference materials have been **completed**. These materials include training modules in powerpoint presentation, videos, eBooks and word documents that are usable for CHTs and Midwives/Nurses. The offline training platform has been **completed** while the online is **on-going**.	An offline-learning platform enables the CHTs to access reference materials even no internet connection and allows them to review instructional videos to help them master the CHT process. The online training platform enables other functionalities such as quizzes and online discussion with trainers/ coach. This allows deeper engagement and interactions with other users.	The offline platform will be tested by mid of September. Meanwhile, the online platform is expected to be completed by 2nd week of September.
	Improved knowledge of CHTs after the training as compared with pre-training assessment Developed training assessment tool	Conducted pre-training assessment using the training assessment tool developed by the team. Result of the assessment is still being processed.	The team developed assessment tools using the following references: • CHT guidelines of the DOH for the CHT assessment tool • Pregnancy, Childbirth, Postpartum and Neonatal Care (PCPNC)viii Guide for healthcare professionals for the assessment tools for midwives and nurses. To ensure that there is continuous support to CHTs and to document issues encountered during the learning sessions the team determined that there is a need for an Assistant Learning Facilitator (ALF) on stand-by to facilitate and mediate learning activities between the trainee and the online trainer/coach. The ALF will also facilitate the gathering and consolidation of information from CHTs (e.g., reports, competency results and queries). The project team also recognized the need to have more coaches/mentors on board to effectively train the CHTs. A call for Volunteer Trainers and Coaches was issued to respond to this need.	Processing the pre-training assessment will be continued and expected to be completed by second week of September. Next steps would be the training of the first batch of CHTs on the use of the mHealth system. This first batch will eventually serve as team leaders and trainers/mentors to the succeeding cohorts who will use the system. Training of CHTs will be conducted end of September. The team will continue to engage volunteers and set-up the eLearning platform for them. The ALF will facilitate the engagement of the Coaches their assigned cohort of CHTs.

Baseline	Indicators	Progress	Assessment	Course of action
Mothers have low awareness on the importance of antenatal checkups. Mothers have low awareness on the benefits of health insurance Paper-based forms were used to capture data, send information and deliver health messages No tracking/monitoring on adherence to the health plans for mothers (no follow-ups for ANC, FBD, and high in TBAs)	Use of mobile application to gather baseline health information data for mothers and children, record identified risk, and provide necessary health messages to household members based on their health status and monitor patience adherence to Health Use Plans (HUPs)	The project team adopted the automated CHT application (iCHT)[ix] for CHTs. The iCHT was developed by UP Econ Foundation under its USAID-funded project. Reverse engineering of the iCHT is 50% **underway.** It is expected to be completed in a month. While this is underway, training for CHTs focusing on their roles was conducted for them to start profiling of households user paper-based forms. A Letter of Agreement for the adoption and reverse engineering of the iCHT was signed with UP Econ.	The reverse engineering of the iCHT system takes longer than expected due to several bugs and glitz of the previous system. Some features also needs redesigning such as making it cloud-based and with additional features like SMS and IVR.	The team and Elis Corp will work closely with UP Econ to complete the iCHT v.2. Household profiles will be gathered to be entered into the system together with the profiles of CHTs and service providers. The development of Health Use Plan and delivery of health messages will be done after the training using the iCHT system.
Paper-based forms being used in health profiling Patients are given referral forms when referred to the nearest clinic or hospital.	Nurses/Midwives at the health stations can include patient information/record in the household profile for electronic filing and easy sharing to both patients and to other facilities when necessary.	Teleconsultation app has been developed initially by ClickMedix and validated with the midwives and nurses in the health stations. However, upon validating the form with the midwife in the local health center, they disregarded the questionnaire as it was not the one they have been using. There was a delay on the revisions of the questionnaires in the ClickMedix patform.	After validating the app developed by ClickMedix and undelivered necessary revisions, we decided not to use the app. Instead, the existing forms being used by the midwife/nurse at the health center will be integrated in the iCHT system as captured photo.	Feature in the iCHT system will be developed that will capture health station forms and integrate in the patient profile.

Project implementation: understanding the chain that leads to results

Building partnerships in the initial implementation stage of the project was essential to ensure the project's success. The ACCESS team through its network, formalized ties with institutions and key partners from the community, technology industry and local government to leverage resources and ensure the relevance of the project's output.

ACCESS and GK share a common aspiration to reduce poverty in the Philippines. ACCESS pursues this goal by championing the attainment of MDGs for health as a key strategy to increase our people's productivity and competitiveness while GK pursues the same by providing decent living conditions to the poorest of the poor in the communities it serves. The partnership shall create shared value for both parties where ACCESS can rely on the health volunteers of GK in the implementation of the project, and GK sites will benefit from the project as the team is planning to cascade this to other GK sites in the country to improve health outcomes in their communities.

Recognizing the devolved health service delivery function of the health sector in the Philippines, gaining the support of the Caloocan City LGU is an important step for the project's success. For instance, the team would require the LGU's authorization, specifically from the City Health Office (CHO) to gain access to local health data from local health stations, coordinate with CHT trainers of the LGU, and to secure the participation of local health professionals such as doctors, nurses and midwives who are assigned to the project sites.

ACCESS also partnered with BridgeCom, Globe Telecommunication's Corporate Social Responsibility arm who provided 25 mobile devices and internet connectivity to the three selected health stations in the project area. This support, amounting to AUD6000 was of great help to the project in terms of providing more services on the training part.

Working with project beneficiaries from the GK community provided important inputs and feedback to the team. The focus group discussion with GK beneficiaries conducted prior to the project implementation helped set the objectives for the entire project. The team organized consultations with the GK community health workers on their roles as volunteers, the current health situation in the community and the types of services they get from the health stations. An outcome of thee consultations is a mapping of the service delivery network in the area and the flow of services. The team also made a presentation to midwives and nurses in the three local health stations in the project site with the aim of gaining their support and gathering suggestions on improvements to the project implementation design. The healthcare professionals and health volunteers expressed enthusiasm in participating in the project.

Figure 1 mHealth App Demo to Midwife and Health Volunteers

The team faced several challenges in this term. These challenges involved LGU engagement, limited human resources for training, and systems development.

Majority of the challenges in dealing with the Caloocan LGU related to the local elections this year. City officials were generally preoccupied with preparations for the elections in this transition period and so it took the team three months to get the support of the newly-elected local chief executives in the LGU and newly-appointed officials in the CHO.

While initial work on system development was performed by ClickMedix, the main technology partner for the project, we learned that University of the Philippines School of Economics Foundation, Inc (UP Econ) has developed an Intelligent Community Health Team (iCHT) system - an automated

Figure 2 Consultation Meeting with City Health Office CHT Coordinator

version of the CHT forms and processes, from household profiling to referrals and monitoring of patients adherence to health services that we are supposed to develop. Adopting the iCHT platform of UP Econ for the project proved to be more efficient and would prevent the duplication of initiatives by other health sector development organizations in the country. So we decided to partner with UP Econ and adopt the iCHT system.

Upon further evaluation of the iCHT platform, the team determined that the system lacks certain features that are important to achieve the goals of the project. UP Econ also had some issues on acquiring the source codes for the system from their technology partner. To work around this issue, the team deemed that there is a need to re-engineer the iCHT. To do this, the team elicited the assistance of ELIS Corp., another technology partner who committed to re-engineer and also add features to the iCHT that would support the attainment of project

objectives. The team then was inclined to reconsider partnership with ClickMedix in terms of fulfilment of expected deliverables from them.

Figure 3 Pre-training Assessment

While the development of iCHT v.2 is underway, the team conducted the pre-training assessment and training of new CHTs using the paper-based forms. After the training, the new CHTs started to do the household profiling using the paper forms. Each CHT was assigned at least 50 households each.

After a week some volunteers backed out as they cannot deliver the task given their other responsibilities as health volunteers and with no incentives. Because of this concern, we get the participation of the existing CHTs from the City Government who have been doing their job as CHTs using the paper-based forms and enlisted them to be part of the program using the iCHT system. As of now, we have 31 CHTs covering 50-60 household each.

Figure 4 CHT Training: Module 1 Lecture

Figure 5 CHT Training: Filling-up of Form

Figure 4 CHT Training: Simulation

You can find more photos here.

Input	Project activities	Outputs	Outcomes	Timeline	Status	Assessment
Hired Project Manager for 12 months to lead in project implementation, consultation and research.	Inventory of existing manuals/modules and training materials on MCH for health workers conducted from various health organizations like DOH, MHO, other NGOs and USAID Projects. Baseline data gathering thru consultation and interview and assessment test	ACCESS Grid Portal (inventory of MCH reference materials, powerpoint presentation and videos for health workers; Roster of CHTs to be trained as Leader/Trainer and CHT Members; List of Households per GK Site; List of healthcare service providers in the project area – Service Delivery Network)	The project team, partners and beneficiaries could easily access related information on the project online (e.g., training materials, list of CHTs, households, healthcare providers, etc.)	03/15-05/15: Coordination with different organizations for relevant materials, search online, and selection of the most relevant references. 03/15 – 04/15: Consultation and data gathering in the community with the help of GK Health Coordinator and volunteers 04/05: Service Delivery Design Workshop with GK and Clickmedix	Started	The project team found out several materials related to community health and the role of CHWs. Other data to be gathered from the community include complete listing of GK households from the Caloocan CHO, Kapitbahayan, and local health stations. Putting up the ACCESS Grid portal helped the team easily access all the necessary information related to the project.
Contracted Software Developer and designer to develop CHT mHealth system	Development of offline training platform for CHTs	Offline eLearning Platform (html)	CHTs can access reference materials on their mobile device offline with easy navigation and in one platform	08/15-08/30: Development of offline eLearning platform	Completed	The team still has to evaluate the user interface of the offline eLearning platform
	Development of online training platform	Online eLearning Platform	CHTs can access training materials and references on the web or any mobile devices online	08/15-09/05: Development of online mTraining platform	Ongoing	The team is using existing eLearning site for the online training platform, still has to be tested as soon as it is completed.
	Digitized forms for CHTs	Digitized CHT forms on the Clickmedix Platform	CHT forms were digitized	04/30-05/15 digitizing of the CHT Forms into Clickmedix platform.	Completed but further modification /development was cancelled	There were needed improvements to the forms Clickmedix made. So the team decided to stop it and continue with the adoption of iCHT which system was already tested and only modifications are needed.
	Reverse engineering and improvement of the iCHT system	iCHT v.2	CHTs will have a complete mHealth system on household profiling, delivery of health messages, development of HUPs and monitoring/tracking of patient adherence HUPs	08/23-10/23: Reverse engineering of CHT	Started	The reverse engineering and improvement of the iCHT will take at most two months because of its complex system and embedded content such as videos.
	Questionnaires for teleconsultation developed and is being reviewed by a part-time consultant (MD) after it was reviewed by midwives in the health center	Teleconsult System v.1		05/01-05/15 Review of the existing teleconsult questionnaires 05/16-06/30: Validation of the teleconsult forms with the local midwives and nurses.	Ongoing	The iCHT will be improved to add features on capturing health forms used at the health center and include in the patient profile.
Capacity-building	Pre and post training assessment tools developed. Pre-training exam for health workers was done.	Pre-training assessment tools Pre-training assessment results	Baseline information on the knowledge and skills of health workers on their roles is determined	07/15-0815: Development and translation of Training Assessment Tools 08/28: Conduct of Pre-training assessment for health workers	Completed. Completed.	The pre-training assessment for CHTs was administered. The test results are being processed. Training for CHTs on their roles will start by 1st week of September. To familiarize them with the forms, the paper-based forms will be used while the iCHT is being reverse engineered.

Project outputs, communication and dissemination activities

Project outputs	Status	Assessment	Dissemination efforts
ACCESS-Grid Portal	Work in progress	Project-related information uploaded to the portal to facilitate easy sharing of information online. This contains the training module and reference materials, list of CHTs to be trained, assessment tools and results, etc. This is a work in progress as we are still improving its interface, flow of information and we will be adding information that are relevant to the project, based on the progress of its implementation	So far, the portal is internal to the project team, while working on design and flow of information is being finalized. The link to this portal will be shared to our partners to provide them with access information online.
Offline eLearning Platform (html)	Completed 08/28	The offline eLearning platform has been completed and will undergo testing by selected CHTs. The contents were a combination of powerpoint presentation, videos and eBooks with combination of Filipino and English language. The offline platform can be used only if it is installed in the tablet, while the online platform can be accessed by anybody with the link with internet.	The content of the training platform is being shared through the ACCESS Grid portal.
Online eLearning Platform (Moodle)	Work in progress	Online eLearning platform with the same module as the offline platform has been started and in progress. The team still has to add quizzes to the platform	
iCHT v2	Work in progress	Reverse-engineering of the iCHT began this week. The negotiation process between UP Econ and ACCESS took longer than anticipated because of matters related to the adoption, ownership, accountability and support of each organization on the deployment of the system. It would take a maximum of two months to be developed.	The team acknowledged that iCHT is an original product of UP Econ under a USAID-funded project. Once redeveloped and improved, the project team will turn over the source code of the basic iCHT to UP Econ while improvements to be made by the project would be owned by the project. UP Econ agreed to acknowledge the effort and resources devoted by the project team to iCHT. For scaling-up the program, both parties are willing to work together to come-up with a sustainable strategy for the iCHT (e.g., reaching out to LGUs on the adoptions of iCHT, providing training program, technical support, etc.). UP Econ would also help the project team conduct an evaluation on the improved version of the iCHT.
Teleconsultation System v1 and Guideline	Work in progress	The forms were reviewed and the Teleconsultation process flow will be improved.	The Teleconsultation System Guideline will be used by remote healthcare professionals. This guideline can also be disseminated through the UP Econ Foundation as additional features of iCHT.
Assessment tools	Completed	Assessment tools for both CHTs and healthcare professionals assigned in the health stations were developed.	These materials are uploaded in the ACCESS Grid portal and can be accessed by other organizations and partners.
Pre-training assessment results	Work in progress	Assessment for CHTs has been administered but the results are to be processed. Assessment for healthcare professionals is still in-progress. The nurses/midwives have their own schedule to take the assessment considering their work schedule at the health center.	The assessment results will be uploaded in the ACCESS Grid Portal. The results also will form part of the evaluation study to be made for the project, which will be shared to partners, beneficiaries, local government units and DOH.

Project outcomes

The project has not achieved the project outcome yet at this stage.

Project management and sustainability

ACCESS Philippines is a lean organization that works through a partnership approach, co-creating value with established partners in the development sector. The Philippine team also draws administrative support and some guidance on health care service delivery and research from ACCESS offices in other countries, most notably in India. To leverage resources and guarantee the smooth execution of the project, the team actively consulted with the GK communities, partner institutions and the local government to gather data, create and finalize the project framework, determine the scope and limitations of the project, and elicit suggestions on ways to improve the project's implementation plan. This process would ensure that the buy-in of the different sectors at play is secured and that available resources from the community, local government and private sector partners will be tapped and leveraged accordingly.

The partnership approach of ACCESS contributed immensely to achieving project objectives and creating shared value to all those who participated in the process. Working in GK sites as the partner community inspired the team as we witnessed the spirit of volunteerism alive in the community health volunteers of GK. The project was an ideal avenue to demonstrate this social good in action. The community leaders were very active in the networking efforts of the project team and they displayed commitment to the project because they see the value it would bring to their communities. To sustain this enthusiasm, the project team ensures that their inputs and feedback are taken in every step of the process.

There are other institutions that helped move the project forward this term. For instance, Molave Development Foundation, an ISIF grantee from the Philippines shared valuable insights they learned from implementing the Safe Motherhood Project. The partnership with UP Econ would allow for easier adoption of the technology by other LGUs as it supports the Universal Healthcare Program of the DOH. Meanwhile the support provided by the Bridgecom in providing mobile devices and internet connectivity will enable the team to reallocate resources for more other activities related to building the capacities of GK CHTs. There were also individual doctors and health program managers who devoted their time and expertise on a voluntary basis to assist the team in creating the process workflows and provided us relevant materials to be used in the project.

Other key strategies deployed by ACCESS involved knowledge process outsourcing and volunteer mobilization. Some of the knowledge work involving transcription, translation and coordination work was delegated to a business processing organization. The team released a call for volunteer doctors and nurses to assist in developing the assessment tools, research design and data gathering in the GK communities.

To build on the gains of the project, sustain its implementation and ensure the adoption for other project sites, the ACCESS team is developing a diaspora funding campaign that targets the local and international donor network of GK.

Impact

The project has no observed contribution to expected impact at this stage.

Overall Assessment

Because of the challenges enumerated above, the project has not completely taken off and is still half-way in meeting the objectives set for the initial implementation stage. The team at this point remains optimistic because of the good will and support coming from partners who recognize its possible contributions to improving the lives of people in communities such as GK. This would also provide for a stronger foundation for the progress of the project even beyond the grant cycle. What is key now in moving forward is to actively engage these groups to solidify the ties and the commitments that have been initiated.

In terms of research capacity, the project enabled the team to consider a more participatory approach to crafting project implementation plans with different stakeholders. Conducting a thorough situational analysis that would account for factors such as timing (as in the case of local elections this year), and scoping of other institutions who are doing comparatively similar work could have been done earlier to avoid the bottlenecks encountered in this phase of the project.

Recommendations

To reinforce the main lessons learned in this term of the project, a participatory approach to planning and execution will be adopted in succeeding phases. It is also important to seek guidance from other organizations and individuals with technical and subject matter expertise to iron out anticipated challenges.

A forum thread or information exchange platform among the ISIF grantees would be very helpful to share relevant subject matter advise, opinions and materials based on each experiences in similar project implementation.

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