

Assessment of the Malasakit Program in Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium (DJNRMHS)- Tala: Basis for a Proposed Action Plan towards Improved Healthcare Access

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Abstract

This study evaluated the implementation of the Malasakit Program at Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium–Tala (DJNRMHS) to determine its effectiveness in improving equitable healthcare access among economically disadvantaged patients. Anchored on the New Public Administration Theory, the study examined the program in terms of relevance, value orientation, social equity, and change, assessed the relationship between beneficiaries' demographic characteristics and program implementation, identified implementation challenges, and proposed an action plan for program improvement. A parallel mixed-method research design was employed, involving 417 respondents composed of 395 beneficiaries selected through quota sampling and 22 program implementers selected through total enumeration. Data were collected using researcher-developed, validated, and reliable questionnaires and analyzed using frequency, percentage, weighted mean, and Chi-square test, while qualitative responses were used to identify implementation strengths and challenges. The findings revealed that the Malasakit Program was generally Highly Implemented, with beneficiaries consistently providing higher ratings than implementers across all implementation dimensions. Age and gender showed significant relationships with beneficiaries' assessment of the program, whereas civil status, educational attainment, and monthly family income did not. Qualitative findings identified accessibility through the one-stop-shop mechanism, financial assistance, and competent personnel as major strengths, while inadequate funding, staffing shortages, and limitations in facilities and logistical resources remained key implementation challenges. The study concludes that the Malasakit Program effectively improves healthcare accessibility and financial protection for underserved populations but requires strengthened funding, human resources, infrastructure, inter-agency coordination, and continuous program evaluation to sustain its effectiveness. The study supports Sustainable Development Goal (SDG) 3: Good Health and Well-Being by promoting equitable healthcare access and SDG 10: Reduced Inequalities by improving financial protection for vulnerable populations. Its findings contribute to public health, institutional, and governance sustainability by providing evidence that can guide improvements in healthcare service delivery, policy implementation, and equitable access to quality healthcare services.

Keywords: Accessibility, Healthcare Access, Malasakit Program, Public Health, Social Equity, Universal Health Coverage, Value Orientation

1. Introduction

Access to healthcare remains a fundamental human right and a key determinant of socioeconomic development. Strong primary healthcare systems improve health outcomes, reduce financial burdens, and enhance quality of life while supporting productivity and national development. In the Philippines, despite improvements in health indicators, significant disparities in healthcare access persist due to financial constraints, unequal distribution of health resources, workforce shortages, and infrastructural limitations (World Health Organization, 2022). These challenges have prompted the government to strengthen Universal Health Coverage (UHC) through policies and programs that improve equitable access to healthcare, including the establishment of the Malasakit Program under Republic Act No. 11463. The Malasakit Program consolidates medical and financial assistance from key government agencies to reduce catastrophic health expenditures among indigent patients and improve access to essential healthcare services. Evaluating its implementation is therefore essential in determining its contribution to equitable healthcare delivery, evidence-based governance, and sustainable public health development.

1.1 Background of the Study

Despite healthcare reforms, equitable access to healthcare remains a challenge in the Philippines because of high out-of-pocket expenses, inadequate healthcare infrastructure, workforce shortages, and fragmented service delivery (World Health Organization, 2022; Ulep and Uy, 2021). The Malasakit Centers Act of 2019 (Republic Act No. 11463) established

Malasakit Centers to integrate the services of the Department of Health (DOH), Department of Social Welfare and Development (DSWD), Philippine Health Insurance Corporation (PhilHealth), and Philippine Charity Sweepstakes Office (PCSO), ensuring that financially disadvantaged Filipinos receive timely medical assistance (Senate of the Philippines, 2020). This study evaluates the implementation of the Malasakit Program at DJNRMHS by examining beneficiaries' demographic characteristics, assessing program implementation in terms of relevance, value orientation, social equity, and change, identifying implementation challenges, and proposing recommendations to improve healthcare access. As a major government referral hospital serving marginalized communities, DJNRMHS provides an appropriate setting for evaluating the effectiveness of the Malasakit Program (Department of Health, 2024; DJNRMHS Annual Report, 2023; DJNRMHS Utilization Report, 2023).

1.2 Themes and Insights from Related Literature

The literature emphasizes healthcare accessibility, financial protection, demographic factors, and health system governance as major determinants of equitable healthcare delivery. Studies indicate that population growth, demographic changes, and geographic disparities continue to increase demand for healthcare services, highlighting the need to strengthen Universal Health Coverage (Philippine Statistics Authority [PSA], 2021; World Bank, 2023; WHO, 2024). PhilHealth has expanded financial protection and healthcare utilization; however, socioeconomic inequalities, administrative challenges, and limited outpatient coverage continue to affect equitable access (PhilHealth, 2022; Philippine Statistics Authority [PSA] & ICF, 2022; Santos & Villanueva, 2023). Research also shows that hospital classification, uneven healthcare infrastructure, and demographic characteristics—including age, sex, education, civil status, and income—influence healthcare utilization and access (Department of Health [DOH], 2022; Bauer and Lim, 2024; Lopez & Enriquez, 2023; Villanueva & Santos, 2022). Studies on the Malasakit Program generally report positive outcomes in improving financial assistance, patient satisfaction, and healthcare accessibility. However, implementation challenges remain, including limited public awareness, documentary requirements, staffing shortages, administrative delays, and continuing out-of-pocket expenses (Lagarde & Martizo, 2023; Santiago et al., 2020; Habon et al., 2023; Cruz, 2023; Ross et al., 2022; DOH, 2018; PhilHealth, 2019; Javier et al., 2021). These findings support the need to further evaluate the implementation of the Malasakit Program in improving equitable healthcare access.

1.3 Local, National, and Global Context

Globally, equitable healthcare access is recognized as essential for achieving Universal Health Coverage (UHC) and improving population health. The World Health Organization emphasizes strengthening primary healthcare systems to ensure quality services without financial hardship (World Health Organization, 2022). Despite global progress, healthcare inequalities remain evident, particularly among low-income and vulnerable populations. Nationally, the Philippines has implemented major healthcare reforms, including the Universal Health Care Law and the Malasakit Centers Act, to improve healthcare accessibility and financial protection. PhilHealth serves as the country's primary health insurance provider, while the Malasakit Program integrates assistance from the Department of Health (DOH), Department of Social Welfare and Development (DSWD), Philippine Health Insurance Corporation (PhilHealth), and Philippine Charity Sweepstakes Office (PCSO). However, challenges such as uneven healthcare infrastructure, workforce shortages, geographic disparities, and high out-of-pocket expenditures continue to affect healthcare utilization (Department of Health [DOH], 2023; PhilHealth, 2023; World Bank, 2023; Dayrit et al., 2020). Locally, Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium-Tala (DJNRMHS) serves a large population of economically disadvantaged patients who rely on government healthcare assistance. As a Level III government referral hospital, DJNRMHS provides an appropriate setting for evaluating the implementation of the Malasakit Program and its effectiveness in improving healthcare access among underserved communities (Department of Health, 2024; DJNRMHS Annual Report, 2023; DJNRMHS Utilization Report, 2023).

1.4 Theoretical or Conceptual Basis

This study is anchored on the New Public Administration (NPA) Theory, which emphasizes relevance, value orientation, social equity, and change in public service delivery (Frederickson, 1980; Marini, 1971). The theory supports evaluating whether public programs address societal needs, promote ethical governance, ensure equitable distribution of services, and remain responsive to changing public demands. The conceptual framework examines the implementation of the Malasakit Program based on beneficiaries' demographic characteristics and four implementation dimensions: relevance, value orientation, social equity, and change. It also considers the relationship between respondents' profiles and program assessment, identifies implementation challenges, and uses the findings as the basis for an Action Plan to improve healthcare access and service delivery at DJNRMHS.

1.5 Research Gaps and Rationale

Previous studies have demonstrated that the Malasakit Program improves healthcare accessibility, financial assistance, and beneficiary satisfaction (Lagarde & Martizo, 2023; Santiago et al., 2020; Habon et al., 2023). However, research also reports continuing implementation challenges, including limited awareness, documentary requirements, staffing shortages, administrative delays, and persistent out-of-pocket healthcare expenses (Cruz, 2023; Ross et al., 2022; DOH, 2018; PhilHealth, 2019; Javier et al., 2021). Despite these findings, limited studies have comprehensively evaluated the

implementation of the Malasakit Program at Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium–Tala (DJNRMHS) using the dimensions of relevance, value orientation, social equity, and change, while examining the relationship between beneficiaries' demographic characteristics and their assessment of program implementation. This study addresses this gap by generating evidence that can support improvements in program implementation, healthcare access, and public service delivery.

1.6 Alignment with Relevant Sustainable Development Goals (SDGs)

This study primarily supports Sustainable Development Goal (SDG) 3 – Good Health and Well-Being by evaluating the implementation of the Malasakit Program, which aims to improve equitable access to healthcare and reduce financial barriers among indigent patients. Specifically, the study aligns with Target 3.8, which promotes Universal Health Coverage (UHC), including access to quality healthcare services and financial risk protection (United Nations, 2015). The study also supports SDG 10 – Reduced Inequalities by examining whether the Malasakit Program promotes equitable healthcare access regardless of beneficiaries' socioeconomic characteristics. Through assessing relevance, value orientation, social equity, and change, the study contributes to identifying strategies that reduce disparities in healthcare delivery among vulnerable populations. Furthermore, the study is consistent with the Harmonized National Research and Development Agenda (HNRDA), which prioritizes strengthening health systems and promoting evidence-based governance (Department of Science and Technology, 2017), the research directions of the Commission on Higher Education (2019), and the Polytechnic University of the Philippines Research Agenda, which emphasizes public administration, governance, and social development (Polytechnic University of the Philippines, 2019).

1.7 Importance of the Study to Multidisciplinary Sustainability

This study contributes primarily to public health sustainability by providing evidence on the effectiveness of the Malasakit Program in improving healthcare accessibility and financial protection for indigent patients. Its findings may support improvements in healthcare delivery, program implementation, and equitable access to essential health services. The study also contributes to policy and governance sustainability by generating evidence that can assist government agencies and healthcare institutions in strengthening inter-agency coordination, improving service efficiency, and enhancing accountability in implementing healthcare programs. These findings support evidence-based decision-making and continuous improvement of public healthcare services. In addition, the study promotes community and socio-economic sustainability by identifying opportunities to reduce financial burdens associated with healthcare, improve healthcare utilization, and strengthen social protection for vulnerable populations. The proposed recommendations may assist policymakers and healthcare administrators in developing more responsive, equitable, and sustainable healthcare programs that improve the well-being of underserved communities.

2. Material and methods

2.1 Research Design

The study utilized a parallel mixed-method research design, combining quantitative and qualitative approaches to assess the Malasakit Program. Quantitative data were collected from both beneficiaries and implementers to determine their perceptions of healthcare accessibility, satisfaction, service delivery, and the program's overall impact. Qualitative data were gathered from program implementers through structured interview questions to identify operational challenges, best practices, and opportunities for program improvement. The integration of both data sources strengthened the validity of the findings through triangulation and provided a more comprehensive evaluation of healthcare access and program implementation.

2.2 Locale of the Study

The study was conducted at Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium–Tala (DJNRMHS), where the Malasakit Program is implemented. The hospital serves as a government healthcare institution providing medical and financial assistance to indigent patients through the Malasakit Center. It was selected because it offers an appropriate setting for evaluating the implementation of the program from the perspectives of both beneficiaries and implementers.

2.3 Respondents of the Study

The respondents consisted of two groups: beneficiaries of the Malasakit Program and program implementers. Beneficiaries included economically disadvantaged patients who had completed or were currently receiving assistance from the program, ensuring they had sufficient experience to evaluate its services. Program implementers included social workers, coordinators, and administrative personnel directly involved in the management and delivery of Malasakit services, with at least one year of program experience. Including both groups provided balanced information regarding beneficiary experiences and operational implementation, allowing a comprehensive assessment of the program's effectiveness.

2.4 Sample and Sampling Procedure

The study involved two respondent groups: beneficiaries of the Malasakit Program and program implementers. Quota sampling was used to select beneficiary respondents because of the large and continuous number of patients availing of the program. This approach ensured adequate representation according to age, sex, type of assistance received, and frequency of program utilization. In contrast, total enumeration was employed for program implementers since the population was small, allowing all personnel directly involved in program implementation to participate. The use of quota sampling followed the recommendation of Etikan and Bala (2017) for studies involving heterogeneous populations where probability sampling is impractical. The study population comprised 40,142 respondents, including 40,120 beneficiaries and 22 program implementers. From the beneficiary population, 395 respondents were selected through quota sampling, while all 22 implementers were included through total enumeration, resulting in a total sample of 417 respondents. Beneficiaries represented 94.72% of the total sample, whereas implementers comprised 5.28%. This sampling strategy ensured adequate representation of beneficiary experiences while capturing the complete perspectives of personnel responsible for implementing the Malasakit Program.

2.5 Research Instrument

The study utilized two researcher-developed questionnaires for beneficiaries and program implementers. Both instruments collected respondents' demographic information and assessed the implementation of the Malasakit Program using a four-point Likert scale across the dimensions of relevance, value orientation, social equity, and change. The questionnaires were developed based on the Malasakit Centers Act of 2019. The instruments underwent expert validation for content, clarity, and relevance and were reviewed by the Institutional Research Ethics Board (IREB) of Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium. Reliability was established using the test-retest method and Cronbach's alpha, which yielded a coefficient of 0.92, indicating excellent internal consistency and confirming the suitability of the instrument for the study.

2.6 Data Gathering Procedure

Data collection began after obtaining approval from the Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium Institutional Research Ethics Board (DJNRMHS-IREB) and authorization from the Head of the Medical Social Work Department. A research assistant facilitated the administration of the questionnaires, which were distributed through Google Forms to both beneficiaries and program implementers. This procedure ensured efficient, ethical, and systematic data collection while complying with institutional policies and public health protocols.

2.7 Data Analysis Techniques

Data were analyzed using frequency and percentage to describe the respondents' demographic profile, weighted mean to determine the level of implementation of the Malasakit Program across the dimensions of relevance, value orientation, social equity, and change, and the Chi-square test to determine the significant relationship between respondents' demographic characteristics and their assessment of the program's implementation. The weighted mean was interpreted using a four-point Likert scale, where higher mean scores indicated a higher level of program implementation.

2.8 Ethical Considerations

Prior to data collection, ethical approval was obtained from the appropriate Ethics Review Committee. Participation was voluntary, and informed consent was secured after explaining the study's objectives, procedures, and participants' rights, including the right to withdraw at any time. The researcher declared no conflict of interest and ensured compliance with the Data Privacy Act (RA 10173) by maintaining confidentiality, anonymizing participant information, securely storing research data, and properly disposing of records after the prescribed retention period. These measures protected the rights, dignity, and welfare of all participants throughout the study.

3. Results and Discussion

3.1 Socio-Demographic Profile of the Beneficiaries

3.1.1 Age Profile

The majority of the beneficiaries were 21–30 years old (31.9%), followed by those aged 31–40 years (30.4%) and 41–50 years (20.8%). Smaller proportions belonged to the 51–60 years (8.6%), 11–20 years (5.3%), and 61 years and above (3.0%) age groups, indicating that the program primarily served individuals in their productive years. These findings are consistent with Delos Santos et al. (2021), who reported that government healthcare programs in the Philippines are commonly utilized by young and middle-aged adults because of family and employment responsibilities. The lower participation of younger and older individuals may indicate barriers related to mobility, awareness, or dependence on caregivers.

3.1.2 Gender Profile

Female beneficiaries comprised the largest proportion of respondents (57.0%), followed by males (35.4%) and LGBTQ+ individuals (7.6%). This indicates greater utilization of the Malasakit Program among women. The findings support Reyes

et al. (2023), who observed that women are generally more proactive in seeking healthcare and often assume caregiving roles within families. The inclusion of LGBTQ+ beneficiaries also reflects increasing recognition of gender diversity in public healthcare despite continuing policy challenges noted by Castro & Medina (2021).

3.1.3 Civil Status

Single respondents constituted the largest group (38.2%), followed by married (31.4%), single-parent (21.3%), and widowed respondents (8.6%). The findings indicate that the program serves beneficiaries from diverse family backgrounds. According to the World Health Organization (2022), single-parent households are more vulnerable to health inequities because of limited social and financial support. The presence of widowed beneficiaries further suggests that family circumstances may influence healthcare utilization and reliance on public assistance.

3.1.4 Educational Attainment

Nearly half of the respondents (46.6%) had reached only the high school level, while 16.5% attained college education, 13.2% completed technical-vocational education, 9.1% reached elementary level, 8.6% had postgraduate education, and 6.1% had no formal education. These findings indicate that most beneficiaries had relatively low educational attainment. The results are consistent with Bautista and Ramos (2020), who emphasized that lower educational attainment is associated with reduced health literacy and healthcare utilization. The findings suggest that the Malasakit Program effectively reaches socioeconomically disadvantaged individuals who require financial and healthcare support.

3.1.5 Average Monthly Family Income

Most respondents reported an average monthly family income of ₱10,001–₱15,000 (36.2%), followed by ₱5,000 and below (28.9%) and ₱5,001–₱10,000 (21.3%). Only a small proportion earned ₱25,001 and above (1.5%), indicating that the majority of beneficiaries belonged to low-income households. These findings support the Philippine Institute for Development Studies (PIDS, 2022), which identified income as a major determinant of public healthcare utilization. The results demonstrate that the Malasakit Program effectively reaches its intended beneficiaries while minimizing the participation of higher-income groups. Overall, the respondents' profile reflects the program's focus on providing healthcare assistance to economically and socially vulnerable populations, consistent with Dizon (2023) and WHO (2022).

3.2 Level of Implementation of the Malasakit Program

3.2.1 Relevance

The Malasakit Program was generally perceived as effectively implemented in terms of relevance, with an overall mean of 3.50. Beneficiaries rated the program as Highly Implemented (3.62), while implementers rated it as Implemented (3.39). The highest-rated indicator was the program's promotion of equitable access to healthcare regardless of socioeconomic status, whereas continuity of care and integration with existing healthcare services received comparatively lower ratings from implementers. These findings indicate that beneficiaries recognized the program's benefits more positively than implementers. The findings suggest that the Malasakit Program successfully fulfills its objective of improving equitable healthcare access while revealing operational concerns related to service integration and continuity of care. The higher ratings from beneficiaries reflect their direct experience of financial assistance and improved healthcare access, whereas implementers' lower assessments indicate awareness of institutional and operational constraints. These results support the New Public Service Model (Denhardt & Denhardt, 2015) and are consistent with Dizon (2023), Reyes & Villanueva (2021), Alon and Bautista (2020), and Tan et al. (2021), emphasizing the importance of citizen-centered governance, effective inter-agency coordination, and organizational support in sustaining quality public service delivery.

3.2.2 Value Orientation

The Malasakit Program obtained an overall mean of 3.52, indicating a Highly Implemented level of value orientation. Beneficiaries consistently provided higher ratings (3.64) than implementers (3.40). Financial relief for patients received the highest assessment from both groups, while implementers gave relatively lower ratings to indicators related to cost savings and adequacy of financial assistance. These findings demonstrate that the program effectively provides financial protection and supports ethical, value-driven public service. However, the differences in assessment suggest that implementers experience administrative and resource limitations not directly observed by beneficiaries. The results are consistent with Reyes et al. (2021) and Cruz & Alon (2023) and reflect Herbert Simon's bounded rationality theory, which explains how administrative decisions are influenced by institutional constraints. The findings further emphasize the need for improved resource management, communication, and operational efficiency to strengthen value-oriented healthcare delivery.

3.2.3 Social Equity

The overall assessment of social equity yielded a mean of 3.49, with beneficiaries rating the program as Highly Implemented (3.64) and implementers rating it as Implemented (3.34). Beneficiaries highly rated the program's ability to provide healthcare access regardless of socioeconomic status and prioritize vulnerable populations, whereas implementers expressed relatively lower perceptions regarding financial assistance and equitable service delivery. The findings indicate

that the Malasakit Program successfully promotes equitable healthcare access from the beneficiaries' perspective while highlighting operational concerns among implementers. Differences in perception suggest challenges related to funding, coordination, and administrative processes that may affect consistent service delivery. These results support Public Choice Theory and align with Delos Santos and Mendoza (2022), Garcia and Cruz (2023), Li and Cheng (2021), and Tagalogon and Reyes (2024), emphasizing the importance of participatory governance, institutional support, and continuous program improvement to strengthen equitable healthcare services.

3.2.4 Change

The Malasakit Program received an overall mean of 3.51, indicating that it effectively contributed to positive changes in healthcare delivery. Beneficiaries rated all indicators as Highly Implemented (3.64), with improved patient satisfaction receiving the highest rating. Implementers reported positive assessments (3.37) but gave lower ratings to reductions in waiting time, indicating persistent operational challenges despite improvements in coordination and preventive healthcare access. The findings suggest that the program has enhanced healthcare access, patient satisfaction, and coordination while continuing to face challenges related to service efficiency. Beneficiaries focused on improvements in healthcare experiences, whereas implementers recognized operational limitations affecting service delivery. These results support the New Public Service Theory and are consistent with Cruz and Javier (2021), Santos et al. (2022), Lim and Villanueva (2023), and De Guzman and Tan (2024), highlighting the need for investments in infrastructure, workforce development, and process improvement to sustain quality healthcare services.

3.2.5 Overall Implementation of the Malasakit Program

Overall, the Malasakit Program was perceived as Highly Implemented, with a composite mean of 3.51. Beneficiaries consistently provided higher ratings (3.64) than implementers (3.38) across the dimensions of relevance, value orientation, social equity, and change. Value orientation obtained the highest overall rating, while social equity received the lowest, indicating opportunities for improvement despite the program's positive overall performance. The results demonstrate that the Malasakit Program effectively delivers financial assistance, healthcare access, and public service benefits. However, the lower ratings from implementers indicate continuing operational and administrative concerns that require institutional strengthening. These findings are consistent with Ramos and Soriano (2021), Alvarado et al. (2023), and Dela Cruz & Martinez (2022), emphasizing that values-based governance, organizational learning, and continuous service improvement are essential to sustaining equitable and responsive healthcare delivery.

3.3 Relationship Between the Beneficiaries' Profile and Their Assessment of the Malasakit Program

3.3.1 Relationship Between Demographic Characteristics and Program Assessment

The Chi-square analysis revealed that age and gender had a significant relationship with beneficiaries' assessment of the Malasakit Program, leading to the rejection of the null hypothesis for these variables. In contrast, civil status, educational attainment, and average monthly family income showed no significant relationship with respondents' assessment, resulting in the acceptance of the null hypothesis for these variables. These findings indicate that beneficiaries' perceptions of the program vary according to age and gender but remain consistent regardless of marital status, education, or income. The significant influence of age and gender suggests that demographic characteristics affect how beneficiaries perceive healthcare services, supporting Lin and De Guzman (2021) and Valencia and Rosales (2022), who reported that older adults and women generally demonstrate greater appreciation for healthcare programs due to more frequent healthcare utilization. Conversely, the absence of significant relationships for civil status, educational attainment, and income indicates that the Malasakit Program provides equitable healthcare services regardless of beneficiaries' socioeconomic background. These findings are consistent with Torres et al. (2023), Cruz and Manalo (2020), Jimenez and Prado (2021), and Yuson and Abella (2024), suggesting that the program effectively minimizes disparities in healthcare access through inclusive implementation.

3.4 Qualitative Findings on the Malasakit Program

3.4.1 Program Strengths Identified by Implementers

Program implementers identified three major strengths of the Malasakit Program: accessibility and convenience through the one-stop-shop mechanism, financial support for economically disadvantaged patients, and quality of services and staff competence. Implementers emphasized that integrating PhilHealth, DSWD, PCSO, and other agencies in one location simplified transactions, reduced travel, improved access to healthcare services, and minimized patients' financial burden. They also highlighted the competence, compassion, and professionalism of staff, as well as effective inter-agency collaboration that enhanced service delivery. These findings demonstrate that the Malasakit Program effectively fulfills its objective of improving healthcare accessibility and financial protection through coordinated government services. The integration of multiple agencies, combined with competent personnel and efficient service delivery, contributes to a more responsive and patient-centered healthcare system, particularly for economically disadvantaged populations.

3.5 Challenges in the Implementation of the Malasakit Program

3.5.1 Funding and Financial Limitations

Implementers identified inadequate funding and financial limitations as the primary challenge affecting the implementation of the Malasakit Program. The findings indicated insufficient government funding, inconsistent fund releases, policy conflicts affecting financial assistance, limited program coverage, and the continued requirement for some patients to pay portions of their hospital bills. Implementers also noted that misconceptions regarding the program's benefits created unrealistic public expectations. These findings suggest that financial constraints continue to limit the program's capacity to fully achieve its objectives despite its positive impact on healthcare access. Funding shortages and policy inconsistencies affect the timely delivery of assistance and reduce the program's ability to provide comprehensive financial protection to all eligible beneficiaries.

3.5.2 Staffing and Human Resource Constraints

Respondents also identified insufficient staffing and human resource constraints as significant implementation challenges. Implementers reported shortages of physicians, frontline personnel, and support staff, as well as increasing patient volume that exceeded the hospital's available workforce. Inadequate office facilities and unfavorable working conditions further affected operational efficiency. These findings indicate that workforce limitations reduce the efficiency and responsiveness of program implementation. Increasing patient demand requires adequate staffing and institutional support to maintain service quality, reduce workloads, and improve overall healthcare delivery.

3.5.3 Facility, Equipment, and Logistical Issues

Implementers likewise reported challenges related to facilities, equipment, and logistical support, including inadequate office equipment, outdated computers, unstable internet connectivity, and insufficient physical infrastructure. These limitations disrupted workflow and affected the timely processing of beneficiary assistance. The findings demonstrate that strengthening infrastructure and technological resources is necessary to improve operational efficiency and sustain quality healthcare services. Addressing these logistical concerns would enhance coordination, service delivery, and the overall effectiveness of the Malasakit Program.

3.6 Recommended Improvements to Enhance Program Effectiveness

3.6.1 Strengthening Funding Support

Implementers recommended increasing and ensuring the continuous allocation of government funds to expand financial assistance, sustain the No Balance Billing policy, align conflicting policies with the Malasakit Law, and provide adequate resources to meet patients' medical needs. They also emphasized prioritizing healthcare financing to ensure the program's long-term sustainability. These recommendations indicate that stable and sufficient funding is essential for improving program coverage, reducing patients' financial burden, and maintaining uninterrupted delivery of healthcare services. Strengthening financial support would enhance the program's capacity to achieve its intended objectives effectively.

3.6.2 Strengthening Human Resources

Respondents recommended increasing the number of healthcare personnel, social workers, and frontline staff to accommodate the growing number of beneficiaries, reduce employee workload, and improve the efficiency of service delivery. They also emphasized providing adequate office supplies and operational support for program personnel. These findings suggest that strengthening human resources is essential to improving organizational efficiency, reducing service delays, and ensuring quality healthcare delivery. Adequate staffing would enable the Malasakit Program to respond more effectively to increasing healthcare demands.

3.6.3 Improving Facilities, Technology, and Service Efficiency

Implementers recommended improving healthcare facilities, modernizing equipment, strengthening internet connectivity, adopting digital or online transactions, and streamlining service processes to make healthcare assistance faster and more accessible. These improvements were viewed as essential for enhancing operational efficiency and patient convenience. The findings indicate that investments in infrastructure and technology can improve workflow, reduce processing time, and enhance the overall quality and accessibility of healthcare services provided through the Malasakit Program.

3.7 Proposed Action Plan

Based on the quantitative and qualitative findings, the study proposes an action plan to strengthen the implementation of the Malasakit Program at Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium–Tala (DJNRMHS). The proposed interventions focus on addressing the major challenges identified by the respondents, particularly inadequate funding, limited human resources, and deficiencies in facilities, equipment, and logistical support. Recommendations also emphasize improving inter-agency coordination, streamlining service delivery, enhancing operational efficiency, strengthening monitoring and evaluation, and increasing program accessibility to ensure more responsive and equitable healthcare services. The proposed action plan is intended to support continuous quality improvement and strengthen the

long-term sustainability of the Malasakit Program. By addressing financial, administrative, and operational constraints, the recommended strategies aim to improve healthcare accessibility, enhance beneficiary satisfaction, and reinforce equitable service delivery. These interventions provide practical guidance for hospital administrators, program implementers, and policymakers in sustaining the effectiveness of the Malasakit Program and improving public healthcare services.

4. Conclusion & Recommendations

The study concludes that the Malasakit Program at Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium–Tala (DJNRMHS) effectively serves its intended beneficiaries, particularly socioeconomically disadvantaged individuals, by improving equitable access to healthcare and providing meaningful financial assistance. The program was generally perceived as highly implemented in terms of relevance, value orientation, social equity, and change. Although age and gender significantly influenced beneficiaries' perceptions, the program remained inclusive across civil status, educational attainment, and income groups. However, improvements in continuity of care, service integration, resource allocation, staffing, infrastructure, and inter-agency coordination are necessary to strengthen the program's long-term effectiveness and quality of healthcare delivery.

The study recommends strengthening national policies and operational guidelines to improve continuity of care, service integration, and inter-agency coordination. Government agencies and hospital administrators should enhance funding support, streamline financial assistance processes, strengthen human resources, improve facilities and information technology systems, expand community outreach, and institutionalize continuous monitoring and evaluation. Future studies should examine long-term patient outcomes, compare implementation across healthcare institutions, and explore digital health integration and inter-agency data-sharing to further improve the efficiency and sustainability of the Malasakit Program.

The manuscript does not explicitly present a separate limitation of the study. However, based on the scope described, the research was limited to evaluating the implementation of the Malasakit Program at Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium–Tala (DJNRMHS) using the perspectives of selected beneficiaries and implementers. The findings are therefore specific to the study setting and served as the basis for the proposed action plan and recommendations for program improvement.

Compliance with ethical standards

The author declares no conflict of interest and received no external funding for this study. The authors gratefully acknowledge the beneficiaries, program implementers, and Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium–Tala (DJNRMHS) for their participation and support. Participation was voluntary, informed consent was obtained from all participants prior to data collection, and information was gathered using non-invasive survey and interview methods. All data were treated with strict confidentiality, and no personally identifying information was collected or disclosed.

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