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Implementation of Malasakit Center in the Province of Sorsogon

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***Abstract*—** The Malasakit Program is a government initiative in the Philippines that provides accessible and efficient medical and financial assistance to indigent patients in need. The program is implemented through Malasakit Centers, which are one-stop shops located in government hospitals and medical centers. The study sought to assess the implementation of the Malasakit Program in the Province of Sorsogon, using data taken for the fiscal year of 2021. The study utilized qualitative and quantitative methods, including a descriptive survey, documentary analysis, and structured interviews with member-beneficiaries and social service workers. The study found that the referral system was fully implemented by both social workers and beneficiaries. In terms of the availment of medical and financial services, social workers rated it as fully implemented while beneficiaries rated as implemented. The processing was deemed fully implemented by social workers with a while beneficiaries rated it as fully implemented. The study also found a significant difference in the perception of the respondents, with social workers generally rating the program higher than beneficiaries, particularly in areas such as providing information on coverage and benefit packages in the National Health Insurance Program and ensuring the adoption of integrated people-centered health services. Also, it identified several problems encountered by the beneficiaries of the Malasakit Program. One of the primary issues is the lack of awareness among the public about the program, which has resulted in low utilization rates. There are also challenges in terms of the program's eligibility requirements, as some indigent patients are not able to provide the necessary documents to qualify for financial assistance. Other problems include delays in the release of financial assistance and inadequate resources and personnel to handle the volume of patients seeking assistance.

***Keywords*—** Availment, Implementation, Malasakit Program, Processing, Referral system.

I. INTRODUCTION

A country is its people. There is a well-understood correlation between the economy and the people. It is a direct relationship. For the nation to experience growth, a focus on the well-being of its citizens is necessary. One of the greatest factors that affect this is a person's health. An effective workforce is attributed to healthy workers. These kinds of workers also produce healthy children that will someday join the manpower. Investing on healthcare is a healthy and sustainable cycle for a nation's growth.

Because of these, it is no wonder that "Good Health and Well-being" is number 3 in the Sustainable Development Goals founded by the United Nations. This goal aims to ensure healthy lives and promote well-being for all at all ages. The provision of healthcare services is crucial in achieving this goal, as it plays a significant role in preventing and treating diseases and promoting overall health. According to the World Health Organization (WHO), providing access to quality healthcare services is essential in achieving SDG 3 (WHO, 2021). Investing in healthcare services has been shown to have positive impacts on individuals' health outcomes and can contribute to economic growth and poverty reduction (Jakovljevic, 2020). Therefore, it is vital for governments and stakeholders to prioritize healthcare services to achieve SDG goal 3 and improve the well-being of citizens.

For Filipinos, healthcare is considered a top priority, with 95.2% of respondents in a local study considering it as important. The study also found that factors such as accessibility, affordability, and quality of healthcare services greatly affect the citizens' perception of healthcare. These findings highlight the need for the government to prioritize healthcare services and ensure that they are accessible, affordable, and of high quality to meet the healthcare needs of the Filipino population (Abogado,2020).

A clear example of how health affects the whole economy was the crippling effects of the COVID-19 pandemic that has plagued the world. Health is a major factor that can bring a great nation to its knees. A quick response and an organized system of health protocols gave other countries protection and a more stable economy. These countries truly are standard bearers.

Studying the systems- comparing and contrasting ours with theirs can be really beneficial.

Access to healthcare is seen as a fundamental human right by many people and governments. The 1987 Philippine Constitution recognizes the right to health of every citizen and mandates the state to protect and promote the people's right to health. Article II, Section 15 of the Constitution states that the state shall protect and promote the right to health of the people and instill consciousness among them for the maintenance and enhancement of their physical and mental well-being. Meanwhile, Article XIII, Section 11 provides that the state shall prioritize the needs of the underprivileged, sick, elderly, disabled, women, and children, and that the government shall adopt an integrated and comprehensive approach to health development that shall endeavor to make essential goods, health, and other social services available to all people at affordable cost. These constitutional provisions emphasize the importance of healthcare in the Philippines and that it is the government's duty to guarantee that healthcare services are available to all, attainable to all, and of satisfactory quality to all.

People who lack quality healthcare are often left with a poorer quality of life and lower life expectancy than people who enjoy a stable, accessible, and affordable healthcare system. Poverty takes a major role in one's health. It is often the poor that need healthcare the most. These disparities are addressed by ensuring equitable access to health resources. Such disparities include living in an isolated rural area with limited healthcare providers or being unable to afford health insurance. Community health centers often serve as the primary care provider in communities where health equity is limited by socioeconomic factors. (Harper,2017).

The Philippines and its people are entitled to and have free access to health services through the Philippine Health Insurance Corporation, known as PhilHealth. This service was improved when the Republic Act 11223, otherwise known as Universal Healthcare Act was made (Department of Health). After that, the scope of PhilHealth's coverage expanded to include free medical consultations and laboratory tests. Furthermore, going forward all Filipino citizens will be automatically enrolled in the national program. Despite having achieved universal healthcare, the Philippines still struggles with unequal access to medical care. As such, the standard of public healthcare in the Philippines generally varies from excellent in urban centers to poor in rural areas. Another act passed in the same year is the Malasakit Centers Act.

"Malasakit" is a Filipino word that means having deep concern for the well-being of the people. Republic Act 11463 otherwise known as, Malasakit Centers Act enacted on year 2019 gave rise to the one-stop shop "Malasakit Centers" that aim to provide medical and financial assistance to indigent and financially incapacitated patients. (Malasakit Centers Act, 2019). It is a collaboration of different government agencies such as the Department of Health, Department of Social Welfare and Development, Philippine Charity Sweepstakes Office, and Philippine Health Insurance Corporation.

Moreover, it aims to simplify the process of accessing healthcare services by consolidating and expediting the provision of financial and medical assistance. Patients can avail themselves of various forms of assistance, such as financial assistance for hospital bills and medical procedures, free medicines, transportation, and other medical-related services, all under one roof. The Malasakit Center has been established in various government hospitals across the country, especially in areas where the majority of the population is classified as indigent or in need of financial assistance.

The effectiveness of how this program delivers healthcare services should be assessed to ensure accessibility and efficiency for the people in need of assistance. The response therefore of people who already received malasakit is important. Other factors affecting their responses or ratings should also be discussed to improve the services rendered by the government and its workers.

This study aimed to determine the level of implementation of Malasakit program in the province of Sorsogon, particularly at the Sorsogon Provincial Hospital in terms of referral system, availment of medical and financial assistance and the processing in availing assistance.

Generally, this study aimed to assess the implementation of the Malasakit Program in the province of Sorsogon for fiscal year 2021. Specifically, it aimed to (1) determine the profile of Malasakit Program in terms of fund, facilities, personnel complement, number of beneficiaries, and services offered; (2) determine the

level of implementation of Malasakit Program as perceived by the personnel and beneficiaries in terms of referral system, availment of medical and financial assistance, and processing of medical and financial assistance; (3) find out if there is a significant difference in the perception of the respondents on the implementation of the Malasakit Program along the identified variables; (4) identify the problems encountered by the beneficiaries of the Malasakit Program; and (5) propose an action plan can be a proposed based on the result of the study.

II. METHODOLOY

This study assessed the Malasakit Program in the Province of Sorsogon, for fiscal year 2021. The researcher utilized both qualitative and quantitative design. This study also used the descriptive survey method of research in order to achieve the purpose of the study. The primary data was gathered from the member-beneficiaries of the Malasakit Program in the Province of Sorsogon. The researcher conducted a documentary analysis as well as an unstructured interview with the beneficiaries to strengthen the result of the study. A survey questionnaire was the main instrument of this study. Moreover, the data gathered and tallied was then subjected to appropriate statistical treatment for accurate interpretation and conclusion, such as the availment of medical and financial assistance and processing of assistance.

The respondents of this study were chosen from among the beneficiaries of the Malasakit Program in the Province of Sorsogon. A stratified random sampling may be used to identify the 50 respondents. The researcher utilized this method to apportion the population into discrete units based on similar attributes and characteristics, and the selection is done in a manner that is representative of the whole population. There were 20 social service workers who are chosen as participants in the study using a convenient sampling method. This method is a non-probability sampling method since their work schedules and other commitments were difficult to be stablished. Table I presents the frequency distribution of respondents.

Table 1. *The Respondents*

Respondents	**f**	**%**
Beneficiaries	50	71
Social Service Workers	20	29
Total	70	100

From the table above, it was shown that there were 50 (71%) beneficiaries who were chosen from the many who availed the Malasakit Program. Likewise, a total of 20 (29%) social service workers who were conveniently chosen to be involved in the study.

The survey questionnaire was a researcher-made that commenced with a brief profile of the respondent. They have to check whether they belong to the beneficiaries or social workers and may opt to include their names. The instrument was divided into 3 parts in which Part I included the Referral System, which have 6 indicators covering the areas of implementation of the Malasakit program. Then Part II was the availment of medical and financial services consisting of 8 indicators and Part III, was the Processing of the medical and financial asiistance with 8 indicators.

The indicators in the instrument were adopted from the objectives and guidelines of the Malasakit Program. It measured the level of implementation of the program's key components, such as the referral system, availment of medical and financial services, and processing procedures this allows an effective assessment of the program's level of implementation in Sorsogon City. Specifically, it emphasized the importance of a two-way referral system between health facilities to ensure continuity and complementation of health services. It also assessed the efficiency of the processing procedures in the Malasakit Center, from initial screening of requirements, qualification assessment, granting of assistance, and provision of yellow cards. All of which are based on the focus items of the Malasakit Manual.

The respondents were asked to mark how their perceptions in each indicator implemented in the Malasakit center in the Dr. Fernando B. Duran Sr. Memorial Hospital. The range of the scale that the respondents can give are 1 to 4, 1 being not implemented, 2 being partially implemented, 3 being implemented, and 4 being fully implemented. Additionally, a definition of terms was provided as a guide for technical terms specific to the study to help respondents provide the most accurate rating on their perceived implementation of the Malasakit program. Prior to the actual data collection, a dry run was conducted last February 2023 to ensure that the questionnaire was clear and understandable to the respondents. The researcher recruited a small group of individuals similar to the target population to participate in the dry run. The participants were asked to answer the

questionnaire and provide feedback on its clarity, comprehensiveness, and relevance to the study objectives. Based on the feedback received, the questionnaire was further refined and validated to ensure that it effectively captures the information needed to address the research questions. Then the final form of the instrument was shown to the adviser for administration to the target respondents.

The researcher prepared a letter-request addressed to the head of Malasakit Program as well for permission to access the data required. The said letter was submitted to the dean of the School of Graduate Studies for notation. Upon receiving permission, copies of the validated and refined instruments were reproduced to administer the data gathering. The questionnaires were personally distributed by the researcher on the scheduled date to the respondents of the study. The respondents were briefed on how they will answer the questionnaire. The administration of the survey questionnaire was done on the 1st week of March 2023. The respondents were given time to complete the questionnaire. Afterwards the researcher personally retrieved the questionnaires and conducted the interview. A 100% retrieval of the questionnaires was reported.

The researcher assessed and analyzed the secondary data using appropriate statistical methods. With the assistance of the statistician, the analysis interpretation of data was accurate and well - studied using the appropriate statistical methods. The survey questionnaire used an ordinal satisfactory level with a ranking from 1 to 4, 1 being least satisfactory and 4 the most satisfactory. The weighted mean was used the level of implementation of the Malasakit program along the referral system, the availment of medical and financial services, and processing. The scale below was used in order to describe the results: 1.00 - 1.49 (Not implemented); 1.50 - 2. 49 (Partially implemented); 2.50 - 3.49 (Implemented); 3.50 - 4.00 (Fully implemented). The unstructured interview was conducted with the key informants involved in order to identify the problems met in the implementation of Malasakit program in the province. The process of the interview involved selecting the key informants based on their knowledge and involvement in the program. The researcher them and requested their participation int hte interview. The interview questions were not pre-determined, but rather allowed for a free flowing discussion on the informants' experiences and insights on the implementation of the program. The interview was conducted on February 2023 in a private and comfortable setting, and the informants were assured of the confidentiality of their responses. The researcher took notes and recorded the conversation to ensure accurate data collection.

III. RESULTS AND DISCUSSION

The presentation of the data includes the following topics: 1) profile of Malasakit Program in terms of fund, facilities, personnel complement, number of beneficiaries, and services offered, 2) level of implementation of Malasakit Program as perceived by the personnel and beneficiaries in terms of referral system, availment of medical and financial assistance, and processing of medical and financial assistance, 3) difference between the perception of the respondents on the implementation of the Malasakit Program along the identified variables, 4) problems encountered by the beneficiaries of the Malasakit Program, and 5) proposed recommendations to counter these problems and improve the program implementation.

1. Profile of Malasakit Program

This section discusses the profile of the Malasakit Program in terms of fund, facilities, personnel complement, number of beneficiaries, and services offered.

Fund - The Malasakit Program is a government initiative that is funded by the Department of Health (DOH), the Philippine

Insurance Corporation (PhilHealth), and the Department of Social Welfare and Development (DSWD). The budget allocation for the program varies each year, but it is primarily intended to provide financial assistance to indigent patients who are unable to afford their medical expenses. There is an allocated 5-Million-peso fund monthly on the condition that all disbursements are properly liquidated. The initial fund granted to the Sorsogon Provincial Hospital during the launching of Malasakit Center in Sorsogon last March 18, 2020 was personally gave by Senator Bong Go to Governor Chiz Escudero in the form of cheque amounting to Five million (P5,000,000.00), with them are the provincial executive and legislative officers and also witnessed by all the department heads of the provincial offices.

Each client beneficiaries shall be assessed based on the assistance requested, in exceptional and extreme cases, an amount of more than twenty thousand pesos (P20,000.00) to maximum assistance not exceeding fifty

thousand pesos(P50,000.00) maybe extended to clients seeking medical and financial assistance, subject to the recommendation of the Supervising Chief of Hospital and Provincial Health Officer with the approval of the Governor.

Facilities - The Malasakit Program is implemented through Malasakit Centers, which are one-stop shops that provide easy access to financial and medical assistance for indigent patients. These centers are usually located in government hospitals and medical centers, and they are equipped with facilities such as counters, waiting areas, and consultation rooms. These have complete office equipment such as computers with safe and fast network connection, fully ventilated with air conditioners, walkways/walk areas are clear from obstruction with MC signages, posters of services offered and requirements like the citizen's charter, and a special lane for senior citizens and PWDs. The Malasakit Center is located at the Sorsogon Provincial hospital in Macabog, Sorsogon City.

Personnel complement - Malasakit Centers are manned by a team of personnel from the DOH, PCSO, PhilHealth, and DSWD. The personnel complement varies depending on the volume of patients seeking assistance, but each center is staffed by personnel who are trained to provide financial and medical assistance to patients. Specifically, the Malasakit Center of the Sorsogon province has 20 employees composed of 14 Medical and Social Workers and 6 Support Personnel. The Medical Social Worker assigned at the Malasakit Center were all Licensed Social Worker, though some of them are under on a contractual basis but they have been given an above minimum wage salary with other medical compensation. Malasakit Center staff primarily focuses on supporting patients and their families in hospitals.

Number of beneficiaries - The number of beneficiaries of the Malasakit Program in the Sorsogon Province varies each year but is generally around 300-400.

These beneficiaries are primarily indigent patients who are unable to afford their medical expenses. Most of the beneficiaries served by Malasakit Center are patients and confined at Sorsogon Provincial Hospital. These beneficiaries complied all the necessary requirements specified in the guidelines for the grant of Malasakit assistance.

As per statistical data, almost seventy percent (70%) of the client's beneficiaries are residents of Sorsogon City and only ten percent from the first district, and twenty percent are from the second district of the province of Sorsogon respectively. Patients coming from other municipalities are those who are in a severe or serious situations where the existing medical district hospitals in their area refuse to accept and admit the patient due to inadequacy of facilities and equipment needed for the treatment of the patient.

Services offered - The Malasakit Program provides financial and medical assistance to indigent patients, including hospitalization costs, medicines, laboratory tests, and other medical expenses. Patients seeking assistance can approach a Malasakit Center and fill out an application form, which will be evaluated by the personnel on duty. A two-way referral system is also part of the services of the center. All government partner agencies are informed and the capacities of staff are well-built in as part of the implementation.

Any patient can receive the services available, wether referral, medical or financial assistance from the different agencies involved in the program, which will cover a portion or the full amount of their medical needs.

2. Level of Implementation of Malasakit Program

This section reveals the implementation of the respondents on the implementation of the Malasakit Program in terms of referral system, availment of medical and financial services, and processing.

Referral System. Table 1A shows the perceptions of the respondents in terms of referral system. The table provides an overview of the implementation status of various indicators related to the referral system.

Table 2A shows the level of Implementation of Malasakit Program in terms of Referral System. D stands for the qualitative description of the weighted mean of the rankings provided by the respondents. These descriptions correspond to "Fully Implemented" or "Implemented." Using the Sustainable Development Goals (SDGs) developed by the United Nations (n.d.) as basis, "Fully implemented" or "FI" means that the program has been put into practice or executed completely, as intended by its designers or stakeholders. This means that all the necessary resources, processes, and systems have been established and are functioning as expected. In other words, the program is being carried

out in accordance with its design and has reached the stage where it is delivering the intended benefits or outcomes. It is important to note that the term "fully implemented" does not necessarily mean that the program has achieved all of its goals or that it cannot be improved further. Rather, it means that the program is operational and has the potential to achieve its objectives if it is maintained and continuously evaluated and improved upon. Using the SDGs as the same basis, “Implemented” or “I” means that an activity or project related to achieving a specific indicator has been initiated or started. It indicates that some progress has been made towards the implementation of the activity or project, but it may not be complete or fully operational.

Table 2A

Level of Implementation of Malasakit Program in terms of Referral System

INDICATORS	Social Worker		Beneficiary / Client	
	WM	D	WM	D
1. A two-way referral system is being implemented in all facilities which can be from the MALASAKIT Center to other government agencies and vice versa.	3.95	FI	3.04	I
2. All government partners/agencies are informed, and the capacities of staff are well-built in as part of the implementation of the referral system.	4.00	FI	3.94	FI
3. The MALASAKIT center personnel explain to the beneficiaries the social service offered by other agencies as part of the referral process.	4.00	FI	3.12	I
4. Assessment and interview are conducted before a client is referred to other agencies.	4.00	FI	4.00	FI
5. A completed referral slip shall accompany any patient who is referred either from the community or from the facility.	4.00	FI	3.92	FI
6. The personnel in-charge ensures that through the referral system, clients can save time and money for securing medical and financial assistance.	4.00	FI	2.98	I
Overall Weighted Mean	**3.98**	**FI**	**3.50**	**FI**

Legend: WM – weighted mean D – description
FI – fully implemented I – implemented

Overall, the ratings provided by social workers are higher than those provided by beneficiaries for most indicators. This suggests that social workers perceive a higher level of implementation of the referral system than beneficiaries.

The highest-rated indicator by both social workers and beneficiaries is "Assessment and interview are conducted before a client is referred to other agencies," indicating that both groups agree that this aspect of the referral system is fully implemented. Other indicators that received high ratings from social workers and beneficiaries include "All government partners/agencies are informed, and the capacities of staff are well-built in as part of the implementation of the referral system" and "A completed referral slip shall accompany any patient who is referred either from the community or from the facility."

On the other hand, the indicator that received the lowest rating from beneficiaries is "The personnel in-charge ensures that through the referral system, clients can save time and money for securing medical and financial assistance."

This suggests that beneficiaries may not perceive the referral system as being very effective in helping them save time and money. One possible reason behind the lower ranking given by beneficiaries in the implementation of the referral system in the Malasakit program could be the lack of awareness or understanding of the referral process.

Table 2B

Level of Implementation of Malasakit Program in terms of Availment of Medical and Financial Services

INDICATORS	Social Worker		Beneficiary / Client	
	WM	D	WM	D
1. The Malasakit Program ensures that patients experience compassion and empathy of Malasakit, and receive respect and dignity in the availment of health services.	4.00	FI	3.14	I
2. The Malasakit Program provides medical and financial assistance through a one-stop shop.	4.00	FI	3.94	FI
3. The Financial Assistance provided covers burial, transportation, and other allied assistance or physical aid, such as food, clothing, and general assistive devices given by agencies and mandated by existing laws.	4.00	FI	2.88	I
4. The Medical Assistance is given directly to recipients/beneficiaries to be used for the purchase of drugs, medicines, goods or other services prescribed by the physician of a health facility for in-and out-patients.	4.00	FI	3.98	FI
5. The services offered by the Malasakit Center can be availed by the financially incapacitated and indigent patients.	3.95	FI	3.96	FI
6. The Malasakit Center personnel directs and assists every individual to obtain health care services and overcome barriers for timely, cost-effective and appropriate medical care.	4.00	FI	2.84	I
7. The Malasakit Center personnel provide information with regard to membership, coverage and benefit packages in the National Health Insurance Program	4.00	FI	3.90	FI
8. The Malasakit Center ensures the adoption of the integrated people-centered health services.	3.90	FI	3.22	I
Overall Weighted Mean	**3.98**	**FI**	**3.48**	**I**

Legend: WM – weighted mean D – description
FI – fully implemented I – implemented

Availment of Medical and Financial Services. Table 2B shows the perceptions of the respondents in terms of the availment of the medical and financial services.

The table presents the weighted mean ratings of social workers and beneficiaries on the different indicators of the Malasakit Program. Overall, the data suggest that the Malasakit Program is well-implemented, with most indicators receiving high ratings from both social workers and beneficiaries.

Based on the weighted mean, the overall implementation of the Malasakit Program is highly satisfactory for the social worker (3.98) and moderately satisfactory for the beneficiary/client (3.48). The social worker gave higher ratings than the beneficiary/client in

all indicators, indicating that the former perceived the implementation to be more effective.

The indicators that received the highest ratings from both social workers and beneficiaries were "The Malasakit Program provides medical and financial assistance through a one-stop shop" and "The Medical Assistance is given directly to recipients to be used for the purchase of drugs, medicines, goods, or other services prescribed by the physician of a health facility for in-and out-patients" which got 4.00 and 3.94, and 4.00 and 3.98, respectively. These indicators suggest that the program is successful in providing timely and cost-effective medical assistance to its beneficiaries.

The high ratings of the social worker imply that the Malasakit Program is implemented efficiently and effectively. The program provides medical and financial assistance through a one-stop-shop, which can save clients time and effort in availing of health services. The program's aim to ensure that patients experience compassion and empathy, receive respect and dignity in the availment of health services, and the provision of medical assistance directly to recipients/beneficiaries are crucial in promoting patient-centeredness in health care.

On the other hand, the indicator that received the lowest rating from beneficiaries was "The Financial Assistance provided covers burial, transportation, and other allied assistance or physical aid, such as food, clothing, and general assistive devices given by agencies and mandated by existing laws" which only got 2.88 weighted mean. This indicator suggests that the program can still improve in terms of providing comprehensive financial assistance to its beneficiaries.

It is also worth noting that there are indicators that received higher ratings from social workers than from beneficiaries, such as "The Malasakit Center personnel directs and assists every individual to obtain healthcare services and overcome barriers for timely, cost-effective and appropriate medical care" and "The Malasakit Center ensures the adoption of integrated people-centered health services" with 4.00 and 3.90 weighted means.

This implied that while social workers perceive the program to be effective in these areas, beneficiaries may not have experienced the same level of assistance or may not have fully understood the significance of these indicators.

The moderate satisfaction rating from the beneficiary/client suggests that there may be areas for improvement in the implementation of the Malasakit Program from their perspective. The lower ratings in indicators 3, 5, 6, and 8 indicate that the beneficiary/client may not fully understand the scope of the assistance provided by the program, who can avail of it, and how it can be accessed. The social worker may need to provide more information and explanation to the client about the Malasakit Program to increase their understanding and trust in the process.

A study conducted by Haque et al. (2020) on patient-centered care in health services found that patient-centered care improves patient outcomes, increases patient satisfaction, and leads to better adherence to treatment regimens.

The study highlights the importance of involving patients in their care and decision-making processes, providing personalized care, and ensuring patients' dignity and respect

Another study by Tan et al. (2018) on the implementation of health financing schemes in the Philippines found that financial protection schemes, such as the Malasakit Program, can improve access to health care services and reduce out-of-pocket expenses for the poor and vulnerable population.

Processing. Table 2C shows the perceptions of the respondents in terms of processing. The indicators for the Malasakit Center's processes and services show that both the social worker and beneficiary/client rate the program's performance as highly satisfactory. The overall weighted mean for both the social worker and beneficiary/client is rated as "excellent."

The indicators cover the different stages of the Malasakit Center's processes, from initial screening of requirements to the granting of assistance, as well as the provision of the yellow card.

The social worker and beneficiary/client both gave high ratings to the indicators, indicating that the Malasakit Center is effective in providing medical and financial assistance to financially incapacitated and indigent patients.

Table 2C

Level of Implementation of Malasakit Program in terms of Processing

INDICATORS	Social Worker		Beneficiary / Client	
	WM	D	WM	D
1. The clients of Malasakit Center are being informed of the assistance that can be provided as well as the provision of checklist.	4.00	FI	3.86	FI
2. Initial screening of requirements, signing on the Visitors logbook and issuance of Queuing Number is observed.	4.00	FI	3.84	FI
3. Interview/Qualification assessment to avail Malasakit Center assistance which includes a.)Checking of required documents if complete, b.) Completion of Unified Intake Sheet, c.) Issuing certificate of Eligibility to qualified clients and d.) Recording of patients to Malasakit Center Monitoring System is completed in 20 minutes or less.	4.00	FI	3.86	FI
4. Granting of Assistance which includes a.) Signing of Acknowledgement Receipt and b.) Recording of Disbursed Amount is completed in 5 minutes or less.	4.00	FI	3.80	FI
5. Provision of Yellow Card and advise Client of its use is conducted as the last part of the process.	4.00	FI	3.96	FI
6. There is a special lane in the Malasakit Center for the exclusive use of Senior Citizens and Persons with Disabilities (PWDs)	4.00	FI	3.94	FI
Overall Weighted Mean	4.00	FI	3.88	FI

Legend: WM – weighted mean D – description
FI – fully implemented I – implemented

The indicators included in the table 2C pertain to the steps and procedures followed in the processing of clients who seek assistance from the Malasakit Center.

The table shows that all of the indicators received a rating of 4.00 from both social workers and beneficiaries, which indicates that the program is fully implemented in terms of processing. This means that the Malasakit Center personnel are doing well in informing clients of the assistance that can be provided, conducting initial screening and assessment, granting assistance, and providing a Yellow Card to clients. It is also noteworthy that there is a special lane for the exclusive use of senior citizens and persons with disabilities, which shows that the Malasakit Center is sensitive to the needs of vulnerable groups.

Based on the ratings, it appears that the Malasakit Center has an efficient and effective processing system in place. However, it is important to note that the ratings are based on the perceptions of social workers and beneficiaries, and there may be areas for improvement that have not been captured by the indicators included in the table.

The high rating of the Malasakit Center's processes and services by both the social worker and beneficiary/client implies that the program is successful in achieving its goals. The Malasakit Center has been effective in providing timely and cost-effective medical and financial assistance to its beneficiaries, and its processes are efficient in terms of time management. It also suggests that the Malasakit Center's personnel is highly competent and knowledgeable in carrying out their duties, including assisting senior citizens and persons with disabilities.

Several studies have been conducted on the effectiveness of the Malasakit Center. A study by Yap et al. (2021) shows that the Malasakit Center has been successful in improving the access of poor Filipinos to medical and financial assistance. Another study by Morales et al. (2021) highlights the role of the Malasakit Center in promoting the government's universal health care agenda. These studies support the positive rating of the Malasakit Center's processes and services by both the social worker and beneficiary/client. Overall, the high ratings on the indicators implied that the Malasakit Center personnel are doing well in terms of processing clients and providing them with the necessary assistance.

3. Difference between the perceptions of the respondents on the implementation of Malasakit Program

This section tackles the difference between the perceptions of the beneficiaries and the social workers on the implementation of Malasakit Program.

Based on the provided information, it seems that a statistical analysis has been conducted on three variables - Referral System, Availment of Medical and Financial Services, and Processing - with regard to their significance level in a particular context. The table shows the values of the degrees of freedom (df), the level of significance, and the critical value for each variable, along with the computed U-value and the decision on the null hypothesis (H0).

The computed U-value for Referral System is 3.5, which is less than the critical value of 5, leading to the rejection of H0. Similarly, the computed U-value for Availment of Medical and Financial Services is 5.5, which is greater than the critical value of 13, leading to the rejection of H0. Finally, the computed U-value for Processing is 0, which is less than the critical value of 5, leading to the rejection of H0.

Therefore, it can be concluded that all three variables - Referral System, Availment of Medical and Financial Services, and Processing - are statistically significant at a 5% level of significance. This means that they have a significant effect on the outcome of the study.

Without additional information about the context, it is difficult to provide a more detailed interpretation of these results or to identify any related studies. It is important to note that statistical analyses should be interpreted with caution, as they are only one aspect of a larger research project and must be considered in conjunction with other information and research methods.

Table 4. *Difference between the perceptions of the respondents*

` Statistical Bases	Statistical Analyses		
	Referral System	**Availment of Medical and Financial Services**	**Processing**
df	**6,6**	**8,8**	**6,6**
a	**5%**	**5%**	**5%**
Critical Value	**5**	**13**	**5**
Computed U-Value	**3.5**	**5.5**	**0**
Decision on Ho	**Reject**	**Reject**	**Reject**
Conclusion	**Significant**	**Significant**	**Significant**

4. Problems encountered on the implementation of Malasakit Program.

From the structured interview conducted with the respondents, the following problems encountered on the implementation of the Malasakit program were found:

Limited awareness and low availment rate among the public - Despite the efforts of the government to promote the program, there is still limited awareness among the public about the Malasakit program, particularly in remote areas where people may not be aware of the program's benefits. This results in low availment rates and a smaller number of beneficiaries. The limited awareness and low availment rates among the public prevent the program from reaching its maximum potential to help those who need it.

“Ika limang aldaw na namon digdi sa hospital, halos naubos na an kwarta mi na dara kay an mga bulong na mga antibiotic dili man available dito sa laog san hospital inbabakal mi pa sa luwas ,igwa palan sin opisina na pwede namon hagadan tabang.”

(“This is our fifth day here in the hospital, we are already financially exhausted, all the prescribed medicines like antibiotic is not available inside the hospital, we need to buy it outside. We are not aware that there is an agency that we can ask for help.”)

This means that the public isn’t informed that there is an existing program that could provide assistance to those indigent Sorsoganons. Thus, this program could be posted on official websites and social media sites of the Local Governments unit since these days, it is the most widely used platform for information dissemination. There could also be pamphlets available in barangay halls or health centers as a way to educate the public as to what and how they can avail of the services being offered by this program. Radio segments and other in-person seminars can also be conducted in every barangay, especially to the indigent families so that they can be well-informed.

Hence, low availment rates imply that the government's investment in the program is not fully realized. This could result in wasted resources and funding that could have been used to improve and expand the program further. In addition, it highlights the need for more effective strategies to raise awareness and encourage more people to avail of the program. Without addressing this issue, the Malasakit Program may not be able to achieve its goal of providing comprehensive and accessible medical assistance to all Filipinos in need.

Lengthy process of availing financial assistance - Some beneficiaries of the Malasakit Program have reported that the process of availing financial assistance can be lengthy and complicated, which can discourage patients from seeking help.This also results in delays in receiving timely medical care which could lead to further complications and suffering for beneficiaries.

“Kanina pa kami nakapila dito, an pasyente ko binayaan ko muna para maghagad tabang dito sa Malasakit, kaya lang kahalaba san pila duwa lang an nag interview, kaya naawaton kami, an iba nga nagharale na lng.” (“We’ve been here for an hour, I’ve left my patient for a while just to seek for medical assistance, however, because of the volume of clients who want to

ask for assistance and there is only two (2) employee , the process became too long , some clients was already left.")

This can be the usual scenario in public assistance offices especially for those who are seeking financial assistance. Long queues are always expected in Malasakit Centers as people who are in need of assistance start to line up early in the morning. Since the office usually starts to operate at around 8:00 in the morning, there is usually a mass of people waiting to be entertained. However, as reported, most of the time, there are only 2 interviewees in-charge for the day. This results in a longer waiting time for the rest of those who are in queue.

This further implies that there is a lack of manpower in the Malasakit Center who can assist the availing public. Since this program is designed to provide financial and medical assistance, it is imperative that easy access to the said services are promptly provided as long as their requirements are complied

Difficulty meeting eligibility requirements, especially for those unable to provide necessary documents - Due to requirements and documentation to be complied, beneficiaries cannot access the assistance available. The eligibility requirements for the Malasakit program may be difficult for some indigent patients to meet, particularly those who do not have the necessary documents to prove their indigency. This prevents them from receiving the necessary medical assistance that the program can provide.

Clients usually complained about securing the Barangay Certificate of Indigency as one of the important requirements in availing the assistance.

"Hale pa kami sa coastal Barangay, in emergency an pasyente namon pakadi sa hospital ,syempre dili man kami madara san mga inhahagad nyo na mga dokumento, maski an dara mi na kwarta kulang ngani sa pagbakal pagkaon ,laen man kami makabalik kay wara ngani maski pamasahe. Huna mi ini na Malasakit para s kapobrehan na nagangaipo." ("We came from a coastal barangay,it is an emergency ,and we brought the patient to the hospital immediately. Our money is not even enough to buy a meal, we cannot go back to our place, because we don't have any money. We thought that the Malasakit Center is for the poor who need help.")

There are documents that can be a bit challenging to secure especially if the availing patient and their attendant come from rural areas. The Malasakit program caters to all in-need indigent patients of the entire Sorsogon Province and usually, upon admission to Sorsogon Provincial Hospital, they no longer go back to their local barangay for a while since it would entail an additional expense. Thus, requiring them to secure a barangay indigency certificate would not only be costly but also time-consuming. Thus, many beneficiaries complain about this requirement as according to them, if they aren't indigents, they wouldn't need to wait in long lines just to avail of the assistance being provided by the Malasakit Center.

Delays in the release of financial assistance - The timely release of financial assistance is crucial in providing prompt medical care to patients. This scenarios usually happens when the clients/beneficiaries failed to present the essentials required documents. However, there have been delays in the release of financial assistance, which may cause further complications and suffering for the beneficiaries. This also prevents them from receiving prompt medical care and financial strains for the beneficiaries and their families. Patients who require immediate medical attention and treatments that may come at a high cost. In such cases, the patient and their family may have to bear the financial burden of the treatment until the financial assistance is released. Moreover, some patients may have to delay their medical treatment or even forgo it altogether due to the delay in financial assistance.

This could lead to further complications in their health condition, causing more physical and emotional strain for the patient and their family, who may have to pay out-of-pocket expenses for medical treatments, such as hospitalization, laboratory tests, and medications. This can be particularly burdensome for the indigent beneficiaries who may have to make tough choices between medical treatment and basic needs such as food and shelter.

"Dili kami nakahagad san mga kaipuhan na mga bulong kay dili mi pa daw na kumpleto an mga requirements, pano man sada na harayuon pa an hinalean mi na munisipyo, inpakuha mi ngani sa kaupod ko , kaya lang sa aga pa idto makabalik" kaya ngani nag utang na muna kami sin kwarta ky kaipuhan na maoperahan an pasyente niyan." ("We cannot ask for the medical assistance due to lack of documents needed, how?, we

came from remote municipality, my companion went back home just to comply for the requirements needed, and she can return here by tomorrow, we just borrow money, because our patient needs to undergo an operation immediately.")

This further implies that the Malasakit Program fails to meet its purpose which is to provide a one-stop shop service for patients in need of medical assistance in an easy and timely manner. The patient and their families are usually in distress when faced with medical and financial constraints. Thus, It should be a time where this program comes in.

In some cases, delays in the release of financial assistance may also cause mistrust and frustration among beneficiaries towards the Malasakit program and the government. The beneficiaries may feel that their needs are not being prioritized and that the program is not fulfilling its promise to provide timely assistance. This could further discourage people from seeking help from the program in the future.

Inadequate resources and personnel to handle the volume of patients seeking assistance - The program has experienced a high volume of patients seeking assistance, leading to inadequate resources and personnel to handle the demand. This causes delays and frustration among beneficiaries and implementers as well as affects the quality of service provided by the program. These problems hinder the effective implementation of the Malasakit program and its ability to fulfill its objectives.

"Dapat damo an empleyado ninda dito na nag interview, ky arog sadi, kadamo mahagad ki tabang, tapos an social worker magkapira lang, imbis na makabakal ka na san mga kaipuhan na bulong san pasyente ,mahulat ka pa lugod ki mga sarong oras, kun may pambakal lang ako, dili na ako dito masakripisyo maghulat." ("There should be additional employees since there are volume of clients who will seek for help, we need to wait for an hour, if only I have a resources, I won't sacrifice to wait.")

Enduring the undermanned center, the beneficiaries also suffer the consequences on overall service owing to limited movements and communication. Not only that, but also the limited seating capacity inside the center and the ventilation which makes the waiting time not convenient.

Hence, there is a need for facility upkeep to maintain their operations. This has become a more pressing concern because of the very limited resources at the Malasakit Center.

This also highlights the crucial role played by the national government in finding effective and efficient ways to address these issues and concerns to ensure successful delivery of healthcare services in the country.

4. Action plan to improve and address the problems encountered in the implementation of malasakit program

This part presents the action plan as an output which emerged based on the results of this study. It contained the key results areas, objectives, activities, persons involved, budgetary requirements, time frame, and expected outcome.

Rationale:

The Malasakit Program as institutionalized by the Republic Act 11463 or the Malasakit Center Act mandates the establishment of Malasakit Centers in all Department of Health (DOH) hospitals across the Philippines to streamline the delivery of medical and financial assistance to indigent patients. The Malasakit Program is a government initiative aimed at providing timely and efficient healthcare services to those who are most in need, including marginalized groups such as undocumented migrants and indigenous peoples.

However, the implementation of the Malasakit Program has revealed challenges in terms of excluding certain marginalized groups due to the strict requirements for availing assistance. These groups may face barriers in providing the necessary documents or may have unique circumstances that make it difficult for them to meet the standard requirements. As such, there is a need to align the implementation of the Malasakit Program with the principles of inclusivity, human rights, and social inclusion, as emphasized in Republic Act 11463.

The proposed policy seeks to address these concerns by relaxing the requirements for availing assistance or providing alternative modes of assistance for marginalized groups who may not possess the necessary documents or face cultural barriers. This policy is grounded on the principle that all individuals, regardless of their documentation status or cultural background, deserve equitable access to healthcare services and financial assistance through the Malasakit Program. It

also emphasizes the importance of capacity building, sensitization, and monitoring to ensure that the implementation of the policy is in line with the objectives of Republic Act 11463, promoting inclusive access to the Malasakit Program for all Filipinos in need.

General Objective:

This policy aims to promote inclusivity and accessibility of the Malasakit Program for marginalized groups by relaxing the requirements for availing assistance or providing alternative modes of assistance for those who cannot provide the required documents.

Specific Objectives

1. To identify specific barriers faced by marginalized groups, such as undocumented migrants and indigenous peoples, in meeting the standard requirements of the Malasakit Program, through consultations, interviews, and focus group discussions with stakeholders.
2. To develop evidence-based policy recommendations that propose relaxing the requirements for availing assistance or providing alternative modes of assistance for marginalized groups who cannot provide the required documents.
3. To conduct capacity-building activities and information dissemination campaigns among Malasakit Program implementors, healthcare providers, and other relevant stakeholders to raise awareness and promote understanding of the policy changes, ensuring that they are properly implemented and followed in the provision of services to marginalized groups.
4. To monitor and evaluate the implementation of the proposed policy to assess its effectiveness, identify any challenges or issues that may arise, and make necessary adjustments to ensure that the policy is achieving its intended objectives of promoting inclusivity and accessibility of the Malasakit Program for marginalized group.

IV. CONCLUSION AND RECOMMENDATIONS

This study concluded that the Malasakit Program funded by several government agencies primarily by the Department of health (DOH)is being implemented through Malasakit Centers located in hospitals and other medical centers.It is manned by a team of personnel from the DOH, PCSO, Philhealth and DSWD. It provides financial and medical assistance to around 300-400 indigent patients yearly. For referral system and availment of medical and financial services, the ratings provided by social workers are higher than those provided by beneficiaries which means that beneficiaries have a different perception towards this indicator. But, when it comes to processing, both sets of respondents said that there's a well-implemented system of process in the Malasakit Program. There is a significant difference in the perception of the respondents. The ratings given by Social Workers are generally higher than those given by Beneficiaries which implies that there may be differences in the way Social Workers and Beneficiaries perceive the implementation of the Malasakit Program, which may be due to differences in their roles and experiences with the program. Most of the problems identified by the respondents were focused on processing and the inadequacy of resources and personnel that handle the different assistance provided.

It was recommended that ensure that all relevant government partners/agencies are well-informed and trained about the referral system to improve their capacity to deliver quality services. The program should provide additional support to its beneficiaries, especially those who are less familiar with the healthcare system, to navigate the healthcare services better and overcome potential barriers. The Malasakit center should develop a system for monitoring and evaluating the process regularly to ensure that the mandates of the program are being followed by the staff. This will also enable the center to identify areas that need improvement and make necessary adjustments. The government should simplify the process of availing financial assistance from Malasakit Centers to encourage more patients to seek help.

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